

Cabinet

17 December 2024

Integrated Care System Urgent and Emergency Care Transformation Programme

For Decision

Cabinet Member and Portfolio:

Cllr S Robinson, Adult Social Care

Executive Director:

J Price, Executive Director of People - Adults

Report Author: Lou Ford / Dylan Champion
Job Title: Strategic Health & Adult Social Care Integration Lead /
Urgent and Emergency Care Transformation Programme
Director

Tel:

Email: louise.ford@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary

A system-wide programme to transform and improve urgent and emergency care (UEC) services for Dorset residents began in July 2024. Starting with a diagnostic and involving health and care partners from across the Dorset system it is anticipated that the transformation programme will take two years to deliver. The transformation 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.

Following completion of the diagnostic review as the first phase of the programme, and the subsequent development of a robust delivery and benefits plan, this report seeks authority to enter into a Partnership Agreement for the remaining duration of the programme.

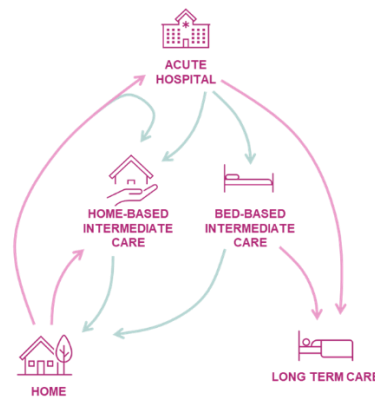
Recommendation: That Dorset Council Cabinet:

1. Commend the system-wide work that is being undertaken to transform urgent and emergency care services and provide better outcomes for the residents of Dorset.
2. Note the important role for Dorset Council as 'Lead Partner' and managing the contract with Newton. And the substantial financial benefits to the Council that will be achieved as a result of the transformation.
3. Cabinet delegates authority to the portfolio holder for adults in consultation with the Executive Director for Corporate Development and the Executive Director People – Adults to enter into the UEC Partnership Agreement on behalf of the Council

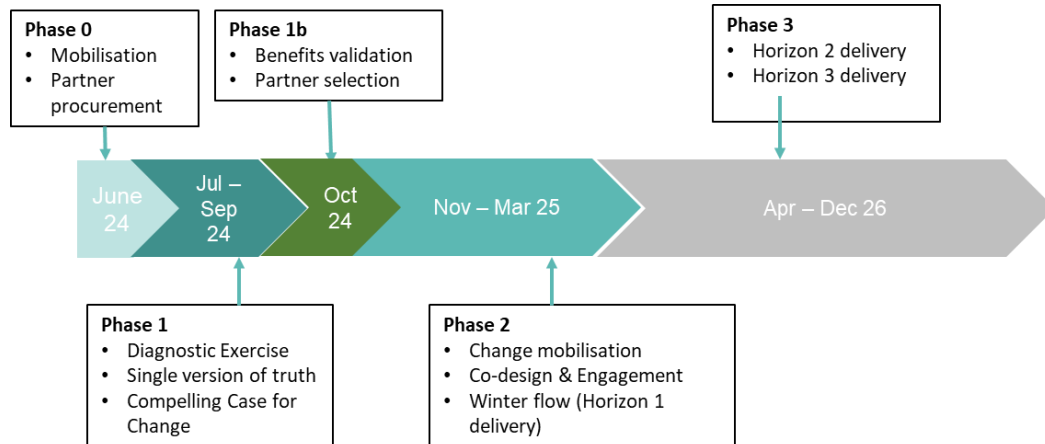
Reason for Recommendation: To support the improvement of urgent and emergency health and care outcomes for Dorset residents.

1. Introduction

- 1.1 This report provides an update on work underway to deliver a Dorset system-wide transformation programme to improve health and care outcomes across Dorset. Agreement from Dorset Council Cabinet is sought to enter into a partnership agreement to 30 June 2026 to support the delivery of the programme.
- 1.2 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 60 beds in Dorset County Hospital 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.
- 1.3 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 BCP Council. Dorset Healthwatch are also represented on the Programme Steering Group.
- 1.4 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.



- 1.5 Work began on the programme at the end of July 2024 with a procurement exercise, led by Dorset Council on behalf of system partners to identify a strategic improvement transformation partner. The procurement exercise identified Newton as the transformation partner most able to support Dorset's needs. The phasing for the programme is outlined below:



2. Diagnostic exercise

- 2.1 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.
- 2.2 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, 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 better together 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.

2.3 As well as analysing data and outcomes for residents, the diagnostic also 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 had received.



3. Next steps

3.1 On Thursday 26 September, following a presentation of diagnostic findings, the Dorset Health and Care System Executive Group (SEG) agreed in principle to progress to the next stage of the UEC transformation programme. This approval was subject to obtaining support from individual partner organisations and agreeing with the transformation partner an achievable and affordable transformation programme.

3.2 Since then, work has been underway to update the individual partner organisations and to agree a programme of work and commercial terms to commence a UEC transformation programme to address these challenges.

- 3.3 On Wednesday 13 November, Dorset Health and Care Chief Executive Officers (CEO) and leaders considered the proposed Programme Delivery Plan, Benefits Plan and cost sharing arrangement and gave their endorsement to the proposal to be presented to partner Cabinets, Governing Bodies and Boards for formal agreement. This will take place in the first half of December and will culminate in consideration of this final report by the Dorset Council Cabinet.
- 3.4 Following the CEOs meeting, on Tuesday 19 November Dorset Council Cabinet agreed to hold the delivery contract with Newton on behalf of Dorset health and care partners and on Wednesday 20 November, the Dorset Council Health and Wellbeing Board received an update and presentation on the Diagnostic Findings.
- 3.5 Approval for the procurement spend of up to £1.5 million on the UEC programme (included in the Procurement paper to Cabinet in September 2024) was agreed.
- 3.6 A recommendation to Cabinet in November 2024 (Q2 Financial Management report) to 'continue with the procurement to deliver Urgent and Emergency Care (UEC) Transformation programme' was agreed.
- 3.7 This report provides an update on the anticipated benefits to be delivered from the programme and completes the proposed consideration of the Partnership Agreement by partner Cabinets and Boards.

4. **Anticipated benefits**

- 4.1 Validation of anticipated benefits is now complete. For many Dorset residents it is clear there is considerable opportunity to improve individual experiences.

Nancy's Story

Nancy lived at home, independently, with informal support from her sons, John and Stuart.

One Saturday morning, Nancy's son, John, visited her house and found Nancy suffering from breathlessness and a runny nose. As Nancy's local GP was closed due to the weekend, John phoned 111 and was advised to phone 999 so that paramedics could assess Nancy in her home. Services such as UCR and Virtual Wards weren't considered by 111.

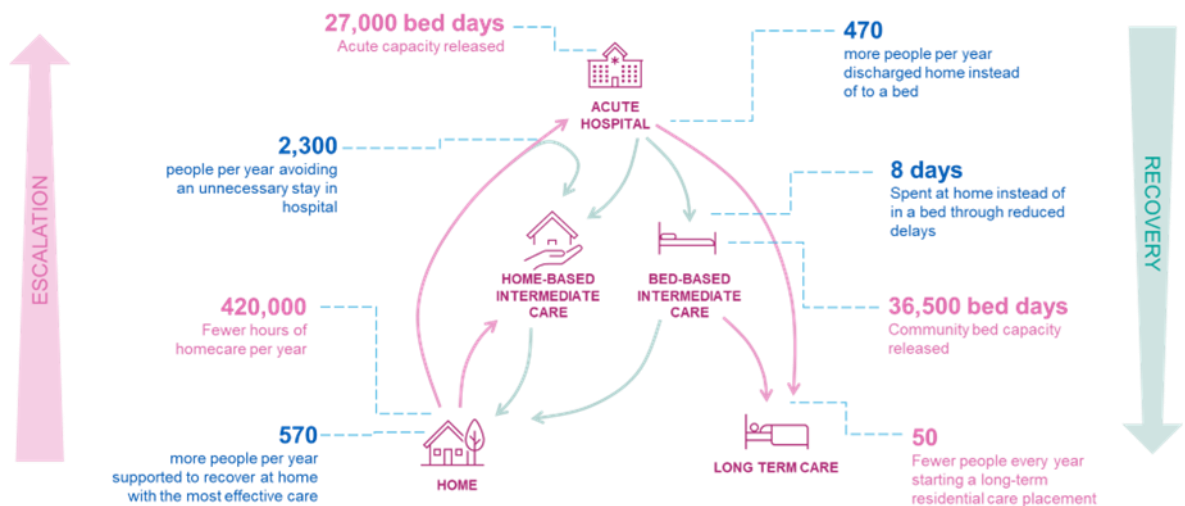
Worrying that waiting for the ambulance was a waste of resources as he was able to transport Nancy, John chose to drive Nancy to hospital. John wasn't made aware during his interactions with 111 and 999 that there were services available in the community to diagnose and treat Nancy at home.

Nancy was assessed in ED and even though it was decided that only a period of observation and a prescription of antibiotics was required, ED chose to admit Nancy onto a specialty ward. Services such as Virtual Wards/AHAH and SDEC were not consulted about whether Nancy would be suitable for referral.

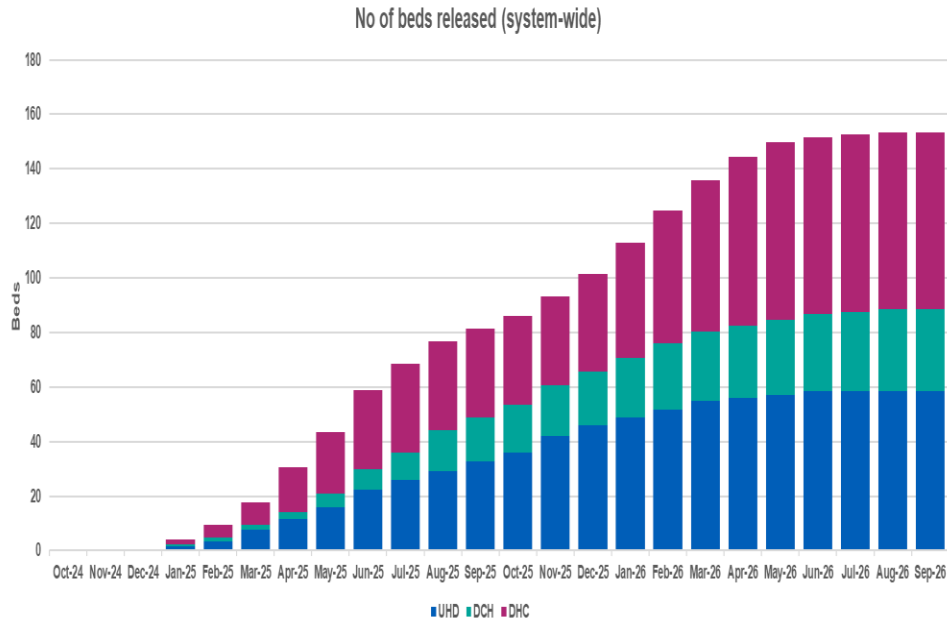
Nancy was deemed medically fit for discharge after 7 days and returned home.

“ This lady could have been turned around before even reaching A&E and instead she's had a week-long stay in hospital. — Consultant Practitioner during case reviews ”

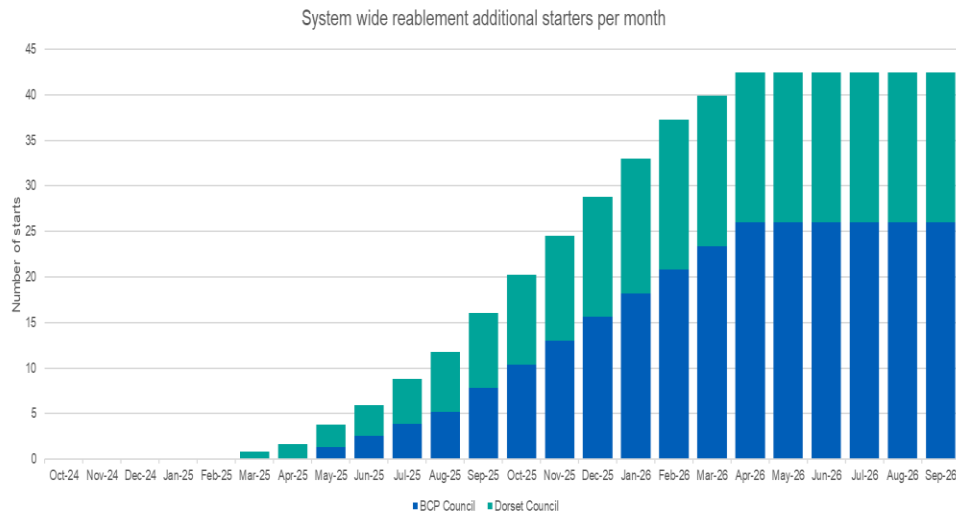
4.2 Across Dorset, the following annual benefits are anticipated by 2029/30:



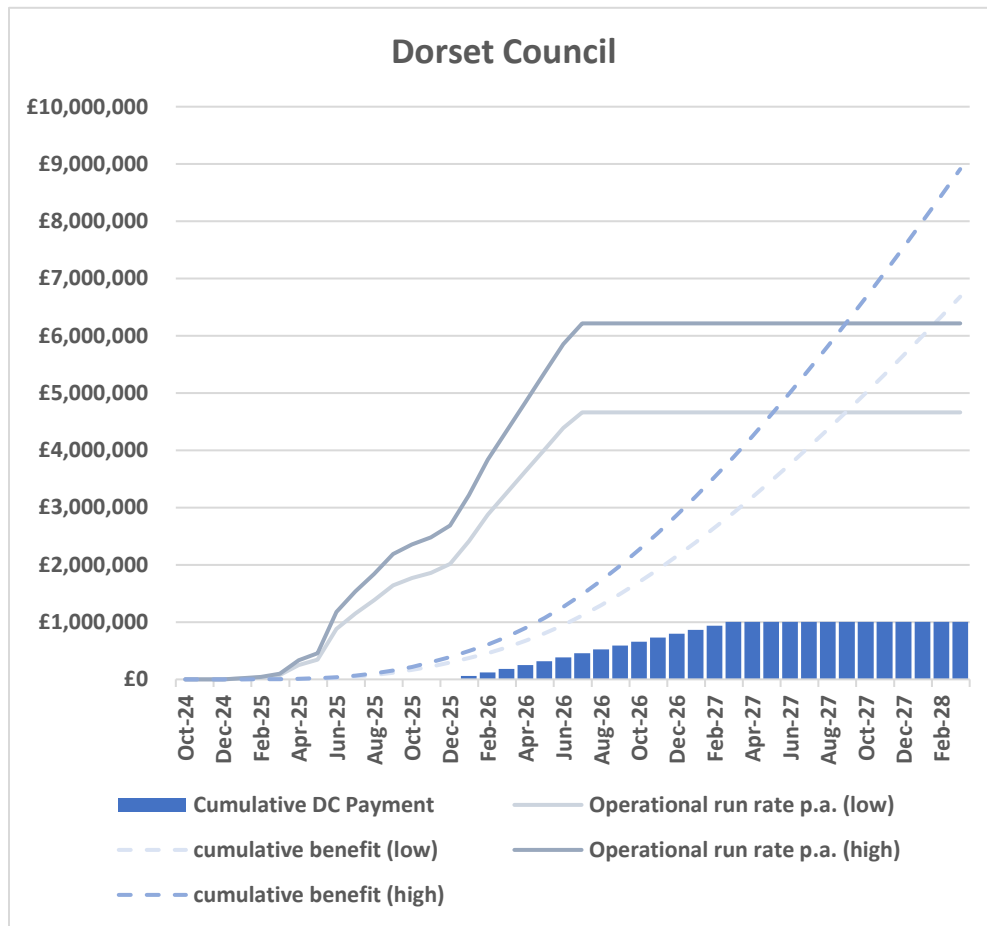
4.3 The graph below sets out how quickly it is anticipated benefits will be delivered. As can be seen and providing the programme is successful, by December 2025, one hundred fewer beds should be occupied by people fit enough to return home and live independently each night. By April 2026 this number will have increased to more than one hundred and forty.



4.4 The graph below presents the anticipated impact on reablement capacity across the County. Reablement capacity is key to supporting more people to return home and live independently and also in reducing the reliance that people have on long term homecare.



4.5 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, residential and nursing placements as shown on the graph below. By April 2028, it is anticipated that more than £9m of benefit will have been delivered to the Council and from April 2026 an annual benefit of £4.8m is anticipated.



5. Partnership Agreement

5.1 Work has also progressed rapidly since early October in developing and agreeing a Partnership Agreement, payment arrangements and fee to continue working with Newton – the transformation partner – over the next 18 months.

5.2 The development of a legally binding partnership agreement has required extensive collaboration with system partners and navigation through formal internal governance requirements such as the NHS Finance Committee, Bournemouth, Poole and Christchurch Cabinet and Scrutiny committee, Dorset Council Cabinet and governing boards across community and acute hospital providers. Further detail on governance is contained within the attached appendix.

5.3 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.

- 5.4 As shown on the graph above, it is proposed Dorset Council will contribute £1,183,000 towards the costs of the programme, with contributions beginning in January 2026 and ending in the following 2026/27 financial year. 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. The Corporate Director for Finance and Commercial has led the finance discussions on behalf of Dorset Council.
- 5.5 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, 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.
- 5.6 It has previously been agreed that 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.
- 5.7 Recognising the importance of the programme, CEOs also agreed that the programme should be led by the Chief Executive of NHS Dorset ICB. It was also proposed that each partner will lead a key workstream within the programme. It has been agreed that Dorset Council will lead the important Digital and Data Transformation Workstream whilst the BCP Director of Adult Social Care will lead the home based reablement workstream.
- 5.8 The benefits of the Council formally joining the Dorset UEC Partnership and signing the Partnership Agreement are:
 - Large numbers of Dorset 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 (building on the excellent Dorset Insights and Intelligence Service system) and 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.
- Dorset Council will play a leading role in shaping health and care services across Dorset throughout the lifetime of the programme.
- Dorset 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.

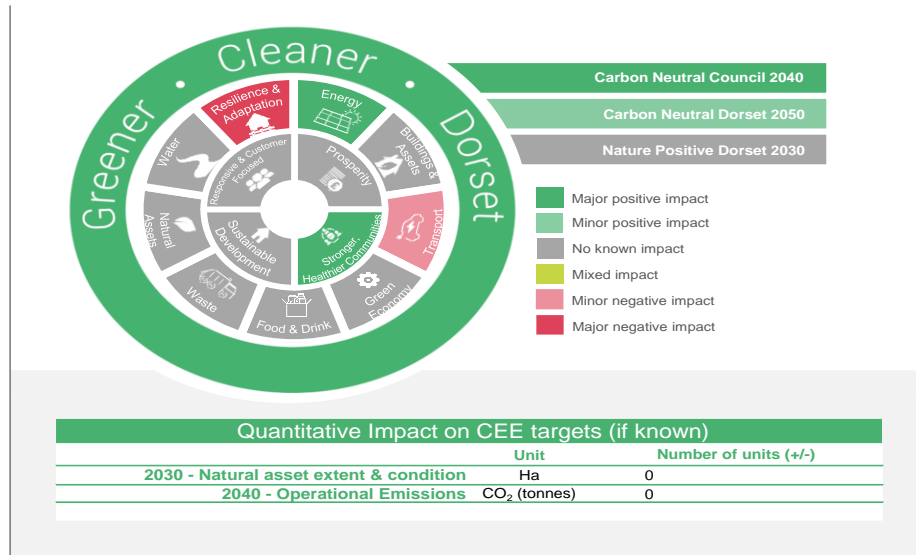
5 Financial Implications

- 5.1 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 Dorset Council this means a financial contribution of £1,183,000, with payments beginning in January 2026.
- 5.2 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.
- 5.3 In total around £2.2 billion is spent on health and care services across Dorset each year.

- 5.4 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 £26m per year will be delivered by 2026/27 and these savings will then be recurrent. Of this system-wide total it is currently anticipated that around £4.8m per year will flow to Dorset Council in 2026/27 and by 2028/29 the anticipated annual benefit will be £6.4m.

6 Natural Environment, Climate & Ecology Implications

- 6.1 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.
- 6.2 The health service in England contributes to around 4-5% of UK carbon emissions and the NHS in England alone is responsible for 40% of the public sector emissions. Preventing people from requiring hospital treatment, improving the management of health conditions to avoid unnecessary hospital admissions and moving care out of hospitals will all contribute to reducing carbon emissions.
- 6.2 There is likely to be a reduction in carbon emissions as a result of the transformation programme; a reduction in travel as a result of unnecessary hospital admissions (conveyance to and from hospital settings).
- 6.3 Further reduction in travel is expected as a result of reduced homecare provision across the County and a more optimised approach to the delivery of homecare.
- 6.4 Climate wheel completed below.



7 Well-being and Health Implications

- 7.1 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.
- 7.2 Research has shown that spending more time in hospital than is needed increases the risk of reducing both a person's physical and mental well-being. This programme aims to reduce the length of stay in acute and community hospital beds and improve the no criteria to reside performance across the Dorset system.
- 7.3 The diagnostic exercise showed that if people receive the right care in the right place and at the right time, avoid unnecessary and harmful delays, they will live more independently, at home and achieve better outcomes.

8 Other Implications

- 8.1 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. **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: High
Residual Risk: Medium

- 9.1 There is a risk that health and care partners across Dorset will continue to face challenges improving urgent and emergency care services, reducing pressure on acute hospital services and reducing harm to Dorset residents without successfully undertaking a large scale and system-wide UEC transformation programme. For Dorset Council, this presents an additional risk as delays in accessing urgent and emergency services, or in subsequently being discharged from hospital, can mean that the support required to help people live independently at home increases and this results in additional demands on Council resources. System-wide commitment and Dorset Council involvement in a system-wide UEC transformation programme will help to mitigating this risk.
- 9.2 There is a risk that without a clear understanding of the underlying causes of challenges with urgent and emergency care services in Dorset, efforts to improve services will not be successful. This risk has been mitigated by undertaking a system-wide diagnostic exercise. This has identified clearly the challenges faced by the Dorset system and resulted in the development of a well-defined and deliverable transformation programme which will deliver significant improvement for Dorset residents within the next 12 months.
- 9.3 There is a risk that without additional support and expertise and without a change of approach there will be no significant improvement in the levels of performance being achieved across urgent and emergency care services and existing challenges and trends will continue. This risk has been mitigated by the identification of a transformation partner who has substantial experience and a track record in delivering system-wide change across health and care and using a different, people focused, data driven approach to service change.
- 9.4 There is a risk that the cost of the change programme will be unaffordable to the Council and other partners. This risk has been mitigated by agreeing with the transformation partner a payment arrangement which means that there will be no fees payable by partners across Dorset unless the transformation partner delivers substantially more recurrent annual benefits as a result of the programme than the total fee charged. This risk has been further mitigated for the Council by NHS Dorset ICB, on behalf of

health partners agreeing to underwrite £6.9m of the £9m fee to deliver the programme.

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

Draft Partnership Agreement

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)