Dorset Council

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 19 NOVEMBER 2025

Present: Cllr Steve Robinson (Chair), Cllr Gill Taylor, Paula Bennetts, Sarah Howard, Rachel Partridge and Jonathan Price

Present remotely: Cllr Clare Sutton and Louise Bate

Apologies: Jan Britton, Sam Crowe, Paul Dempsey, Stewart Dipple, Margaret Guy, Marc House and Simone Yule

Also present: Sian Walker-McAllister (Independent Chair, Safeguarding Adults Board)

Also present remotely: Cllr Jane Somper and Supt. Claire Phillips

Officers present (for all or part of the meeting):
George Dare (Senior Democratic and Governance Officer), Jane Horne (Consultant in Public Health), Jen Furnell (Corporate Director for Education and Learning), Sam Poole (Interim Corporate Director for Commissioning & Improvement) and Sarah Sewell (Head of Service - Commissioning for Older People and Home First)

Officers present remotely (for all or part of the meeting):
Dylan Champion (FutureCare Programme Director) and Fiona Arnold (Community Pharmacy Lead, NHS Dorset)

28. Appointment of Vice-Chair

Sarah Howard, the representative for NHS Dorset, was nominated for Vice-Chair by Cllr Steve Robinson and seconded by Rachel Partridge.

There were no other nominations for Vice-Chair.

Decision:
That Sarah Howard be appointed Vice-Chair of the Health and Wellbeing Board for the remainder of the year 2025/26.

29. Minutes

The minutes of the meeting held on 24 September 2025 were confirmed and signed.

30. Declarations of Interest

No declarations of disclosable interests were made at the meeting.

31. **Public Participation**

There was no public participation.

32. **Councillor Questions**

There were no questions from councillors.

33. **Urgent items**

The there were no urgent items.

34. **Work Programme**

A member asked whether the board could consider what items from Children's Services could be brought to the board, and suggested children's mental health as a topic.

The Board noted its work programme.

35. **FutureCare Programme Update**

The Head of Commissioning for Older People and Home First and FutureCare Workstream Lead outlined the FutureCare Programme Update and Mid-Programme Review. The Board received a presentation which is attached to these minutes. The programme had achieved substantial operational benefits across the health system, including a 30% reduction in care home placements after a stay in Bed-Based Intermediate Care, 55 more people being seen each week for Same Day Emergency Care, and improvements to the quality-of-care people received. Areas identified for improvement included hospital discharge delays, embedding new Transfer of Care Hubs, and capacity challenges in Home-Based Intermediate Care. Case studies showing the benefits of FutureCare were presented to the board.

Board members discussed the update and mid-programme review and asked questions of officers. The following points were raised:

- As prevention of hospital admission and the discharge of hospital patients improves, the next step of the improvement journey would be to deliver integration of care into the community.
- Virtual wards were not a specific workstream of FutureCare, however they were able to help prevent hospital admission and an option for Transfer of

Care Hubs to consider when considering hospital discharge options for patients.

- The Neighbourhood Health Programme would help to improve the amount of care delivered in the community sector to reduce hospital pressures.
- The delivery of FutureCare would need to be sustained to ensure the operational benefits were fully achieved.
- Housing remained a challenge for some people being discharged from hospital. The Transfer of Care hubs were trying to work with housing earlier in the process to enable a more timely discharge from hospital.

The Board recognised the progress that the programme continued to make in respect of improved outcomes but also recognised that mor work was required to further reduce the average length of stay for people in hospital.

36. **Better Care Fund 2025-26 Q2 Reporting Template**

The Head of Commissioning for Older People and Home First introduced the Better Care Fund 2025-26 Q2 Reporting Template for endorsement by the Board. She outlined the key headlines from the report, including performance against the metrics.

There were no questions from board members.

Proposed by Jonathan Price, seconded by Sarah Howard

Decision:
That the Better Care Fund Reporting Template for 2025/25 Quarter 2, approved under delegated authority, be endorsed.

37. **Dorset Safeguarding Adults Board Annual Report**

The Independent Chair of the Dorset Safeguarding Adults Board introduced the Board's annual report and detailed the key areas of the report. Although the Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Board's operated jointly, there were arrangements to enable them to operate separately to address place-based issues when needed. In addition to the report to the Health & Wellbeing Board, the report had been presented to Healthwatch and scrutinised by the People & Health Scrutiny Committee. The Independent Chair commended the partners that have worked with the Board, in particular the Prisons and Probation Service due to its work in improving safeguarding in Dorset prisons. There had been no statutory Safeguarding Adults Reviews over the annual reporting period, but the Independent Chair expected reviews to be published in the next annual report.

The Chair of the Health & Wellbeing Board was impressed by the quality of the safeguarding arrangements. There needed to be more challenge around how safeguarding could be made everyone's business. The Independent Chair

explained this could be achieve through communication and making it simple for people to understand. She was assured that Dorset Council applies contextual safeguarding.

In response to question about the differences in safeguarding between rural and urban communities, the Independent Chair explained that rural isolation needed to be considered and that commissioners needed to ensure they understand issues caused by rurality and opportunities for prevention in communities.

The Independent Chair had seen improved planning for children transitioning into adulthood, due to the work of the new Birth to Settled Adulthood Service.

The Health and Wellbeing Board noted the Safeguarding Adults Board Annual Report for 2024/25.

38. **Community Pharmacy Update**

The Community Pharmacy Lead, NHS Dorset, presented a report to the Board on community pharmacies. They key areas of the report were outlined, which included: workforce capacity and training schemes for new community pharmacists; career development for pharmacists; temporary closures of pharmacies and following procedures for temporary closures; and the local community pharmacy assurance group, which discussed local issues with community pharmacies.

Board members discussed the community pharmacy update, and the following topics were raised:

- It was not always easy to access pharmacies in rural areas and access could be made harder for rural communities when a pharmacy closes.
- Pharmacy closures were a national issue which needed to be addressed. Locally, the council could act quickly through issuing a supplementary statement to the Pharmaceutical Needs Assessment following a pharmacy closure, which would enable another pharmacy to go into this space.
- The current model for the Pharmaceutical Needs Assessment controlled pharmacies' entry into the market, rather than considering the quality of access to pharmacies.
- Some services provided by pharmacies were required to be conducted face-to-face whereas some dispensing of medication was able to be done online and delivered.
- Healthwatch examined online pharmacies and was pleased by their use. NHS Dorset has done communications about using online pharmacies in areas where there have been challenges accessing community pharmacies.
- Dorset did not have a place for professional training of pharmacists. If there were plans to explore professional training options, then the NHS should link with Dorset Council to work on this.

39. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.35 pm

Chairman

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Our Dorset

Transforming urgent and emergency care together

Future Care Mid-Programme Review
Health & Wellbeing Board
19 November 2025

A quick reminder – What is Future Care?

FutureCare

- FutureCare is an ambitious programme to transform Urgent and Emergency Care, and Intermediate Care across Dorset by 2027.
- This is a partnership programme on a large scale - by working together, NHS teams, social care staff and our voluntary and community partners are creating a more integrated, people-centred system of high-quality care that's responsive, reliable and safe.
- We have reached a key programme milestone, the Mid Programme Review point.

BCP Council

NHS Dorset County Hospital NHS Foundation Trust

Dorset Council

NHS Dorset

NHS Dorset HealthCare University NHS Foundation Trust

NHS University Hospitals Dorset NHS Foundation Trust

Purpose of today's report

- To share the conclusions of the Mid Programme Review with Health & Wellbeing Board, which includes:
  - an update on Future Care progress
  - assurance on benefits already achieved
  - An outline of corrective actions in place

- To highlight the positive impact the programme has made to Dorset Residents, and to ways of working for colleagues across Urgent and Emergency Care, and Intermediate Care Pathways

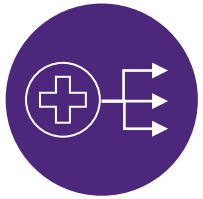
Future Care Programme

FutureCare

- The programme launched in January 2025 following diagnostic exercise with the strategic aim of:
  - Improving hospital discharge
  - Reducing long-term care needs
  - Enhancing recovery at home.
- We are arranged into 4 delivery workstreams, each led by a System Partner Executive

Alternatives to Admission

Acute hospital front door decision making
Access and capacity of community response offers



Transfers of Care

Discharge planning and decision making
Process and flow leaving acute and intermediate services

Home-based intermediate care

Capacity and flow through reablement and rehab
Effectiveness and outcomes

Bed-based intermediate care

Capacity and flow through all short-term beds
Effectiveness and outcomes

Key Achievements and positive impact made so far

FutureCare

- Substantial Operational benefits delivered across the Dorset System
  - Projecting £12.87m annual operational benefits against a target of £12.54m.
- Bed Based Intermediate Care (BBIC)
  - 30 % reduction in care home placements after a stay in BBIC
  - The amount of time a person stays in an intermediate care bed has reduced by 5 days
- Same Day Emergency Care (SDEC)
  - 55 more people are being seen each week (increased from 594 to 649 weekly starts)
- Significant improvements to the quality of people's care experience have been made

Areas of focus for improvement

FutureCare

- We are working to address:
  - Hospital discharge delays
    - the time a person waits to be discharged when they are medically ready is longer than it should be
    - As of early October - average wait 9.64 days vs target 8.07 days.
  - Embedding new Transfers of Care Hubs
    - took us longer to embed, but good progress has been made and work is now focussed on improving multi-agency working**
  - Capacity challenges within Home Based Intermediate Care
    - Reablement staffing shortages impacted flow during September in particular
- A Programme Review has taken place – this is already improving the position from October

Our Programme Review

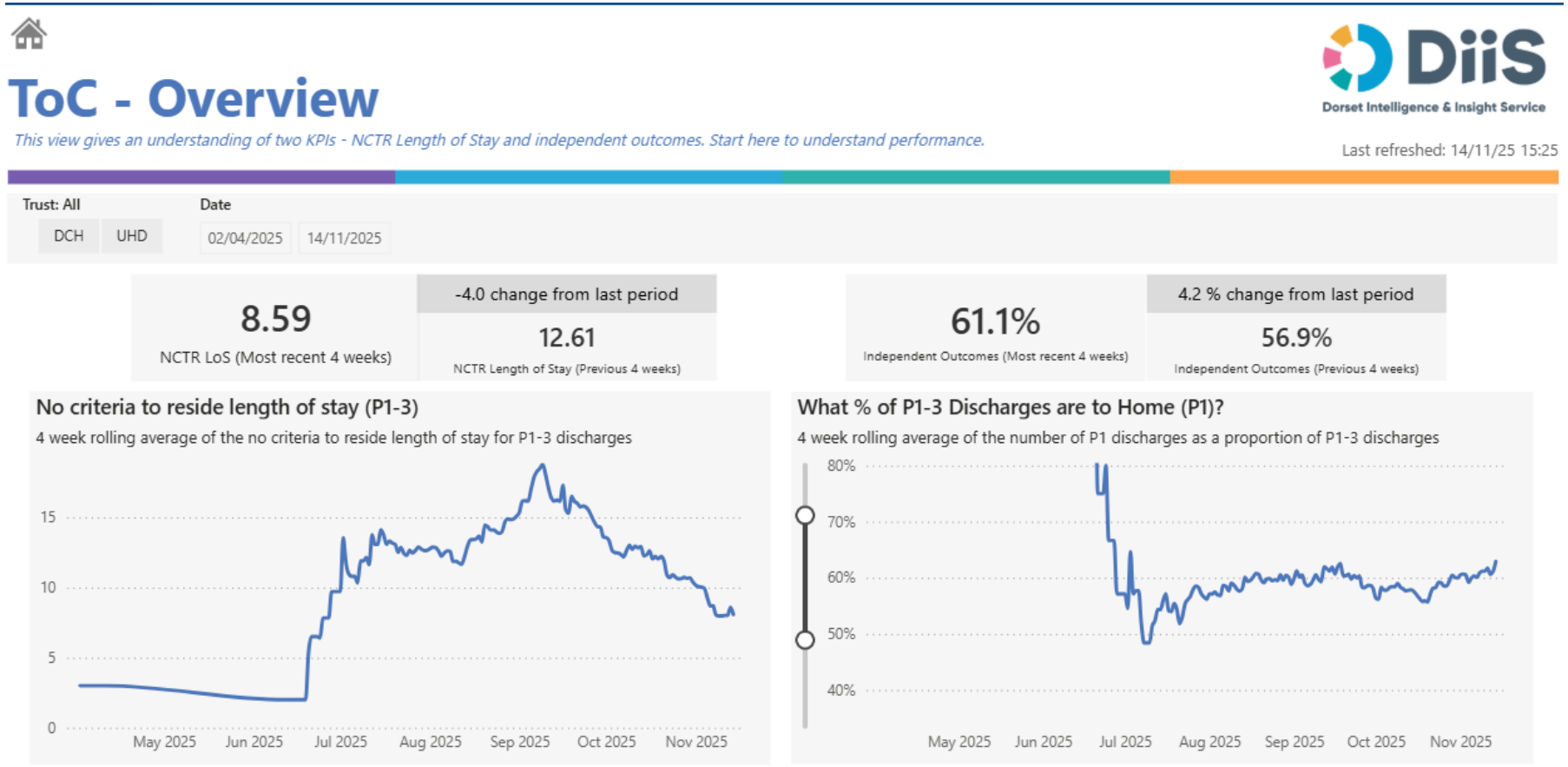
FutureCare

- Performance is improving, our focus is on:
  - Reducing the number of people waiting to be discharged from hospital
    - Delays have already reduced at DCH
    - Planning & actions in place to support UHD
  - Increased focus on system flow and faster decision-making.
    - % of people getting home has increased
    - Key appointments have been made to create a new Flow Team to oversee Discharges, home-based and bed-based caseloads

The impact of the Review for Dorset Council area

FutureCare

- Dorset Council have prioritised support which has already made a positive impact across Dorset's Acute hospitals:
  - Reduced length of stay for people waiting to be discharged from hospital by 4 days – average currently 8 days
  - Increased % of people getting home with recovery focussed support by 5%



Case Studies of the positive impact on Dorset's Residents

FutureCare

- Lewis - discharged with Home-Based Intermediate Care
  - The Reablement App & greater attention to goal focussed reablement enabled Lewis a swifter regaining of independence with personal care, and a swifter step down of care to free up resources for the next person.

- Melvin – discharged to Community Hospital (Bed-based Intermediate Care)
  - Melvin was unable to stand and walk following a long illness, and he had lost a significant amount of weight.
  - With a positive recovery routine, and regular physio, within 3 weeks Melvin could walk with a Zimmer Frame.
  - Dieticians helped him to regain weight, and with equipment arranged, Melvin got back home to his wife
  - Melvin describes the staff as 'fabulous, kind, caring and competent'

Recommendation to Health & Wellbeing Board today:

- That Health & Wellbeing Board recognises:
  - the progress that the programme continues to make in respect of improved outcomes for people and the delivery of financial benefits to the Dorset Integrated Care System
  - There is more work required to further reduce the average length of stay for people in hospital ready to leave with further support.