

**Health and Adult Services Scrutiny Committee**  
Meeting to be held on Friday, 13 December 2024

Electoral Division affected:  
(All Divisions);

**Corporate Priorities:**  
N/A;

**NHS Urgent and Emergency Care Admission Avoidance**  
(Appendix 'A' refers)

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**Brief Summary**

This report provides an update on urgent and emergency care (UEC) delivery across Lancashire from a health perspective which includes:

- Integrated Care Boards UEC 5-year strategy.
- Plans for UEC improvement across Lancashire which is delivered on Acute Hospital footprints.
- Details of the £21.2m funding provided by the Integrated Care Board (ICB) to support UEC improvement and schemes in place to support delivery each of the three themes that are consistent across the whole of Lancashire.
- The Lancashire Discharge to Assess review alongside delivery progress and outcomes achieved to date.

**Recommendation**

The Health and Adult Services Scrutiny Committee is asked to:

- i. Consider the contents of the report and progress to date.
- ii. Identify any recommendations for further consideration.

**Detail**

Urgent and Emergency Care Boards (UECDB's) are partnerships that are responsible for urgent and emergency care service delivery, and these are based on Acute Hospital Footprints. There are currently four UECDB's across Lancashire & South Cumbria and separate arrangements for West Lancashire.



The ICB has developed an Urgent and Emergency Care 5-Year Strategy which was based on the outcomes of a data driven UEC diagnostic that took place across Lancashire & South Cumbria. The purpose of this strategy is to guide how urgent and emergency care services are transformed over the next five years.

Plans for UEC improvement fall into three broad themes:

- Keeping people safe and well at home (hospital avoidance).
- Hospital flow (improving flow within the hospital).
- Discharge and community support (timely discharge from hospital and appropriate community support is available).

£21.2m of funding has been provided by the ICB to support UEC improvement to create additional capacity, improve urgent and emergency care performance, improve patient experience and quality of care, and also deliver financial benefits. A range of schemes have been developed to support UEC improvement delivery across Lancashire and South Cumbria. There are also key programmes of work specifically related to each Acute Hospital footprint to address local issues. Key work programmes across Lancashire and South Cumbria include:

- Virtual wards which allow people of all ages to receive acute care safely and conveniently at their usual place of residence, including care homes. There are 373 Virtual Ward beds and occupancy is currently between 70% - 80% against the 80% national target. There are around 17,000 people a year admitted to a virtual ward.
- Two Hour Emergency Community Response (2HUCR) which provides urgent care to people in their homes, helps to avoid hospital admissions, and enables people to live independently for longer. Through these teams, adults with complex health needs who urgently need care, can get fast access to a range of healthcare professionals within two hours. There are currently around 2,700 referrals a month and 94% of referrals receive a response within two hours, against the national target of 70%.
- Care Coordination (also known as Single Point of Access) which is a new programme of work seeking to simplify access to services by offering clinicians advice and guidance to support onward referral. The aim of this work is to ensure people get the right care for their needs quickly and safely and to improve outcomes regardless of where they present.

Key work programmes specific to Lancashire include:

- The 'Wellbeing and Early Support' (WES) function which was developed under the Lancashire Living Better Lives vision and provides initial involvement and access to Adult Social Care Community Teams. The ethos is about reducing handoffs and people not having to tell their story more than twice.
- The 'Ask SARA' online guided advice tool which provides 'self-assessment and rapid access' (SARA) to direct older and disabled people to impartial advice about aids and adaptations to help with activities of daily life. Since



July, users of the site have increased by 18% and the number of people completing self-assessments has increased by 30%.

- A new 'Short Term Care at Home' service has been procured which replaces the previous Reablement/Crisis/Home First services bringing them together into one end to end service. The number of people supported to remain at home through this service has increased by 24% since April 2024.
- Specific work is taking place across North Lancashire to address high numbers of people 'Not meeting criteria to reside' (NMC2R) at the University Hospital of Morecambe Bay (UHMBT). Through joint partnership working, NMC2R has reduced by 5.3% (around 31.5 people per day) and average length of stay has also reduced by 31%. Similar work is also starting with Lancashire Teaching Hospitals.
- Work is also taking place through our ten Health & Wellbeing Partnerships (made up of key system partners including ASC, Acute, Community Services, Primary Care, Police, Fire, VCFSE, Hospices, District Councils) and alongside our District Councils to improve health and wellbeing outcomes for the people of Lancashire.

There are a number of ICB internal pieces of work that are interdependent upon the UEC Improvement Plans and these focus on informing and delivering commissioning intentions for the future. These include:

- 'Strasys' which is a piece of work that has been commissioned to look at how we ensure our hospitals meet the needs of local people and communities in the future. It will provide a blueprint for all our acute services and a delivery roadmap to achieve the blueprint.
- 'Kingsgate' which is a piece of work commissioned to undertake a baseline assessment of community services across all six significant community service providers. It also aims to provide a single consistent collective understanding of the current demand and capacity and inform future commissioning intentions.
- A review of Primary Care Contracting arrangements which currently vary significantly between former CCG areas. There has been commitment to consistent commissioning arrangements from April 2025.

A review of all Discharge to Assess processes across Lancashire has also been undertaken and the key themes found were communication and language, an overreliance on bedded care, a system that tries to do more, and data quality. Work programmes to address these themes are underway.

## Appendices

Appendix 'A' is attached to this report. For clarification they are summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	'Living Better Lives in Lancashire', LCC Health and Adult Services Scrutiny Committee presentation.



## Consultations

N/A

## Implications:

This item has the following implications, as indicated:

### Legal

N/A

### Financial

N/A

### Risk management

N/A

## Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
N/A	N/A	N/A

Reason for inclusion in Part II, if appropriate

N/A

