

Lancashire Health and Wellbeing Board Urgent and Emergency Care 5-Year Strategy

Jayne Mellor, director of urgent, emergency and planned care
Craig Frost, associate director urgent and emergency care
3 September 2024

Why we need a long-term strategy

- Year on year **short-term funding** to support seasonal pressures
- **Fit for the future event 26 July 2023**
 - Understand the challenges faced by our population and staff accessing and delivering urgent and emergency care services
 - Take a **data driven approach** to understand the challenges
 - Work together as partners and communities to find solutions to **improve patient care, deliver safe, sustainable, high-quality services**
 - Define what we need within the community to support people better and **prevent the need to access urgent and emergency care**
- Case for change
 - Lancashire and South Cumbria has more emergency hospital admissions than in other areas of the country
 - Emergency department attendances in March 2024 were **13% higher** than in March 2023
 - **106,576 people remained in hospital** beyond being fit for discharge
 - Ageing population
- Root cause analysis – The PSC consultancy have undertaken a data rapid driven analysis which will inform the strategy
- Outcomes
 - Improve patient experience
 - Reduce waiting in emergency departments
 - Maximising services that we already have available e.g. virtual wards
 - Improve access by using alternatives to emergency departments e.g. self-care, pharmacy
 - Ensuring those who require urgent care can be seen
 - And so on.....

We have a new draft urgent and emergency care strategy for Lancashire and South Cumbria

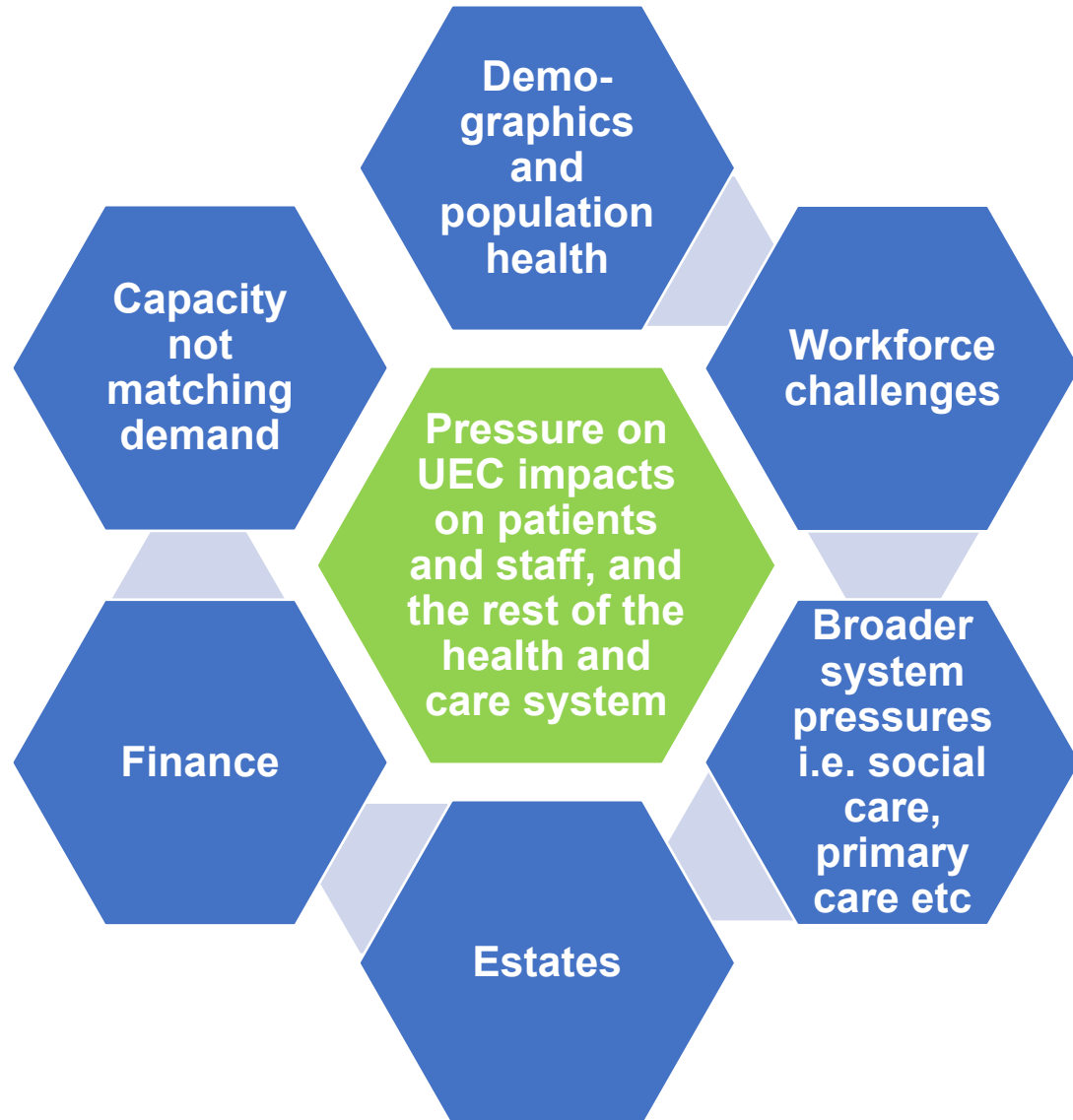
The purpose of this strategy is to **guide how we transform** our urgent and emergency care services **over the next five years** to **enable people to easily access the right care and support which meets their needs**

Contents of the strategy:

- Overview of urgent and emergency care in Lancashire and South Cumbria
- The case for change – our challenges and opportunities for the future
- Our vision, aims and objectives
- Our commitment – our priorities
- What this means for our population
- Role of our partners and places
- Place-based improvement plans



Given unprecedented pressures in UEC, we need to do things differently



Opportunities to make transformational changes for the future, focusing on:

- Supporting our population to live well
- Ensuring our services are equitable
- Shifting activity away from acute hospitals to settings in the community for patients with urgent care needs
- Developing our place-based partnerships
- Building efficiency and sustainability, including maximising use of digital and technology
- Ensuring services are fit for the future

Vision and aims

Our vision

Create an urgent and emergency care system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs, and delivers better outcomes and affordability

Our five aims are:

Adapt our urgent and emergency care system so that it is fit for the future to meet increasing demand

Ensure people can access high quality, timely, safe and affordable care, in the right place by the right professionals

Support preventative and proactive care to reduce avoidable contact with urgent and emergency care

Address the needs of our places and local communities

Embrace opportunities for innovation

Commitments – priority actions we will deliver to achieve our aims



The result of doing this will deliver benefits for our population and staff who work in health and care services. We will improve our performance, quality of care and experience for patients and staff.

This strategy will need to be taken forward and implemented by our places.

We shared the strategy with a feedback form on Friday 3 May to gather comments from system partners and patient representatives

- UEC Delivery Boards
- Place leadership
- Trust COOs and CEOs
- IUC Providers
- Hospices
- NWAS
- UEC clinical lead
- New Hospitals Programme clinical workstream lead
- Place leads for the clinical and care professional leadership group
- VCSFE representatives
- NHSE North West
- ICB SLT
- ICP Chair
- Adult Social Care
- Children's Social Care
- Directors of Public Health
- Lancashire and Cumbria Police
- Lancashire and Cumbria Fire and Rescue
- Health and Wellbeing Boards
- Healthwatch
- Directors and heads of comms
- Citizens Health Reference Group patient representatives
- Also shared for information with Shaping Care Together strategy leads from Merseyside

Feedback questions

Do you think these are the right five aims?

Are there any partner organisations missing who need to be included in this work?

Did you understand and recognise the pressures we have described that have informed our case for change?

Are there any pressures across our system that you think are missing from this strategy?

Are there any opportunities for the future which we have missed?

Are there any other key workstreams that should be included within our commitments in this strategy?

Are there any other benefits from our population to be included?

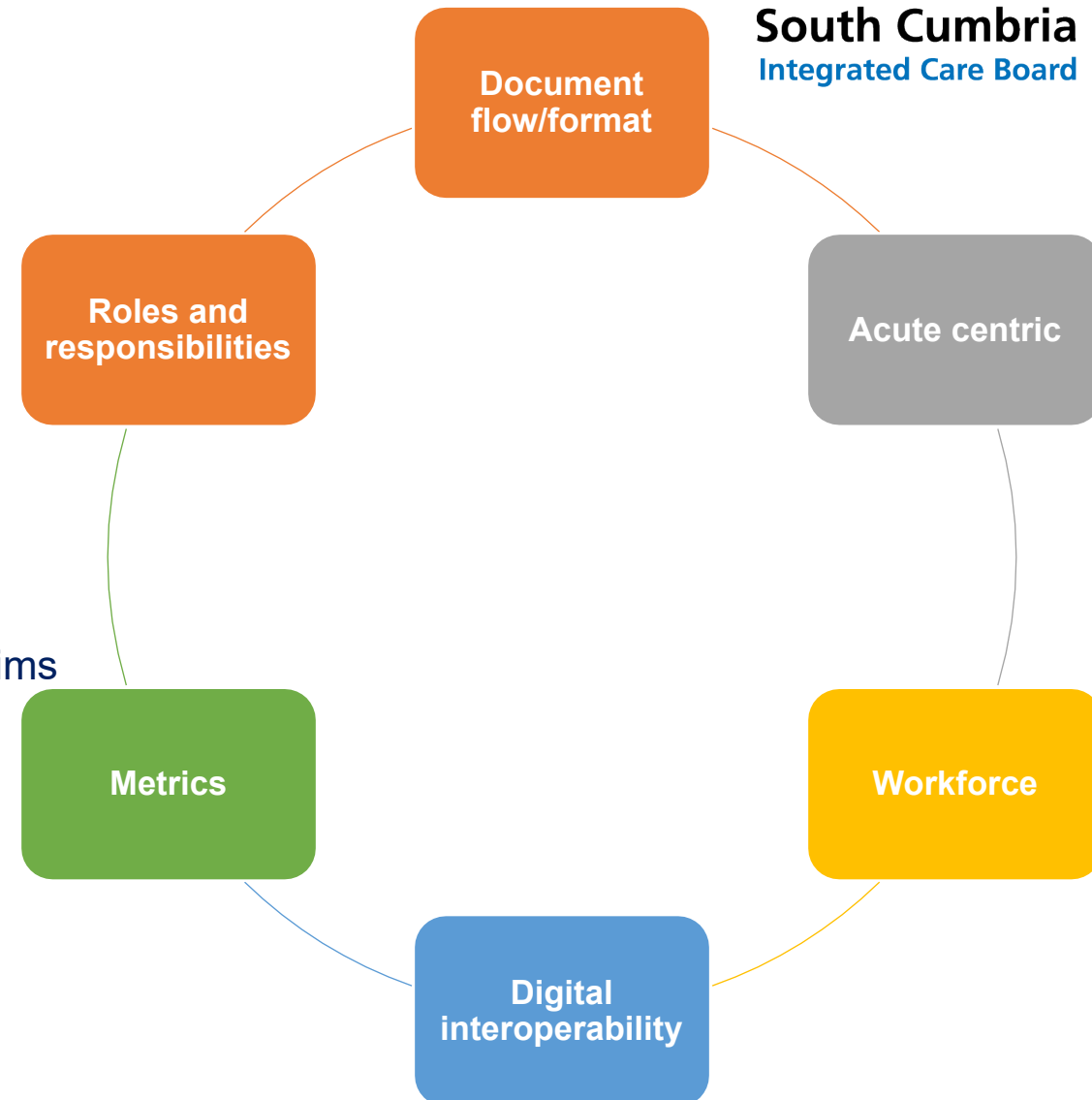
Is the role and responsibility of our system partners clear?

Is there anything else you would like to see included in this strategy?

- Option given to share contact details

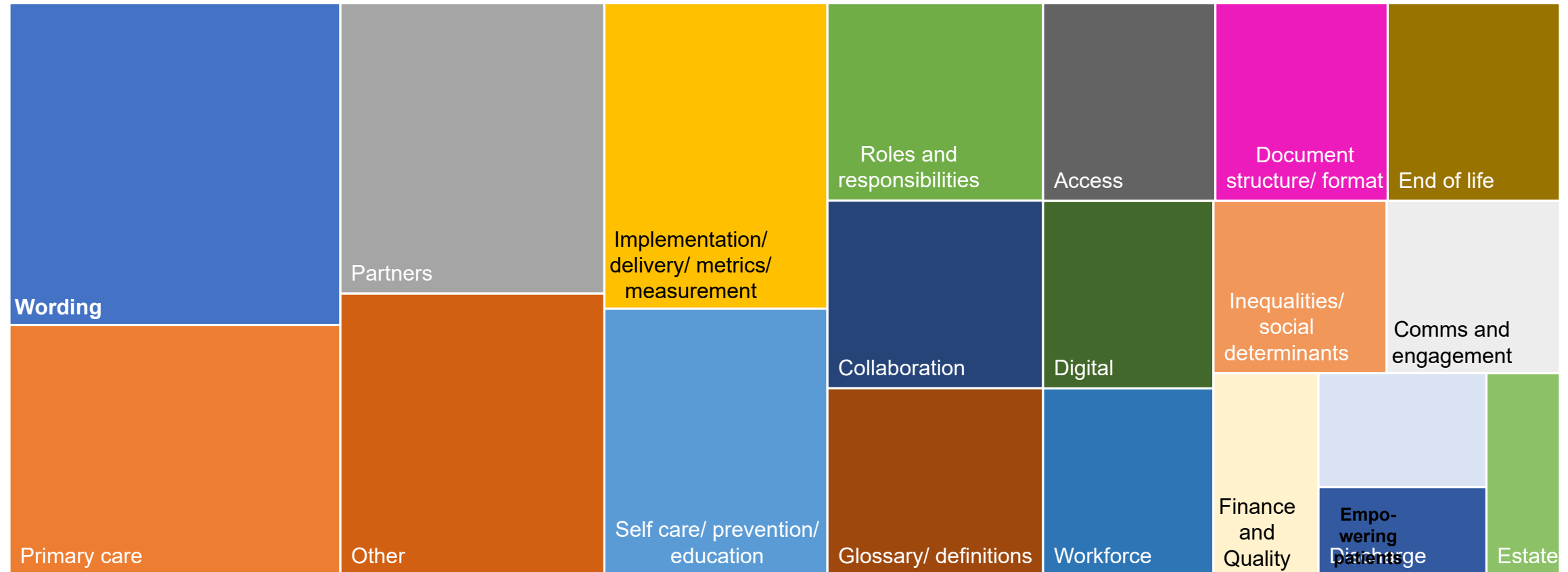
Strategy feedback

- 77 individuals responded to the survey
- 4 responses on behalf of organisations
- Circa 500 comments received in total
 - Acute centric
 - Health inequalities focus
 - Aim 4 (develop improvement plans) is an enabler
 - Integrated urgent care providers
 - Equal reference to wider system partner pressures
 - Practice, tangible and measurable points linked to the aims
 - Explicitly outline the expectation of system wide
 - Education
 - Self-care/predict/prevent
 - Language/definitions
 - Consistency



Themes from the comments received

Comments received by theme. The size of the coloured box relates to the percentage of comments received by theme to indicate the frequency with which topics were raised.



Other: Data/information, community care, wider system pressures, population health, diagnostics, carers, children, learning disability, rurality, interdependencies

What we have done

- Developed a glossary
- Linked other strategies to the urgent and emergency care five-year strategy e.g. digital, workforce
- Amended wording ensuring consistency and inclusion
- Reviewed the aims and objectives e.g. enablers
- Expanded/included sections:
 - Roles and responsibilities
 - Expectation to deliver at place
 - Metrics and measurements for delivery
- Reviewed and updated some graphics
- Equality and Health Inequalities and Impact and Risk Assessment in draft
- Quality Impact Assessment in draft
- We will share the feedback comments with CHRG reps and system partners e.g. place directors, primary care, community, as a number of comments were operational
- Key elements of the UEC diagnostic and UEC Delivery Board improvement plans for Year 1 will be included in the strategy



Key actions or next steps

- Attended Public Involvement Engagement Advisory Committee – 26 June 2024
- Discussion at Part 2 of the ICB Board meeting on 17 July 2024 with final approval by the Board on 11 September 2024 - key required changes to the strategy:
 - Put more focus on **clinical leadership** to ensure delivery
 - Incorporate short-term and long-term **quality standards** and **measurable outcomes**
 - Include a stronger connection with **acute and community care transformation**
 - Add **UEC diagnostic** main findings and key elements of **UEC improvement plans** developed through UECDBs which include;
 - Keeping people safe and well at home and integrated community-based crisis response
 - ED processes, admission avoidance and hospital flow
 - Supporting discharge flow and discharges from acute
 - Content required to fill the improvement plan gap in **West Lancs**
- Finalise Urgent and Emergency Care Delivery Board improvement plans for delivery
- Reporting and oversight via local Urgent and Emergency Care Delivery Boards, LSC Urgent and Emergency Care Collaborative Improvement Board and System Recovery and Transformation Board
- Public roadshows commencing late summer/Autumn of which urgent and emergency care will play a part, to talk to our population about their role in achieving the strategies and their experiences.

