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Health and Wellbeing Board

Date: Wednesday, 18 September 2024
Time: 2.00 pm
Venue: Boardroom - County Hall

Members (Quorum: 5)
Steve Robinson (Chair), Patricia Miller (Vice-Chair), Clare Sutton, Gill Taylor, Jan Britton, Sam Crowe, Paul Dempsey, Stewart Dipple, Marc House, Margaret Guy, Nicholas Johnson, Martin Longley, Jonathan Price, Simon Wraw and Simone Yule

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

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Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

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Agenda

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Health and Wellbeing Board

18 September 2024

Integrated Care System - Urgent and Emergency Care Diagnostic

For Review and Consultation

Cabinet Member and Portfolio:
Cllr S Robinson, Adult Social Care

Local Councillor(s):
All

Executive Director:
J Price, Executive Director of People - Adults

Report Author: Louise Ford
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Report Status: Public Choose an item.

Brief Summary:

Work is progressing rapidly to complete a system-wide diagnostic review of urgent and emergency care pathways in Dorset. Once complete it is anticipated that this will enable a system-wide transformation programme for improving urgent and emergency care pathways to commence.

Recommendation: That the Health and Wellbeing Board note the contents of this report, and the positive progress made to date with the review of the urgent and emergency care pathway.

Reason for Recommendation: For noting of progress to date and awareness of the procurement process for phase 2 of the programme.

1. Introduction

1.1 This report provides an update on work underway to develop a system-wide plan to improve urgent and emergency care pathways in Dorset.

1.2 Since the Covid pandemic, there have been ongoing challenges across Dorset in supporting people to return home following a hospital stay and in preventing hospital admissions when a person could be better supported at home. In March 2024, there were an average of 264 people per day waiting to be discharged from an acute hospital across Dorset (including BCP footprint). This was equivalent to 20% of available acute bed capacity.

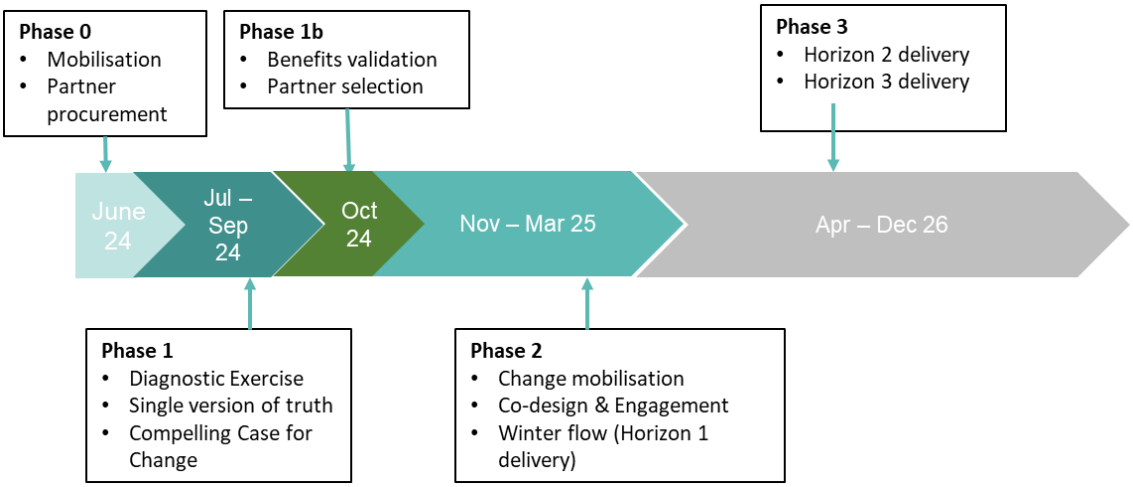
1.3 By July 2024, the percentage of people occupying beds with no criteria to reside had reduced to 18.6%. However, this compares to a national average of 13% for the same period.

1.4 As a result of these challenges, system partners have agreed to work together to improve outcomes for the residents of Dorset. As a first stage in this process a review of discharge to assess processes has been undertaken with the assistance of the Better Care Fund Improvement Programme. This work is now complete.

1.5 In addition, system partners agreed in June 2024 to commission an Urgent and Emergency Care Pathways Diagnostic Review to develop a detailed understanding of how more people in Dorset can be supported at home without the requirement for a hospital admission and how people can be supported to leave hospital more quickly.

2. Diagnostic exercise

2.1 An ambitious timescale was set for the work (set out in the diagram below) and following a rapid and successful procurement process in June 2024, strategic transformation partners Newton were identified to undertake the diagnostic exercise.



2.2 The diagnostic exercise is now reaching its conclusion. In the next few weeks Newton will be sharing the detailed conclusions with system partners and a full briefing will be provided to the next Health and Wellbeing Board. Detailed proposals setting out next steps will also be included. Emerging headline findings include:

- While there are substantial opportunities to improve outcomes for people who are delayed in hospital, 91% of people are successfully discharged from Dorset County Hospital on the day that they become clinically fit. This compares to a national average of 87% and is a credit to the Dorset system.

- Up to 33% of people admitted into hospital beds from Emergency Departments could have been supported at home or in short term hospital ward if services worked together better and the right capacity was available.

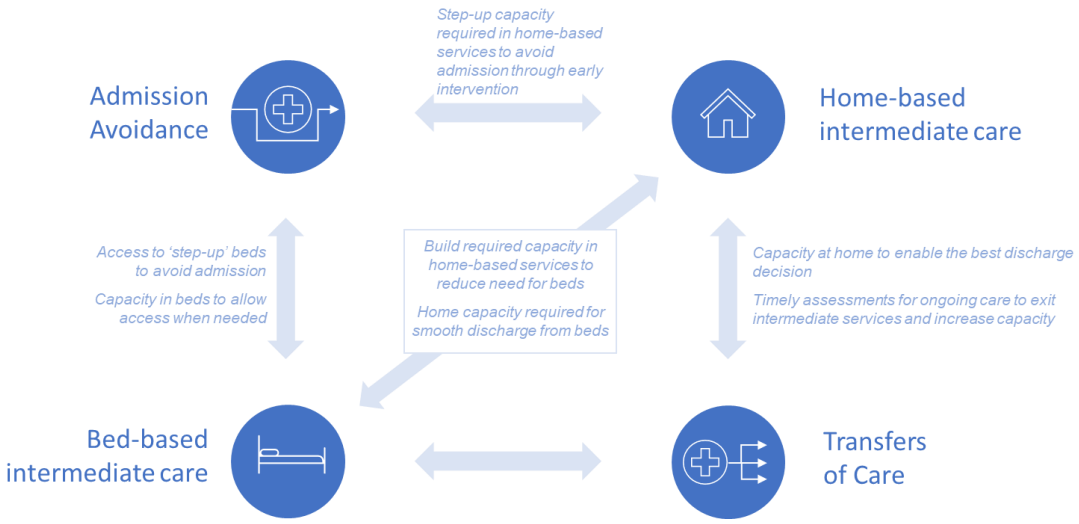
- There is a cohort of people in Dorset hospitals with complex needs or who require large care packages; these people can be stuck in hospital beds for long periods of time and as a consequence the average waiting time for delayed patients at Dorset County Hospital is 11.3 days compared to the national 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.

3. Next steps

3.1 The detailed findings of the diagnostic exercise will be presented to system partners over the next few weeks and these findings will be considered and validated. Alongside the findings will also be a proposed Improvement Plan to address them. It is anticipated that a 2-year programme will be required to deliver the scale of change necessary. Once complete, this plan will be considered by system partners.

3.2 A whole-system approach is needed to address these challenges effectively and health and care partners will need to work together to deliver this. A multi-agency approach focussing on four key areas below is anticipated as set out in the diagram below.



Admission avoidance

3.3 To prevent people being admitted into hospital when alternative short term hospital support or support at home would be a better option, a focus will be required both in hospitals and to support other organisations to reach into hospitals to enable people to leave more quickly before they are admitted to a hospital ward.

Bed based intermediate care

3.4 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.

Home based intermediate care

3.5 Currently the diagnostic exercise also identifies that not everybody who would benefit from reablement support at home is receiving it and there is also an opportunity to make better use of the capacity that is available.

Transfer of care

3.6 Finally, there are opportunities to simplify transfer of care processes by using data and information better, simplifying forms, involving patients, family, and carers more in deciding what support is required and through organisations working together better.

Voice of the patient and co-production

3.7 Alongside work to improve particular elements of the patient journey, it is anticipated that a substantial programme of co-production and user engagement will also be required to make sure future delivery models meet resident requirements.

Data and information

3.8 There will also be a substantial focus on improving the use of data and information across the system so that decisions about people are not delayed because the right information is not immediately available. This will also include understanding and tracking potential inequality and in particular whether different population cohorts are achieving better outcomes.

3.9 As set out in the timeline above the diagnostic phase of the programme will be complete by the end of September and then, subject to partner agreement a detailed implementation plan will be devised in October and a contract agreed with a transformation partner so that implementation of the proposed changes can begin in November.

3.10 This is an ambitious timetable, but it is anticipated that if partners continue to work at pace a significant reduction in the percentage of people waiting to be discharged from hospital can be achieved by 31 March 2025 and over the likely two-year lifetime of the programme substantial improvements will be delivered for Dorset residents.

3.10 A detailed report on the diagnostic outputs and draft implementation plan will be shared with the Health and Wellbeing Board at the November meeting.

5 Financial Implications

5.1 As well as the substantial detrimental impact of unnecessary and extended hospital stays on outcomes for people, there is also a substantial cost implication for the Dorset health and care system. Acute hospitals could use beds occupied by people waiting to go home to reduce hospital waiting lists faster and more resources could be invested in community-based services if outcomes can be improved and capacity re-utilised. Savings could also be used to address existing budget challenges.

5.2 Detailed financial information will be provided by Newton as part of the diagnostic exercise. A Finance and Benefits Group, consisting of Finance Directors from across partner organisations has been established and will review the analysis as soon as it is received. It will also consider the anticipated costs of delivering the proposed transformation programme to ensure that good value is achieved in implementing the changes necessary.

6 Natural Environment, Climate & Ecology Implications

All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

7 Well-being and Health Implications

Dorset, like other areas across the Southwest and nationally, is continuing to experience challenges in providing and supporting the delivery of health and social care. For Dorset, as referenced above, the highest risks continue to be the increasing acuity of health, care, and support needs of those being supported both in the community and in hospital.

8 Other Implications

System Partners will continue to work closely with the Strategic Improvement Partner to develop an implementation plan for an end to end urgent and emergency care transformation programme.

9 Risk Assessment

A comprehensive risk assessment will accompany the detailed diagnostic findings. The key risk for system partners is that if a transformation programme is not progressed at pace then the urgent and emergency care pathway will not improve and this will on personal health outcomes and also the operational and financial viability of the healthcare system.

10 Equalities Impact Assessment

It is important that all partners ensure that the individual needs and rights of every person accessing health and social care services are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

11 Appendices

None – Short slide presentation to be presented at meeting

12 Report Sign Off

This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

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