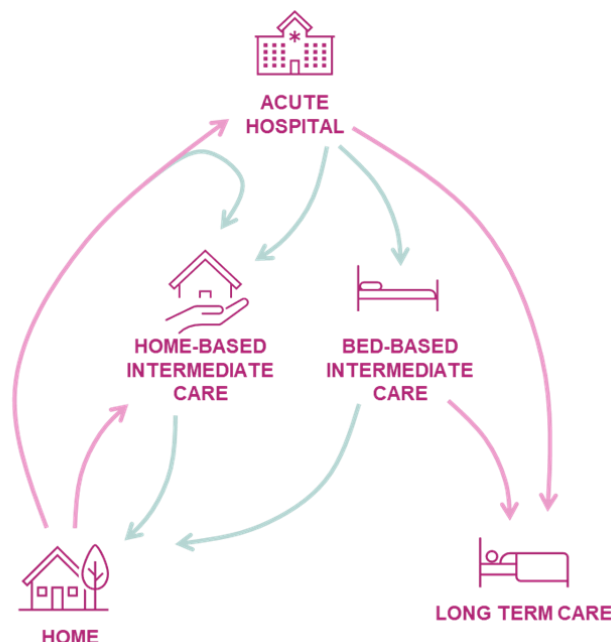


Report subject	Transforming Urgent and Emergency Care Services
Meeting date	Tuesday 10 December 2024
Status	Public
Executive summary	A system-wide transformation programme to transform and improve urgent and emergency care services for Dorset residents is underway involving health and care partners. 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. Work has now progressed and in parallel with other health and care organisations across Dorset the Council must now consider whether to participate in the next phase of the programme.
Recommendations	<p>It is RECOMMENDED that Cabinet recommends that Council:</p> <ul style="list-style-type: none"> (a) Notes the summary of the diagnostic review, including improved outcomes for residents and financial benefits for the Council. (b) Notes that anticipated benefits are significantly in excess of costs to the Council. (c) Delegates 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 finalise and enter into the Partnership Agreement to undertake the proposed transformation programme.
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. On 30 October 2024, Cabinet received an update report on a Dorset system-wide programme to improve urgent and emergency care services across Dorset.
2. Despite ongoing and substantial joint work across the health and care system, there remains substantial challenges in the number of people across Dorset awaiting to be discharged from hospital. In September 2024, an average of 251 acute hospital beds across Dorset and 190 people in UHD hospitals were occupied by people who were fit enough to return home or to move to a non-acute setting. This is equivalent to 21% of acute hospital beds across Dorset and compares to a national average of 13%. In addition, at the same time, a further 82 people per day were waiting to be discharged from a community hospital bed.
3. To address this challenge 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 County Hospital, Dorset Healthcare and Dorset Council. Dorset Healthwatch are also represented on the Steering Group.
4. 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.



5. 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.

Diagnostic exercise and findings

6. 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.
7. Findings from the diagnostic 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.
8. 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.



9. The diagnostic also identified substantial opportunities to improve outcomes for residents. It is estimated that each year 2300 people 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.

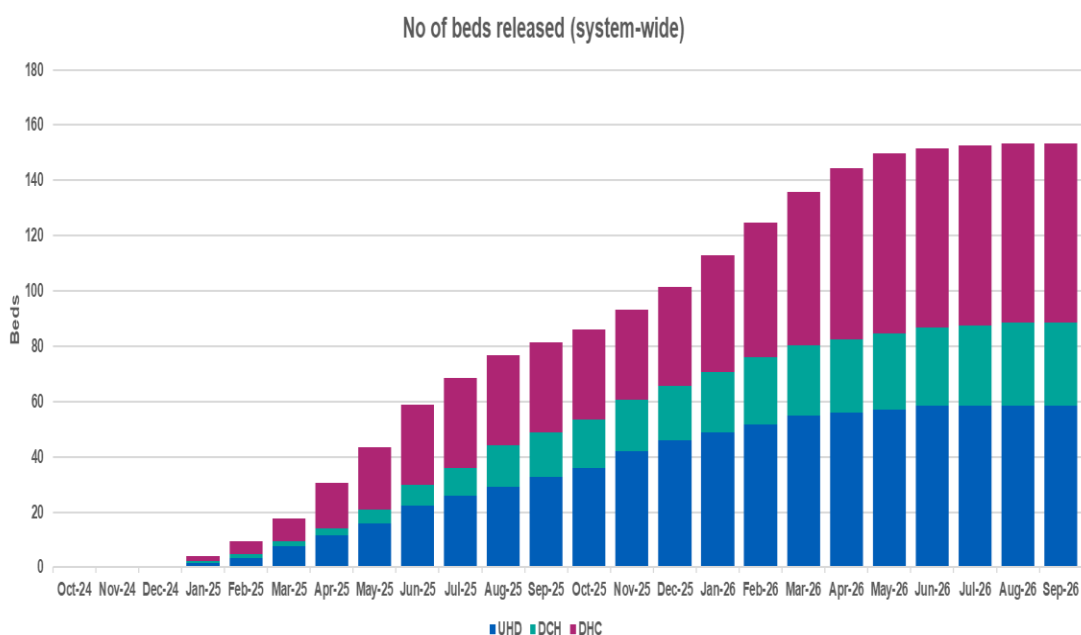
10. For those people referred to bed based intermediate care (community hospitals and local authority commissioned short term care home beds), it is estimated that the average length of stay could be reduced by an average of 8 days if better processes were in place. This could release 36,500 bed days per year, or the equivalent of 100 community hospital or short-term care home beds.
11. Following the Diagnostic Review, 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.
12. Since then, work has been underway to update sovereign bodies and to agree a programme of work and commercial terms to commence a UEC transformation programme to address these challenges. As part of this process an update report was provided to the Cabinet on 30 October.

Update to Cabinet – 30 October

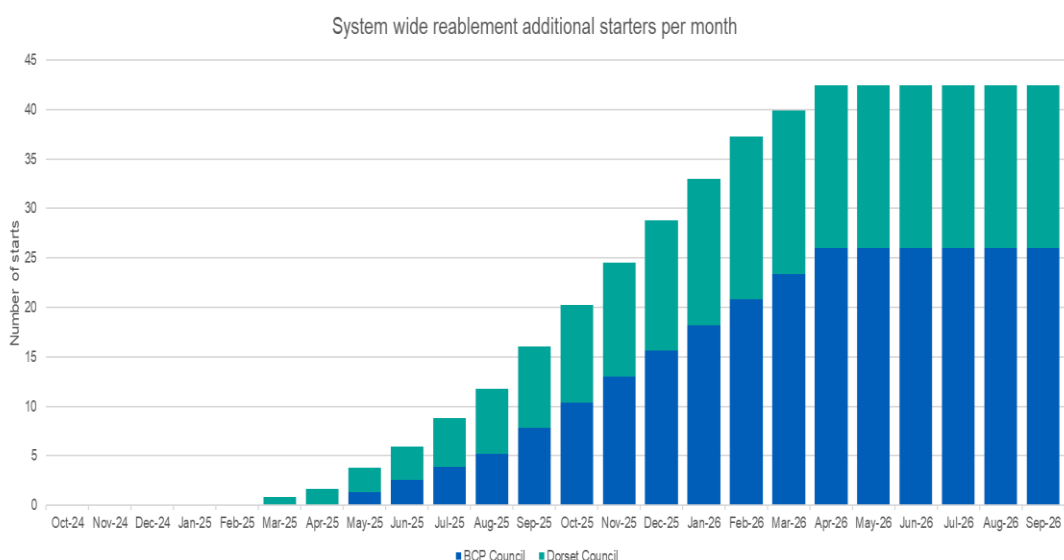
13. On 30 October, Cabinet agreed to: -
 - (a) *Note the work underway across the Dorset health and care system to transform urgent and emergency care services.*
 - (b) *Delegate to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director 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.*
 - (d) *Invite the Health and Adult Social Care Overview and Scrutiny Committee to scrutinise the approach to the partnership agreement and to provide regular scrutiny of progress towards benefits and sustainable change.*
14. This report provides an update on the progress made since that meeting and seeks approval to enter into a formal Partnership Agreement to participate in the programme. At the time of the October Cabinet report, the financial implications of the programme were uncertain and it was therefore agreed that ratification at the next stage be sought from Council. While the financial implications are now clear and within Cabinet's decision-making authority (as set out under financial implications, below), the report follows through on the commitment to seek Council approval.

Anticipated Benefits

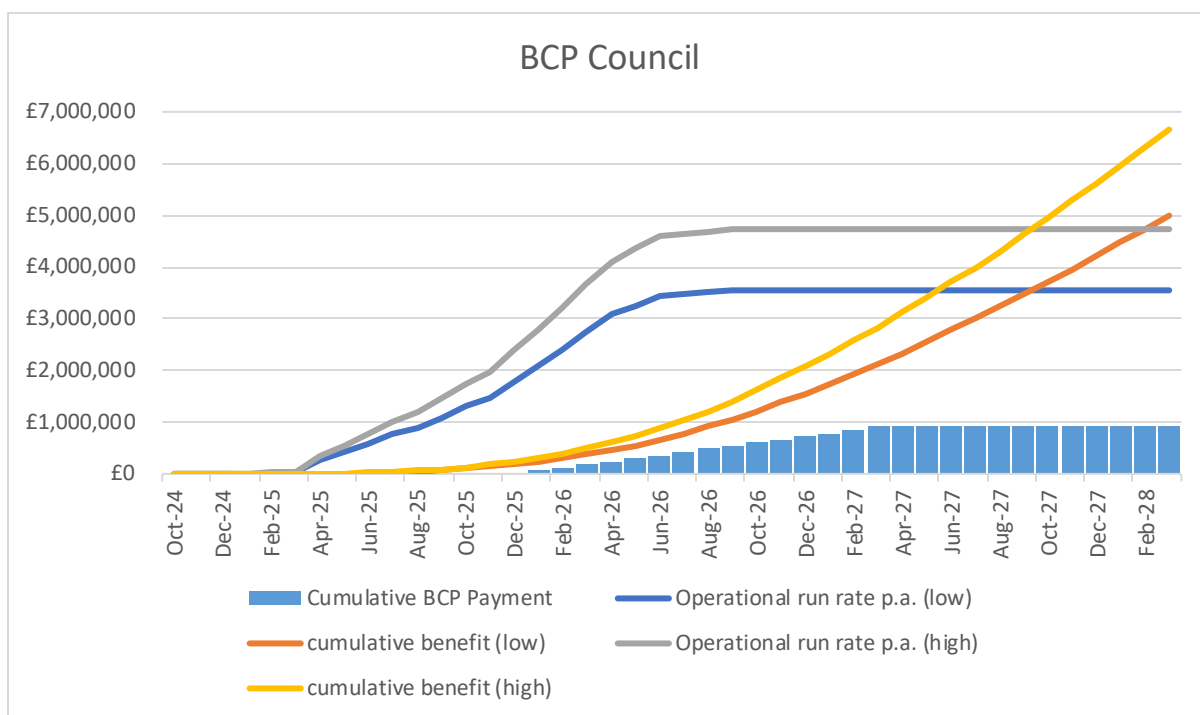
15. Further work has been undertaken to model the anticipated impact that the programme will have on available hospital capacity and on the amount of reablement capacity available to support more people to return home and live independently.



16. As can be seen, it is anticipated that providing all partners commit to the proposed transformation programme, more than 140 beds will be released across the Dorset hospital system by April 2026, substantially reducing the number of people waiting in hospital each night to go home. At the same time, enough additional reablement support will be released each month to support a further 42 people to be supported at home.



17. By April 2026, it is also anticipated that the programme will deliver significant financial benefit to the Council by reducing spend on long term homecare and residential and nursing placements as shown on the graph below.



Partnership Agreement

18. Since the Cabinet meeting on 30 October work has progressed rapidly in developing and agreeing a Partnership Agreement, payment arrangements and fee to continue working with Newton – the transformation partner – over the next 18 months.
19. The overall cost of the transformation support required is £9m. In recognition of the substantial impact that the programme will have on the effectiveness of hospitals across Dorset, health partners, led by NHS Dorset ICB have agreed to fund £6.9m of this cost.
20. As shown on the graph above, it is proposed BCP Council will contribute £912,000 to the costs of the programme, with contributions beginning in January 2026 and ending in the following 2026/27 financial year. Dorset Council – will contribute a slightly higher contribution, in proportion to benefits. In both cases, no payment will be made until an equivalent amount of benefit has been delivered and so if no benefit is delivered then no payment will be required from the Council.
21. In order to ensure that benefits are delivered in accordance with the anticipated trajectory, benefits will be tracked monthly from January 2025. In addition, a mid-programme Benefits Review will be undertaken in July 2025 and a formal update provided to partner organisations. At that time, if additional action is required to deliver the agreed benefits trajectory then at no extra cost Newton will invest additional resources. At the same time, with the agreement of other partners, individual organisations will have the opportunity to give 28 days notice of their intention to leave the partnership.
22. It is proposed Dorset Council will hold and manage the contract with Newton on behalf of system partners. To ensure that the partnership arrangement between Dorset partners and the contractual arrangement with Newton are legally binding,

Dorset Council Legal Services have drafted a comprehensive and robust partnership agreement with Dorset partners and draft contract with Newton.

23. The benefits of the Council formally joining the Dorset UEC Partnership and signing the Partnership Agreement are:

- Large numbers of BCP residents will benefit from shorter hospital stays or not needing to stay in hospital at all, more people will benefit from better reablement care and more people will be able to stay at home for longer rather than being placed in a residential or nursing care home.
- The Dorset health and care system will receive intensive and high quality support from Newton over an 18 month period to improve health and care services. Newton have extensive experience and expertise in working with partners to improve health and care systems across the UK, including successful programmes in Leeds, Gloucestershire, Birmingham and Manchester.
- Newton are also experts in using data and technology to improve health and care services and through the partnership, Dorset partners will be provided with cutting edge data tools and computer systems which will allow information to be shared between Dorset partners, more quickly and safely than at present so that better and quicker decisions can be made and people can receive better care more quickly.
- BCP Council will be able to play a leading part in shaping health and care services across Dorset throughout the lifetime of the programme.
- BCP team members working to deliver the programme will receive high quality and extensive training and support in delivering change and improving services.
- The Council will benefit financially as the requirement to procure additional homecare and residential care capacity is reduced.

Summary of financial implications

24. A fee of £9m has been agreed to provide the transformation support and data and technology tools required to deliver the programme. A payment schedule and a fee guarantee arrangement has also been devised which recognises the very substantial financial challenges of health and care partners across Dorset. For BCP Council this means a financial contribution of £912,000, with payments beginning in January 2026, funded by benefits.

25. The fee guarantee arrangement means that the Dorset health and care system will receive a rebate up to the full cost of £9m, if a minimum of £17m of recurrent annual benefits of £17m have not been delivered by 30 June 2026. A mid-programme Benefits Review will take place in July 2025, ahead of BCP Council's payments. At that time, if additional action is required to deliver the agreed benefits trajectory, then Newton will invest additional resources at no extra cost. At the same time, with the agreement of other partners, individual organisations will have the opportunity to give 28 days notice of their intention to leave the partnership.

26. 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.

27. 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 stuck in hospital, annual financial benefits of around £28m per year will be delivered by 2029/30 and these savings will then be recurrent. Of this system-wide total it is currently anticipated that around £4.5m per year will flow to BCP Council.

28. The quoted benefits are high end benefits and may not be fully cashable. Allowing for this in addition to the costs of the programme, the MTFP will include a net saving of £3.6M by 2027/28.

Summary of legal implications

29. Dorset Council will be the lead organisation for contracting with the transformation partner, managing and overseeing the procurement process and managing the contract.
30. 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. A final draft of this partnership agreement has been circulated to partners.
31. Providing it is agreed that the Council should participate in the Dorset UEC Transformation Programme then 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 finalise and sign on behalf of BCP Council.

Summary of human resources implications

32. 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.
33. 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.
34. 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

35. 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

36. 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

37. 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

38. 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

39. Draft Partnership Agreement