

# Health and Wellbeing Board

20 November 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

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**Report Status:** Public (the exemption paragraph is N/A)

**Brief Summary:**

This report to the Health and Wellbeing Board updates on the work to transform the urgent and emergency care pathway in Dorset. Work progressed rapidly over the summer to complete a system-wide diagnostic review of urgent and emergency care (UEC) pathways in Dorset. On 26 September, the System Executive Group reviewed the outputs from the diagnostic and endorsed a proposal to progress to a full transformation programme. This report provides an overview of the outputs and the next steps in the programme.

**Recommendation:** That the Health and Wellbeing Board note the findings from the diagnostic phase of the UEC Transformation Phase and endorses progressing to the Design and Delivery Phase of the programme.

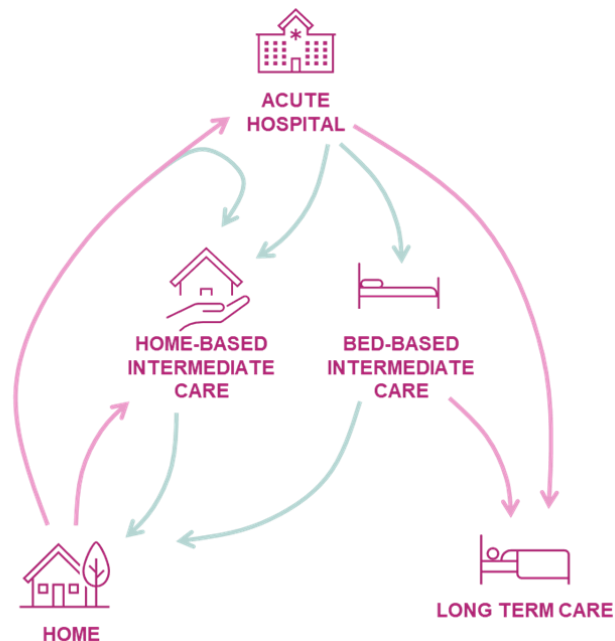
**Reason for Recommendation:** To confirm the support of the Dorset Health and Wellbeing Board to progressing to the next phase of the programme.

## 1. Introduction

- 1.1 Following the update to Health and Wellbeing Board on 18 September 2024, this report provides further context on the work underway to develop a system-wide plan to improve urgent and emergency care pathways in Dorset. The diagnostic phase of the programme completed in September and an overview of the findings is provided. Alongside this, further detail is included on the programme (which will take place over the next 18 months) to improve our urgent and emergency care pathways.

### Partners and scope

- 1.2 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.
- 1.3 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.

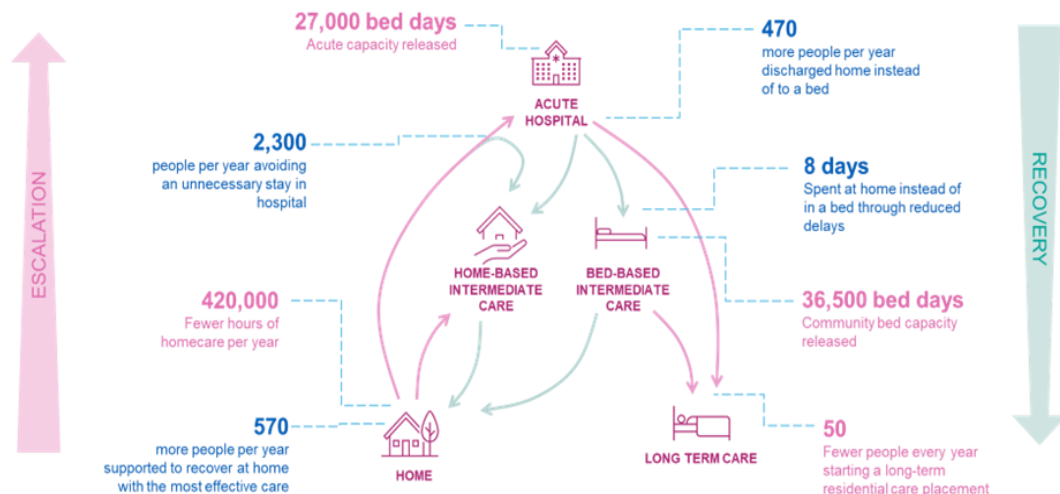


### Findings from phase 1 - the diagnostic

- 1.4 Work began on the programme at the end of July 2024 following a procurement exercise to identify a strategic improvement partner. Dorset Council undertook the procurement on behalf of system partners. The exercise identified Newton as the preferred strategic improvement partner most able to support Dorset's needs.
- 1.5 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.
- 1.6 A summary pack of the diagnostic outputs is attached as appendix 1 (to follow). 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, and this is significantly above the national average of 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. Consequently, the average waiting time for patients not discharged on the day they become medically fit from Dorset County Hospital is 11.3 days, which is significantly 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.
- 1.7 As well as analysing data and outcomes for residents, the diagnostic reviewed 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 received.



1.8 The diagnostic further identified substantial opportunities to improve outcomes for residents. It is estimated that each year 2300 individuals 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 were to 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.

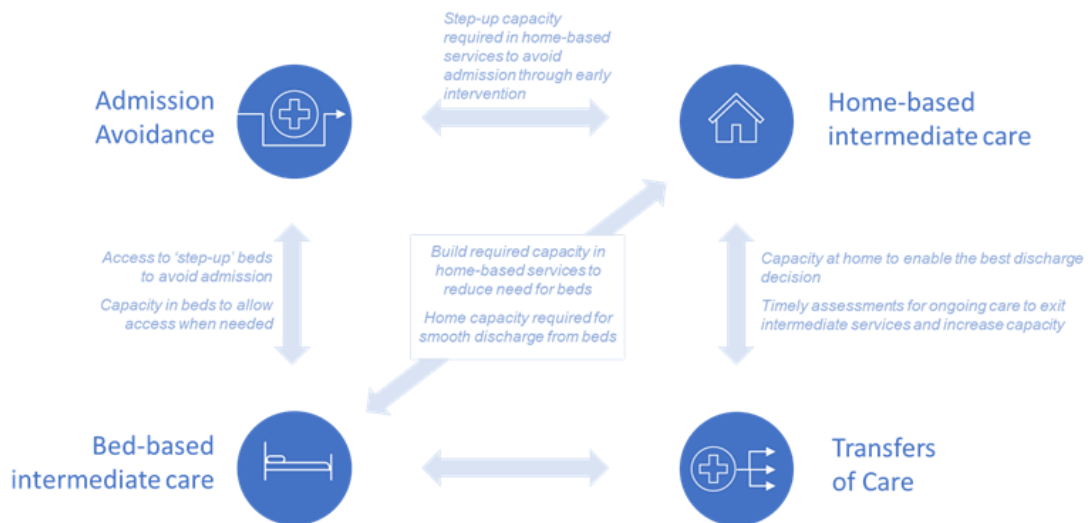


1.9 For those people referred to bed based intermediate care (community hospitals and local authority commissioned short term care home beds), it is estimated that the average length of stay could be reduced by an average of 8 days if better processes were in place. This could release the 36,500 bed days or the equivalent of 100 community hospital beds.

- 1.10 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 £26m per year.
- 1.11 At the Dorset Health and Care System Executive's Group (SEG) 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.

## 2. Next steps

- 2.1 Work to develop and agree the transformation programme is currently underway. It is anticipated that the programme will take 18 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.
- 2.2 The diagram below sets out the key elements of the proposed programme



- 2.3 There are four key areas of activity:

- **Admission avoidance** -this work will take place across the two acute trusts in Dorset and will focus on supporting more people to go home without needing to spend a night in hospital.
- **Transfer of Care** - many organisations are involved in supporting people with complex needs to leave hospital. This workstream will focus on simplifying and expediting existing arrangements by

improved information sharing, enabling people to have more control over their on-going care and by establishing improved multi-organisational working.

- **Home based intermediate care** - the diagnostic identifies that across Dorset at least 32 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.

2.4 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 significant investment in staff training and partnership 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.

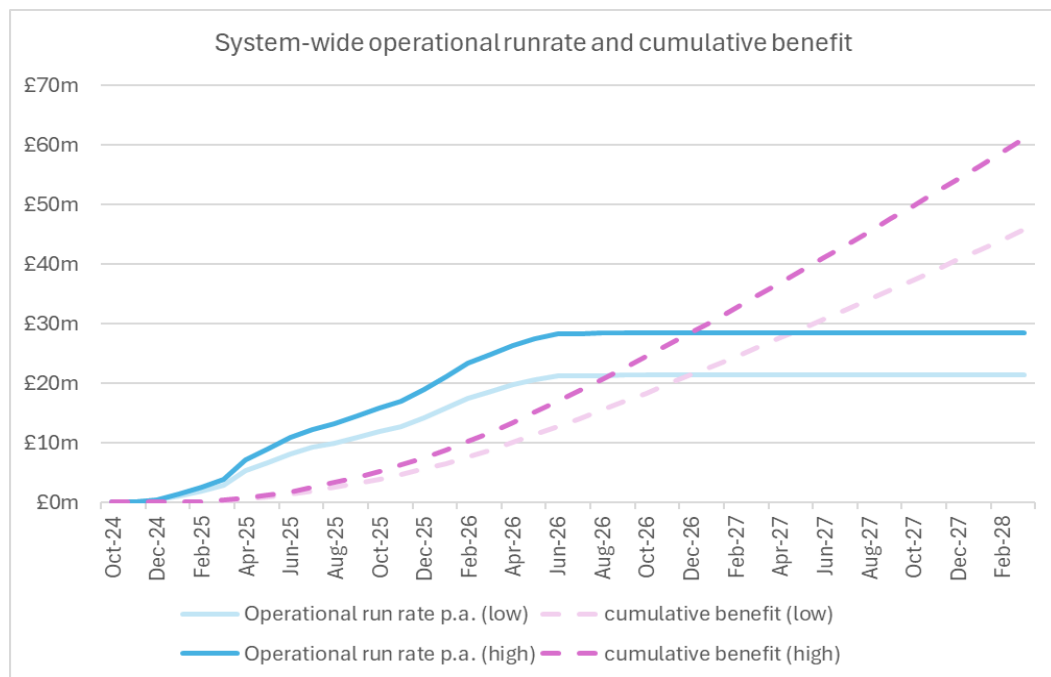
2.5 Once work to agree the detailed scope of the 18-month transformation programme has been completed, sovereign bodies have indicated their support and contractual terms to deliver it have been agreed, it is anticipated that work on the design and delivery phase will begin before the end of the calendar year.

2.6 As outlined 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 Dorset Council Health and Wellbeing Board should commit to the next stages of the transformation programme.

### 3 Financial Implications

3.1 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.

3.2 The graph below identifies the anticipated benefit that will be delivered through the UEC transformation programme. The graph anticipates that by April 2026 the programme will have delivered changes which result in around £28m of annual benefits and, by February 2028 up to £60m of benefits will have been delivered.



3.3 Not all these benefits will flow to Dorset Council, but it is anticipated that by April 2026 around £4m of annual benefits will be realised by Dorset Council; primarily through the delivery of more and better reablement services and the subsequent reduction in average package size.

3.4 The costs of delivering the programme over its lifetime are anticipated to be in the region of £9m. A significant contribution to these costs will be made by the ICB and all partners will be asked to contribute in proportion

to the amount of benefits that they're forecast to receive. It is important to note that benefits received will be significantly greater than costs; overall the impact of Dorset Council participating in the UEC Transformation programme will be positive.

#### **4 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.

#### **5 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.

#### **6 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.

#### **7 Risk Assessment**

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 the operational and financial viability of the healthcare system.

#### **8 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.

#### **9 Appendices**

Short slide presentation to be presented by Newton colleagues at meeting.



**10 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)