Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	15 January 2025
Title of paper	Urgent and Emergency Care (UEC) Recovery and Winter Update 2024/25
Presented by	Professor Craig Harris, Chief Operating Officer
Author	Wendy Lewis, Director of system coordination and flow Craig Frost, Associate director urgent and emergency care
Agenda item	13
Confidential	No

Executive summary

This paper provides an overview and update on the various programmes of work to support UEC recovery and winter planning during 2024/2025, including:

- Current winter pressures as reported by the System Coordination Centre
- UEC recovery plan 2024/25 national ambitions and performance
- UEC improvement plans
- Current status of the UEC capacity investment funding for 2024/25
- Key risks for UEC.

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 continue via place UEC Delivery Boards and the Lancashire and South Cumbria Strategic System Oversight Board for UEC and Flow.

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 the paper.
Are associated risks detailed on the Integrated Care Board Risk Register?	✓			BAF008 titled 'There is a risk that the recovery and delivery plans for improvements in Elective and Urgent and Emergency Care services are not achieved in

				Lancashire and South Cumbria' relates.
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**

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 – 15 January 2025

Urgent and Emergency Care (UEC) Recovery and Winter Update 2024/25

1. Introduction

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

- Current winter pressures as reported by the System Coordination Centre
- UEC recovery plan 2024/25 national ambitions and performance
- Local UEC improvement plans
- Current status of the UEC capacity investment funding for 2024/25
- Key risks for UEC

2. Current winter pressures as reported by the System Coordination Centre

2.1 On 9 December, colleagues across our system attended a webinar held by the Secretary of State for Health and Social Care and the Chief Executive of NHS England. They requested systems to prioritise patient safety by focussing on key metrics including improving emergency ambulance response times, addressing handover delays and tackling the longest waits in emergency departments, as opposed to those patients who can be seen and discharged more quickly over those with the greatest clinical needs.

2.2 From mid-November to the end of December, our hospitals have experienced significant pressures, resulting in three trusts declaring level 4 of Operational Pressures Escalations Levels (OPEL) framework, with the most recent OPEL 4 declaration on 30 December. Since the start of winter, this period saw the highest volume of ambulance arrivals on 26 December, 60-minute ambulance handover delays on 25 November, type 1 A&E attendances on 26 November, and emergency admissions on 19 November.

2.3 A number of factors are impacting on the emergency departments and hospitals:

- We have seen an increase in flu, RSV and norovirus, which is creating infection prevention control challenges in the hospitals. This impacted on the availability of side rooms, and the creation of cohorting capacity resulting in longer waiting times in emergency departments, as well as patient flow due to bays and/or wards closed to admissions and discharges. The number of flu inpatients rose to 172 on 31 December, which was four times higher than the number three weeks prior. This figure exceeds the peak of 105 inpatients during the winter of 2023/24 and is unlikely to represent the peak for this winter.
- Increase in ambulance handover delays from mid-November to the end of December, increasing demand at the front door and reports of higher patient acuity.

- The Mental Health system was under pressure declaring OPEL level 4 in early December due to high clinical risk in the community, compounded by high Section 136 demand and high numbers of patients in emergency departments.

2.4 In response to this the following actions have and continue to be undertaken:

- Additional oversight has been put in place by NHS England, with additional evening operational meetings and daytime calls, including Integrated Care Board and trust executives. There is a significant focus on ambulance handover delays.
- Local escalation calls convened with partners to initiate key actions and tactical response to reduce operational pressures e.g. expediting discharges, focus on alternatives to ambulance conveyance and emergency departments, in reach from community and integrated urgent care providers.
- Implementation of local UEC improvement plans and the acute trusts, mental health trust and ambulance service enacting their surge plans and doing their utmost to dynamically balance risk and increase capacity and resilience during demand peaks.
- There was a significant focus across our system on maximising hospital discharges to get people home for Christmas and to free up hospital capacity ahead of the festive period. The week commencing 16 December saw the highest weekly discharges this winter enabling adult general and acute bed occupancy of 87.5% on Christmas day, but the volume of discharges was low during week commencing 23 December, contributing to increased pressures at the end of December.

2.5 It is expected that the significant pressures will persist or escalate in the in the new year. This will require system partners to continue collaborating effectively to maximise alternatives to ambulance conveyance and emergency departments, where appropriate, and to enable adequate hospital flow and discharge.

2.6 All providers are currently reviewing their Major Incident plans in light of the escalated position they may need to enact them from.

3. UEC Recovery Plan 2024/25 national ambitions and performance

3.1 The delivery plan for recovering UEC services sets out two key national ambitions, and as outlined in the NHS Priorities and Operational Guidance, the targets for 2024/2025 are:

- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 (2023/24 target was 76%).

- Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 (this target remains the same as in 2023/24).

3.2 On average, our system-wide 4-hour A&E performance from April to November was 77.5% and in November Lancashire and South Cumbria was ranked fifth out of 42 Integrated Care Boards at 76.1%.

3.3 For Category 2 ambulance response times, Lancashire and South Cumbria has achieved 25 minutes and 39 seconds for the period 1 April to 16 December 2024. However, from 1 December to 16 December the average Category 2 response time was 35 minutes and 26 seconds and in the same period the average ambulance handover time was 55 minutes and 12 seconds, which is a significant deterioration from previous months.

4. Local UEC improvement plans

4.1 The local UEC improvement plans, developed through UEC Delivery Boards, have been mobilised and are currently at varying stages of maturity in terms of delivery and impact. Continuous efforts are being made with UEC Delivery Boards to assess outcomes, exceptions and de-escalation cost reductions associated with these plans. Examples of initiatives included in the plans include Care Coordination, Intermediate Care, High Intensity Users of A&E, Acute Respiratory Infection Hubs.

4.2 Monthly updates on the progress of the improvement plans are presented to the UEC Collaborative Improvement Board (CIB) and in turn the Recovery and Supplier Management and Oversight Board. The key areas of focus for UEC CIB due to be held on 10 January 2025 is a deep dive on progress and quantification on Trust de-escalation plans and the delivery and impact on the local UEC improvement plans.

4.3 It should be noted that from January 2025 the UEC CIB will be changed to 'Strategic System Oversight Board for UEC and Flow' on an interim basis to take account of the current intent of this group and the need for increased scrutiny and intervention.

5. Current status of UEC capacity investment funding for 2024/25

5.1 For 2024/25, the Integrated Care Board committed £21.231m which supported delivery of nineteen schemes both at local UEC Delivery Board footprints and across Lancashire & South Cumbria.

5.2 The Integrated Care Board's urgent and emergency care team has undertaken an end of Quarter 3 review for 2024/25 of the UEC capacity investment fund schemes. The review outlines each of the nineteen schemes including the mobilisation status, funding and current position regarding key performance indicators. Further detail can be found in Appendix A.

6. Key risks for UEC

6.1 The Integrated Care Board has endeavoured to strike the right balance in terms of maintaining or improving UEC performance and managing the financial challenges faced by our system. In doing so, the Integrated Care Board has

retained a proportion of the UEC capacity investment funding to support delivery of QIPP savings in 2024/25, which may have an adverse impact on performance across our system, particularly at the NHS trusts as they work on de-escalating the in-hospital UEC pathway.

6.2 To mitigate the above, we continue to focus on accelerating delivery of the UEC improvement and de-escalation plans, to ensure the plans have the intended impact in winter. As outlined in this paper, robust governance arrangements are in place to monitor delivery and impact of the plans and to oversee UEC performance. Should pressures lead to a material deterioration in performance, the Integrated Care Board could consider releasing further UEC capacity investment funding, that had previously been held in a contingency fund for such an eventuality, which would result in the need for the Integrated Care Board to find additional or replacement QIPP savings to offset any further expenditure.

6.3 Due to the significant operational, demand and seasonal pressures that the trusts are currently under, the position is inhibiting the ability of trusts to remove unfunded escalation costs. As stated above, this will be the focus of the next meeting of the Strategic System Oversight Board for UEC and Flow.

7. 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 continue via place UEC Delivery Boards and the Lancashire and South Cumbria Strategic System Oversight Board for UEC and Flow.

Wendy Lewis, Director of system coordination and flow
Craig Frost, Associate director urgent and emergency care
2 January 2025

Appendix A

Urgent and Emergency Care

Capacity Investment Fund 2024/2025

Mobilisation status – Key:
- Green – mobilised
- Amber – partially mobilised
- Blue – due to mobilise
- Red – not mobilised
- Purple – scheme ended

Scheme	Funding 2024/25	Lead provider	Mobilisation status 2024/25	Current position
Virtual ward central budget	£1,413,332	ICB	April	• No further expansion planned during 2024/25. • System wide costs committed e.g. digital licences and kit.
Virtual ward place-based delivery	£5,942,946	Various	April	• 373 beds across LSC, average utilisation 76.1% in November 2024. • 11,194 people supported April-Nov 2024,30,719 since December 2022. • 73% step-up from the community, average 4.45 day length of stay has avoided 116,017 bed days since December 2022.
Stranded, super stranded	£405,000	LSCFT	April	• Plan to reduce the number of stranded and super stranded patients from 96 to 67 (stranded) and 115 to 46 (super stranded) by 31 March 2025. • KPIs not achieved, however super stranded indicates a sustained reduction overall since December 2023. • There has also been a limited impact on the number of stranded patients due to the high number of additions each week from non-stranded patients and stranded patients becoming SS.
Acute Respiratory Hubs (ARI)	£4,140,000	PCNs/ Federations	September/ October	• Phased approach to mobilisation from mid-late September 2025. • October achieved 95% utilisation; November achieved 102% utilisation.

				• Planned appointments from commencement to 31 March 2025 equates to 90,000. • Further work is being undertaken to demonstrate impact.
Social worker trailblazer	£500,000	LSCFT	October	• Plan to increase the number of complex care home beds from 8 to 12 which would support the high demand of older adult functional beds for patients in the community and for those in older adult functional mental health beds that require step down. • Not all KPIs achieved. • Average number of beds occupied is 7 per month over the period Apr – Nov 24. • Consistently achieving KPI around minimum of 6 referrals per month however, issues with acuity and patients not being clinically ready for discharge.
Social prescribing link workers	£420,000	VCFSE	October	Three pilot sites: • Blackpool – targeted support for adults with respiratory conditions. • Blackburn with Darwen (Central) – targeted support for individuals facing multiple disadvantages. • Blackburn with Darwen – targeted support for older people in Darwen to reduce falls and emergency department admissions. Phased approach, Key Performance Indicators developed, and monitoring commenced.
Home First and Care Home Select	£1,290,000	BTH	April	• The average referral to triage from April – November 2024 is 1.5 days against a plan of 1 day. • Home First discharges within 24 hours has improved from April 2024 2.2 days to 1.3 days in November. • The total number of Home First slots not utilised from April to November is 21%. • An average of 95% of patients remain at home following assessment.

				• NMC2R remains an average of 12.24% over the planned trajectory of 10%.
Morecambe Bay Respiratory Network	£1,823,800	UHMB/ Primary Care	August	• Three MDTs now running across Morecambe Bay – North Lancashire, Furness and South Lakes (newly established). • Induction programme for South Lancashire commenced in December. • Primary Care teams have been fully engaged with rolling out the MBRN model and are positive about joining the network. • Primary Care have accessed funding to purchase Spirometers and FENO machines to enable roll out of the MBRN diagnostic pathway. • Most positions in the community respiratory team are now recruited to (but due to recruitment process, most candidates are due to begin in January/ February 2025). At this point, plans are to rapidly increase the Pulmonary Rehab Service. • The CIF funding has enabled the Network to make significant steps to supporting some of the most complex patients who often have no choice but to be admitted to hospital when unwell. Working closely with regional colleagues, there are plans to establish a dedicated team to enable these patients to be cared for in their own home and avoid admission. • The Advanced Respiratory Care at Home (ARCH) team will also enable patients with complex respiratory symptoms to die at home if they wish, currently this is not an option for those patients.

South Cumbria Intermediate Care Beds	£194,537	UHMB	August	• As of October 2024, a total of 12 beds are open (an increase from 8 beds open in September). • Delays opening due to recruitment. • Daily MDT meetings are taking place to support capacity and utilisation of beds. • Planned length of stay is 28 (bed) days, and average bed days (for September and October) was 26 days. • Data challenges are reported in relation to monitoring of length of stay for NMC2R patients, and readmission rates of the cohort group – work continues.
Take Home and Settle	£178,000	TBC		• Delayed mobilisation due to procurement implications, however mobilisation is due to commence in early 2025.
Therapy (Chorley District Hospital)	87,489	LTH	July	• Monthly plan was 22 admissions avoided; actual monthly average is 24 from July – November 2024. • 119 admissions avoided from July - November 2024. • Average length of stay (for 0 day, and 1-<2 day LoS) on MAU has improved slightly.
Hospice at Home	£367,058	St Catherines Hospice	May	• All KPIs are consistently achieved. • An average of 95% of referrals are provided with care and support where the person is last days to a week of life (plan was 67%). • 100% of patients known to the services at time of their death achieved their preferred place of death (plan was 90%). • A total of 777 bed days saved to date – plan is 125 bed days saved per month, monthly actual average is 129 bed days. • Efficiency (percentage of time actively involved in patient care) has increased month on month.

Care Connexion	£410,000	LSCFT/ LTH	September/ October	• 2-hour UCR response rate - achieved 82% for October (national target 70%). • Utilisation rate for Virtual Ward is 52% for October (national target is 80%). • Collaborative work continues with LTH, LSCFT and the ICB to support virtual ward utilisation and working towards a community step up model. • Delayed recruitment to due short-term funding.
Finney House	£2,000,000	LTH	April	• Agreed funding for Quarter 1 only – funding ceased end of June 2024 as planned.
Intermediate Care (BwD) enablement hub	£900,000	ELHT/ BwD Council	September	• 3 elements to the scheme of which only 1 has partially mobilised. • Issues with data linked to ELHT, discussions ongoing at UECDB. • Challenges with mobilising parts of the scheme are linked to recruitment due to non-recurrent funding. • KPIs are still being developed.
Admission avoidance	£420,000	ELHT	July	• An average of 149 patients are seen monthly (plan was average 51 patients). • An average of 52% patients are seen and discharged home (plan was 40%). • Delayed mobilisation due to staffing, weekend cover only.
End of Life – admission avoidance	£341,702	Pendleside, East Lancashire and Rossendale Hospices	April	• KPIs are consistently achieved. • As of October 2024, 1039 admissions/ crisis situations have been avoided. • Monthly plan was 22 avoidable admissions/ crisis situations - actual monthly average is 173 (highest actual number was 207 in September 2024). • The % of individuals dying at their preferred place is average 93% (plan was 65%).
Advanced care planning practitioners	£377,436	3 Hospices and LPC and East	November	• Mobilised November, awaiting reporting data.

		Lancashire Alliance		
Urgent Treatment Centre	19,134	HCRG	October	• Tested in October on 3 patients, resulting in 3 attendances to ED prevented. • Once pathway fully in place, the scheme anticipates prevention of 23 patients a month (average). • Awaiting November's activity data.