

Integrated Care Board

Date of meeting	10 January 2024
Title of paper	Resilience and surge planning – winter 2023/2024
Presented by	Professor Craig Harris, chief operating officer
Author	Jayne Mellor, director of urgent, emergency and planned care
Agenda item	10
Confidential	No

Executive summary

This paper provides an overview and update of the various programmes of work that are underway to support Urgent and Emergency Care recovery, performance and winter pressures in Lancashire and South Cumbria. It should be noted that, at the time of writing this report, the position statements are up until and including November 2023, and a further update will be given in the board meeting.

Recommendations

The Integrated Care Board is requested to:

1. Note the content of the report.
2. Note the report as assurance that oversight of progress and all associated requirements will be via the Resilience & Surge Planning Group, place-based Urgent & Emergency Care Delivery Boards and the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board.
3. Receive any further updates at Integrated Care Board meeting on 10 January.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks	✓			As set out in section 3.

Are associated risks detailed on the Integrated Care Board Risk Register?		✓		In discussion.
Financial Implications	✓			As set out in the paper.
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Not applicable.	Not applicable.		Not applicable.	
Conflicts of interest associated with this report				
Not applicable.				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
Report authorised by:	Professor Craig Harris, chief operating officer			

Integrated Care Board – 10 January 2024

Resilience and surge planning – winter 2023/2024

1 Introduction

1.1 The purpose of the paper is to provide an update to the Board on the status and/or progress of:

- Urgent and Emergency Care recovery plan delivery and assurance
- Urgent and Emergency Care capacity investment funding
- The implementation status of the ten high impact interventions to support Urgent and Emergency Care recovery
- Winter preparedness and actions agreed by system leaders following the Lancashire and South Cumbria winter workshops held in November 2023.

2 Urgent and Emergency Care recovery plan and national ambitions

2.1 The position at the time of writing this paper for Lancashire and South Cumbria is outlined in the table below.

Table 1: Key national ambitions and Lancashire and South Cumbria performance from 1 April 2023 to 30 November 2023

Key ambitions		April	May	June	July	Aug	Sep	Oct	Nov
76% of patients being admitted, transferred, or discharged from Emergency Departments within four hours by March 2024	Lancashire and South Cumbria	76.84%	77.59%	76.83%	77.49%	76.78%	75.94%	74.85%	74.61%
	North West	72.68%	73.08%	73.73%	73.00%	72.25%	70.58%	68.97%	68.31%
	England	74.56%	73.96%	73.34%	73.99%	72.98%	71.64%	70.25%	69.74%
Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24	North West Ambulance Service	20m:36s	22m:02s	26m:30s	25m:22s	27m:19s	29m:07s	32m:12s	32m:04s
	England	28m:35s	32m:24s	36m:49s	31m:50s	31m:30s	37m:38s	41m:40s	38m:30s

- 2.2 For the third consecutive month, Lancashire and South Cumbria's four-hour performance is below the target of 76%, and in November 2023 the target for category two ambulance response time was not achieved for the second consecutive month.
- 2.3 This report provides an overview of the various programmes of work that are underway to support Urgent and Emergency Care performance. It should be noted that, without the actions progressing across the system, performance would be more challenged.

3 NHS England Tier Intervention – Risk for Lancashire and South Cumbria

- 3.1 At the North West Urgent and Emergency Care Recovery Programme Board meeting on the 15 December 2023, NHS England North West advised the Integrated Care Board that the national team is actively considering if Lancashire and South Cumbria should be escalated from Tier 3 (lowest level of intervention) to Tier 2 or Tier 1 (highest level of intervention).

The definitions for the tiers are as follows:

- **Tier 1** – for systems off-target on delivery, support including on-the-ground planning, analytical and delivery capacity, “buddying” with leading systems and executive leadership.
- **Tier 2** – for systems largely on-track, support including regional reviews and deep-dives to diagnose challenges and drive improvement.
- **Tier 3** – universal support offer for systems on track, including self-assessment and maturity indices against the ten high impact interventions, delivering integrated urgent and emergency care improvement, NHS Impact website, and recovery champions and building capability.

The following four metrics, weighted to reflect the two key Urgent and Emergency Care recovery ambitions set out in table 1 above, were used by NHS England to determine the tier status of each Integrated Care Board:

- 4 hours in emergency department (weight 0.33)
- Ambulance category 2 response mean (weight 0.33)
- 12 hours in emergency department from time of arrival (weight 0.17)
- Proportion of beds occupied by long stay patients of 14+ days (weight 0.17).

- 3.2 The focus was on one trust's performance in relation to key urgent and emergency care metrics, however there are obviously pressures across urgent and emergency care services at all trusts in Lancashire and South Cumbria, as is the case throughout the country. The regional team has suggested to the national team that it would closely monitor the trust until the end of December, which allows some time for the impact of the completion of their emergency department estate works to be seen.

- 3.3 The Integrated Care Board has subsequently had collaborative and constructive discussions with senior leaders at the trust about the plans that are in place to improve performance, particularly in relation to ambulance handover delays. These discussions demonstrated a clear commitment to improve performance and there are positive signs this will happen following the completion of the estate works and under the plans that are in place, such as the flow improvement programme and the local winter plan. While the situation is looking more promising, there are of course some significant upcoming risks, such as the prospect of industrial action and winter pressures, especially in January. The Integrated Care Board and the trust will continue to work together to closely monitor the situation and respond accordingly.
- 3.4 The Integrated Care Board is also in discussion with regional colleagues at NHS England in relation to aspects of the data they are using to monitor the trust's performance and the potential review of the Tier 3 status.
- 3.5 More generally, oversight will be provided by the Urgent and Emergency Care Collaborative Improvement Board, as the risk of losing the Tier 3 status is the highest risk on its risk register, and this may now be included on the Integrated Care Board's corporate risk register.

4 Urgent and Emergency Care capacity investment funding

- 4.1 Nine schemes across Lancashire and South Cumbria have been funded, via the national funding allocation. As referenced in the last Board report, the schemes include discharge to assess, home first, community beds, minor treatment centre, same day emergency care and virtual wards.
- 4.2 Monitoring processes have been implemented to measure the impact, key performance indicators and actual spend with trust colleagues. This process will continue monthly until the end of quarter four 2023/24 when the funding will cease.
- 4.3 An overview of impact to date is outlined in Appendix A.
- 4.4 Despite the activity and investment that has been allocated to the system, and as highlighted in section 2 of this report, we are not currently meeting the two key national ambitions.
- 4.5 In terms of exit strategies, discussions are being planned with investment scheme leads to understand future arrangements and plans for the schemes post March 2024. Risks of schemes being stood down, paused or ceasing to continue will also need to be addressed as part of wider system discussions.
- 4.6 The Integrated Care Board has written to Trusts with regards to the funding intentions for 2024/25, outlining a wish to work with partners to review how the funding will be allocated next year. The Integrated Care Board would like to co-produce a new set of arrangements that will mean resetting how the funding is allocated and the schemes it supports. As such, the Integrated Care Board and partners will need to collectively develop and implement a robust process that

prioritises the funding to where it will have the greatest impact and return on investment. This work is planned to commence in January 2024.

5 Implementation status of the recovery plan ten high impact interventions

- 5.1 In July 2023, the Integrated Care Board was asked to complete a maturity self-assessment against the ten high impact interventions identified by NHS Impact; to help identify the maturity of services and strengthen local improvement plans. Places were asked to identify four high impact interventions to focus on ahead of winter.
- 5.2 On the 22 November 2023, the Integrated Care Board received a letter from NHS England requesting assurance on the implementation status of the recovery plan high impact interventions. The purpose of the monitoring and assurance exercise was to understand if initiatives are in place, their impact and whether action is required to support progress. The Integrated Care Board was asked to:
- 1) Review and re-score the four priority areas identified from the July self-assessment and provide a projected maturity score for June 2024.
 - 2) Complete specific questions for the three high impact initiatives, listed below, as these initiatives do not have metrics and data flows in place at national level to monitor progress:
 - Single point of access
 - Acute respiratory hubs
 - Care transfer hubs
 - 3) An additional question was also required in relation to confirming the status of paramedic access to services and North West Ambulance Service has responded to this information.
- 5.3 For the November re-score, it was agreed to keep the original scores as of July 2023, alongside a projected increased score for June 2024. The assurance return was submitted to the regional team on the 29 November prior to formal submission to the national team.
- 5.4 Whilst the national return and manual data collection in November was requested 'one-off' by NHS England to provide a comprehensive national picture on the implementation status of the ten high impact interventions, the Integrated Care Board has introduced new monitoring arrangements to enable oversight of the work being undertaken at place in relation to the ten high impact interventions. Monitoring commenced in December 2023 and will be refreshed every two months in line with the frequency of the Board meetings. In addition to highlighting progress, process highlights any barriers, risks and mitigations.
- 5.5 It should be noted that NHS England has advised that a Board Assurance Framework or equivalent for winter is not expected and that, in recognition of the current pressures impacting on workforce across urgent and emergency

care systems, the Universal Support Offer programme has been paused and will recommence from March 2024. Further guidance is due to be issued by NHS England in January 2024.

5.6 The place Urgent and Emergency Care Delivery Boards will oversee progress and Co-chairs will report into the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board.

5.7 The summary table 1 below outlines the ten high impact interventions by Trust footprint and latest position in terms of the overall maturity status.

Table 1

Key: 0-2 early maturity, 3-5 progressing maturity, 6-7 mature, 8 benchmarkable maturity. Green highlighted boxes are the priority areas for each place.

Ten High Impact Interventions – December 2023	Blackpool/ North – F&W/BTH	East Lancs/ BwD/ELHT	Central/LTH	South Cumbria/ North – Lancaster /UHMB
Same Day Emergency care	8	7	7	7
Acute Frailty Services – ward processes	6	7	6	6
Acute Hospital Flow	4	7	6	4
Community bed productivity and flow – ward processes	7	6	7	2
Care transfer hubs	4	6	4	4
Intermediate care	4	4	4	3
Virtual wards	6	7	6	5
Urgent community response	7	7	8	5
Single point of access	1	1	1	1
Acute respiratory infection hubs	0	0	0	0

5.8 In relation to Single Point of Access at system level, NHS England has acknowledged that 'this service is at early stages of maturity in most systems'. For Acute Respiratory Infection Hubs, this service is not in place in Lancashire and South Cumbria this winter due to funding constraints.

6 Winter preparedness – Lancashire and South Cumbria winter workshop

6.1 A winter workshop was held on the 16 November 2023, and a follow up session on the 28 November 2023, to assess the system’s readiness for winter, and to identify any further opportunities to support system coordination and flow.

6.2 Both sessions were led by the Integrated Care Board’s chief operating officer, with attendance from approximately forty system leaders including the Trust chief operating officers and directors of health and care integration to jointly review the following three components:

1. Community challenges and opportunities
2. In Hospital challenges and opportunities
3. Winter escalation management and joint working challenges and opportunities.

6.3 A total of sixty-three actions were identified at the first workshop under the following areas of focus outlined in table 2.

Table 2

Community	In Hospital	Escalation Management
<ul style="list-style-type: none"> • Admission and attendance prevention/ Home First approaches • Communication • Access 	<ul style="list-style-type: none"> • Primary Care • ED processes – streaming and deflection • Hospital processes • Discharge 	<ul style="list-style-type: none"> • Frailty Services • Workforce and resources • Leadership and behaviours • System Coordination Centre • Escalation management

6.4 Following the second workshop, the actions were mapped to the two national key ambitions and the ten high impact interventions.

6.5 It was agreed that Urgent and Emergency Care Delivery Boards would prioritise the actions they wish to rapidly implement locally at place.

6.6 Whilst winter plans are developed and continue to be dynamic, there are elements outside of our system’s control, in particular the prospect of ongoing industrial action, that may adversely impact on performance.

6.7 It should be noted that the planning resubmission i.e. ‘Addressing the significant financial challenges created by industrial action in 2023/24’ that the

Integrated Care Board was required to submit to NHS England was predicated on there being no ongoing industrial action.

7 Recommendations

7.1 The Integrated Care Board is requested to:

1. Note the content of the report.
2. Note the report as assurance that oversight of all associated requirements and delivery will be via the Resilience & Surge Planning Group, place-based Urgent & Emergency Care Delivery Boards and the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board.
3. Receive any further updates at Integrated Care Board meeting on 10 January.

Jayne Mellor, director of urgent, emergency and planned care
21 December 2023