

## **INTEGRATED CARE PARTNERSHIP**

### **08 February 2023**

## **ITEM 08**

Report sponsor: Will Legge, Director of Strategy and Transformation, EMAS  
Report author: Vicky Wright, Deputy Director of Strategy and Partnerships. EMAS

### **East Midlands Ambulance Service (EMAS) Strategy Development**

#### **Purpose**

- 1.1 To update the Integrated Care Partnership (ICP) on the plans of EMAS to develop a Strategy and the approach being taken to its development.

#### **Recommendations**

- 2.1 To note the intention of EMAS to develop a Strategy and the approach being taken for its development.
- 2.2 To support the strategic ambitions proposed.
- 2.3 To consider how EMAS can effectively work with and engage the system to deliver these ambitions.

#### **Reasons**

- 3.1 EMAS is a key partner within the Derby and Derbyshire Integrated Care System (ICS) essential for the effective delivery of health and care locally. Its Strategy is therefore of significance
- 3.2 To ensure that the ICP is sighted on the development of the EMAS Strategy and for key stakeholders to engage with and contribute to the development of the Strategy as appropriate.

## Supporting information

- 4.1 There are several reasons why now is the right time for EMAS to develop a new Strategy including:
- Integrated Care Board (ICB)/ ICP landscape
  - Provider collaboratives
  - Post covid – changing landscape and system pressures. NHS England (NHSE) Next Steps and Going Further faster in winter, drive a different approach
  - Ensure our model responds to the direction for proactive approach and keeping more people at home.
  - Emerging Urgent care strategy- developing both corporate and clinical strategies.
- 4.2 EMAS is following and embedding a number of working principles including to:
- Be an integrated urgent provider in collaboration
  - Provide both category 1/ category 2 and category 3/4 urgent care, but not one at the detriment of the other. Need to change our delivery model to do both (see Appendix 1 for overview of the Ambulance Response categories).
  - Provide patient transport services
  - Contribute to health inequalities agenda
  - Work with systems to realise our vision for workforce
  - Develop a single strategy aligned to system strategies with the ability to flex to respond to different ICSs and different local patient needs
  - Developed in collaboration with our people, systems and patients
  - Informed by national strategic direction and local ICP strategies.
- 4.3 We have developed five ‘ambition statements’ for consideration:
1. We will deliver outstanding patient care by developing new, innovative clinical practices and by working in collaboration with our partners and the public
  2. We will be an attractive employer of choice, developing and retaining highly skilled, engaged and diverse people reflective of our local communities
  3. We will deliver improved outcomes for our patients through the most appropriate equipment, technology, vehicles and facilities
  4. We will deliver safe, effective, compassionate care for patients, embedding a culture of compassion, continuous improvement and productivity
  5. We will work in partnership to reduce health inequalities and improve the health of our population, whilst ensuring sustainability.

- 4.4 The process of developing the EMAS Strategy began in October 2022. The intention is that a draft strategy for engagement is in place by March and the final version of the Strategy approved in April 2023.

### **Public/stakeholder engagement**

- 5.1 Engagement with stakeholders including staff, systems, patients etc. will take place throughout the development of the Strategy.

### **Other options**

- 6.1 None considered.

### **Financial and value for money issues**

- 7.1 None arising from this report.

### **Legal implications**

- 8.1 None arising from this report.

### **Climate implications**

- 9.1 None arising from this report.

### **Socio-Economic implications**

- 10.1 None directly arising from this report. It should be noted however, that socio-economic factors influence the need and demand for ambulance services as well as implications for access to healthcare services and outcomes.

### **Other significant implications**

- 11.1 None arising from this report.

**This report has been approved by the following people:**

<b>Role</b>	<b>Name</b>	<b>Date of sign-off</b>
<b>Legal</b>		
<b>Finance</b>		
<b>Service Director(s)</b>	Vicky Wright, Deputy Director of Strategy and Partnerships. EMAS	27/01/2023
<b>Report sponsor</b>	Will Legge, Director of Strategy and Transformation, EMAS	
<b>Other(s)</b>		

<b>Background papers:</b>	Presentation - EMAS Strategy development
<b>List of appendices:</b>	Appendix A - Ambulance Response Categories

## APPENDIX 1 Ambulance Response Categories

**Category 1** – Calls from people with life-threatening illnesses or injuries. These will be responded to in an average time of seven minutes.

**Category 2** - is for emergency calls. These will be responded to in an average time of 18 minutes

**Category 3** - Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least nine out of 10 times within 120 minutes.

**Category 4** - is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

Further information on the Ambulance Response Programme can be found here:

<https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/arp/>