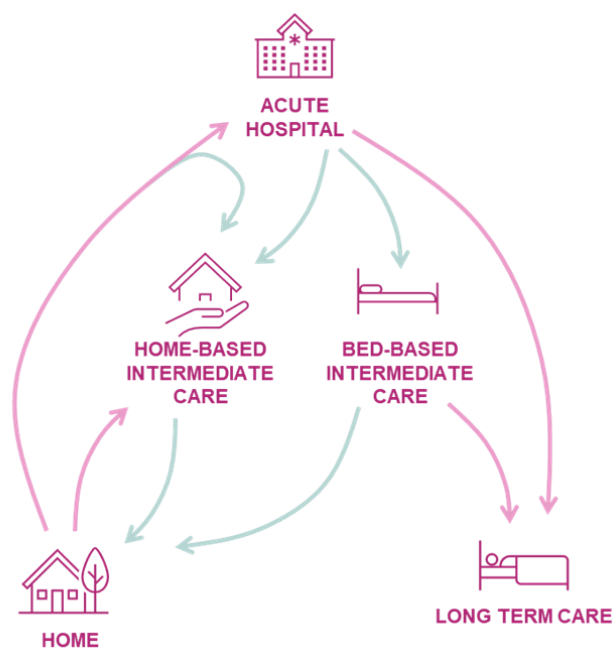


Report subject	Transforming Urgent and Emergency Care Services
Meeting date	30 October 2024
Status	Public
Executive summary	A system-wide transformation programme to transform and improve urgent and emergency care services for Dorset residents is underway. Involving health and care partners it is anticipated that the transformation programme will take 2 years to deliver and should substantially reduce the number of people admitted into hospital when better outcomes could be achieved elsewhere and should result in fewer people waiting in hospital to be discharged while ongoing care is arranged. Over the medium term, the programme should also deliver financial benefits to the council as fewer people are placed in long term residential care placements and smaller homecare packages are required.
Recommendations	<p>It is RECOMMENDED that Cabinet:</p> <ul style="list-style-type: none"> (a) Note the work underway across the Dorset health and care system to transform urgent and emergency care services. (b) Delegate to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to negotiate a Partnership Agreement with Dorset health and care partners to undertake the proposed transformation programme, based on a share of cost and benefits. (c) Invite the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, to bring forward a Partnership Agreement for ratification by Council, provided that the agreed programme is achievable and affordable and anticipated benefits to the Council are significantly in excess of costs.
Reason for recommendations	To provide authority to continue participating in the system-wide transformation programme to improve urgent and emergency care outcomes for Dorset residents.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing

Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Dylan Champion, Programme Director - Dorset UEC Transformation Programme
Wards	Council-wide
Classification	Recommendation

Background

1. Across the Dorset health and care system a multi-agency programme is underway to improve health and care outcomes for residents who utilise urgent and emergency care services in Dorset. Partners include NHS Dorset, University Hospitals Dorset, Dorset Healthcare and Dorset Council. Dorset Healthwatch are also represented on the Steering Group.
2. The programme has focussed on unplanned hospital admissions, hospital discharge processes, bed based intermediate care services, home based intermediate care services and the interaction with long term adult social care commissioned services.



3. Work began on the programme at the end of July 2024 following a procurement exercise to identify a transformation partner which was undertaken by Dorset Council on behalf of system partners. The procurement exercise identified Newton as the transformation partner most able to support Dorset's needs.
4. Between 29 July and 9 September, Newton engaged with over 150 team members from across the Dorset system, interviewed more than 50 people to

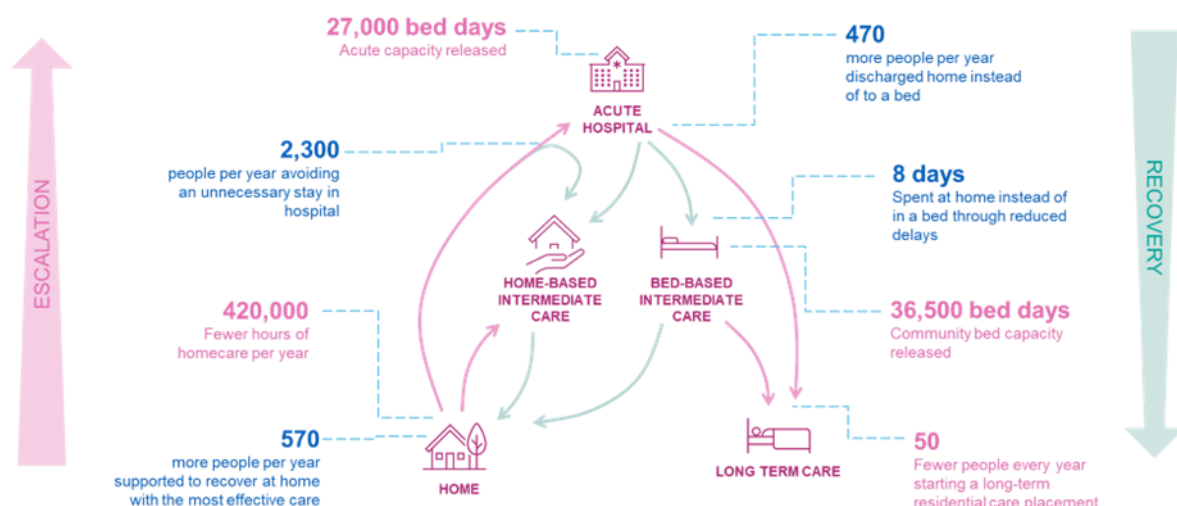
understand their experiences of the Dorset health and care system and analysed more than 100,000 lines of activity and finance data.

5. A summary pack of the diagnostic outputs is attached as appendix 1. Headline findings include:
 - While there are substantial opportunities to improve outcomes for people who are delayed in hospital, 86% of people are successfully discharged from University Hospitals Dorset (UHD) on the day that they become clinically fit and this is in line with the national average, which is 87%.
 - Up to 33% of people admitted into hospital beds from Emergency Departments could have been supported at home or in a short-term hospital ward if services worked together better and the right capacity was available.
 - There is a cohort of people in Dorset hospitals with complex needs or who require large care packages; these people can be stuck in hospital beds for long periods of time and as a consequence the average waiting time for patients not discharged on the day they become medically fit at UHD hospitals is 7.5 days, which is above the national average of 6 days.
 - On average 40% of patients in intermediate care beds (community hospital and council commissioned short term care beds) are medically fit for discharge and waiting to go home or to another long-term care setting.
6. As well as looking at data and outcomes for residents, the diagnostic also looked at staff experiences of working in the system and residents' experiences of urgent and emergency services. Team members identified substantial challenges in delivering the changes necessary. At the same time residents expressed their frustration with some of the experiences that they had had.

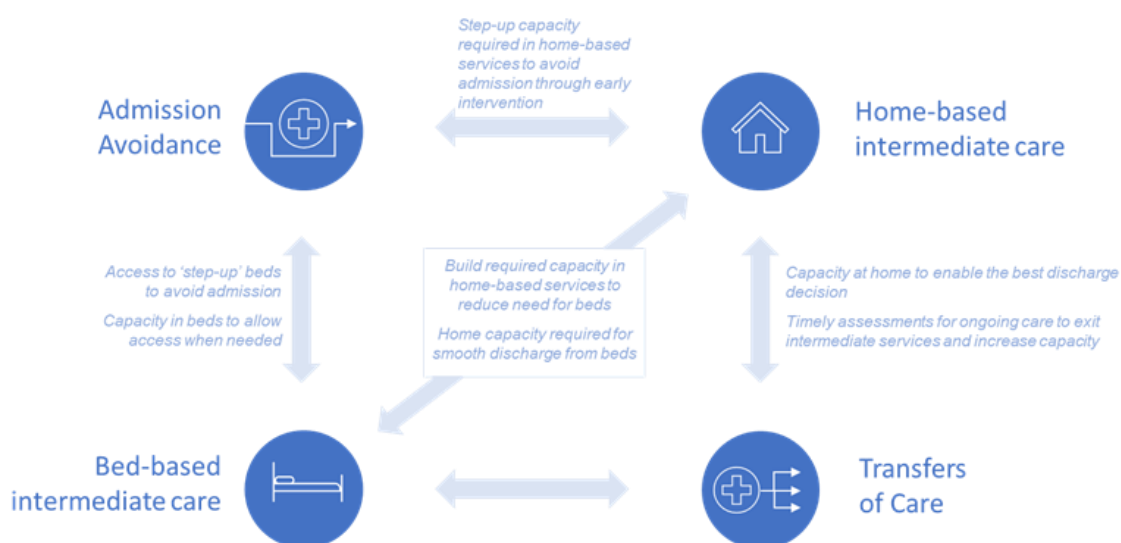


7. The diagnostic also identified substantial opportunities to improve outcomes for residents. It is estimated that each year 2300 could avoid a hospital stay altogether if different services were available and a more person-centred approach to care was adopted. In addition, 27,000 acute bed days could be saved if ongoing support could be identified more quickly and 470 people per year could avoid a stay in a community hospital bed or local authority intermediate care bed if different services were available.
8. For those people referred to bed based intermediate care (community hospitals and local authority commissioned short term care home beds), it is estimated that the average length of stay could be reduced by an average of 8 days if better

processes were in place. This could release the 36,500 bed days or the equivalent of 100 community hospital beds.



9. The diagnostic also identified significant opportunities to deliver better value for money. If the improvements identified above were delivered then it is estimated that health and care partners (including the Council) would save more than £28m per year.
10. At the Dorset Health and Care System Executive's Group meeting on Thursday 26 September partners agreed in principle to progress to the next stage of the UEC transformation programme, subject to obtaining support from sovereign bodies and agreeing with the transformation partner an achievable and affordable transformation programme.
11. Work to develop and agree the programme is currently underway. It is currently anticipated that the programme will take 24 months to deliver but by the end of the programme the Dorset health and care system will have substantially improved upon current levels of performance. It is also anticipated the work will reduce the requirement for more than 60 additional acute hospital beds across UHD acute hospital sites over the next 2 years.
12. The diagram below sets out the key elements of the proposed programme



13. As can be seen, there will be four key focusses of activity:

- **Admission avoidance.** This work will take place in the three acute hospitals across Dorset and will focus on supporting more people to go home without needing to spend a night in hospital
- **Transfer of Care.** At the moment, many organisations are involved in supporting people with complex needs to leave hospital. This workstream will focus on simplifying and speeding up existing arrangements by sharing information better, giving people more control over their on-going care and by establishing better ways of multi-organisational working
- **Home based intermediate care.** The diagnostic identifies that across the BCP footprint at least 20 different organisations are involved in providing home based reablement services and the support provided can be confusing for residents and staff
- **Bed based intermediate care.** Joint work will be required to reduce the length of time it takes to identify ongoing care for people who have been discharged into a community hospital or other short term intermediate care bed. This could include providing more therapy support and working to identify and source homecare and other support more quickly.

14. There will also be two supporting workstreams:

- **System visibility and active system leadership.** This will focus on developing better data systems and business intelligence to identify where people are getting stuck in the system and to speed up decision-making. Data will also be shared so all partners can see a single version of the truth.
- **Change capability.** There will be a big investment in staff training and joint working across organisations to encourage joint decision-making and better working together. This will include establishing a Change Academy so that Dorset staff develop more expertise in delivering effective change.

15. As set out in the diagnostic pack the challenges faced to improve urgent and emergency care pathways across the Dorset health and care system are considerable and despite a substantial amount of joint and system-wide work to improve performance, progress is currently slow. For these reasons, it is therefore recommended that BCP Council should commit to continued work to develop the implementation programme and agree costs and benefits with partners.

Summary of financial implications

16. In total around £2.2bn is spent on health and care services across Dorset each year. Of that, BCP spend around £198m on adult social care services, including £72m of contributions from residents toward the cost of their care.
17. It is anticipated that following the 2-year transformation programme, as well as making Dorset a better and safer place to live, with more people living at home and fewer people in hospital, will deliver annual financial benefits across the system of around £28m per year.
18. To deliver the programme there will also be a significant system-wide cost, primarily in fees to the transformation partner as well as new systems. These are currently being negotiated and will be brought forward to Council as part of the partnership agreement.

19. The profile of local authority benefits is likely to build up through the programme, rising to around £4.5m. Costs for each organisation will be in proportion to benefits.

Summary of legal implications

20. Dorset Council will be the lead organisation for contracting with the transformation partner, managing and overseeing the procurement process and managing the contract.
21. To ensure that costs and benefits are shared equitably a Dorset Health and Care Partnership Agreement has been drafted and once executed will be legally binding on partner organisations. The content of this is being negotiated by senior executives from each partner organisation and this work is being coordinated by the NHS Dorset Director of Finance.
22. Once this is agreed and ratified by Council it is proposed that the Corporate Director for Wellbeing, following consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and Director of Finance should be authorised to sign on behalf of BCP Council providing that anticipated benefits to the Council are significantly in excess of costs.

Summary of human resources implications

23. Adult Social Care staff and people employed in organisations contracted by BCP Council to deliver care services play an important part in the delivery of the services within the scope of this work programme. As a result of this programme, it is envisaged that many people will work differently but no substantial reorganisations to existing council structures or care organisations will take place.
24. Some changes in the delivery of home based reablement care services and intermediate bedded care services provided in care homes is envisaged but these will follow a co-design process and a subsequent re-commissioning of services if required. Where this is the case then an appropriate consultation and change process will be undertaken.
25. Some BCP resource will be required to support the delivery of the programme, and this may involve a reallocation of day-to-day responsibilities or short-term secondment opportunities. Where this is required then these changes will be made in accordance with the Council HR and Change policies.

Summary of sustainability impact

26. A sustainability impact assessment has not yet been undertaken. This will take place as part of the design and mobilisation phase of the proposed programme.

Summary of public health implications

27. The quality and effectiveness of urgent and emergency care pathways has a substantial impact on public health. In particular, the diagnostic identifies that it is primarily older people, with one or more long term condition that are most likely to be admitted into hospital unnecessarily or are likely to face delays in returning home following a hospital stay. There is a substantial body of evidence that suggests that each additional day that a person spends in a hospital bed leads to physical deconditioning and that substantial hospital delays can be very detrimental to overall quality of life and can impact on whether a person is able to return home and live independently or will require long term residential care.

Summary of equality implications

28. The diagnostic has identified some variation in the outcomes achieved from different services across Dorset and by geographical area. As part of the design and mobilisation phase of the programme a more detailed equality impact assessment will be undertaken.

Summary of risk assessment

29. There is a significant risk that without a multi-agency approach to improving urgent and emergency care pathways and the development of better ways of working Dorset residents will continue to face challenges with urgent and emergency care pathways. A long-term transformational approach is required, and additional specialist change capacity is required to ensure the proposed programme is a success.

Appendices

30. UEC Diagnostic Summary Pack – SEG version