# Health and Wellbeing Board

# 24 September 2025

# Integrated Care System – Future Care Programme

## For Review and Consultation

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

**Local Councillor(s):**
Cllr

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

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**Report Status:** Public Choose an item.

**Brief Summary:**

Work is progressing with the delivery of the FutureCare Programme. Across the Dorset Council area at least 5 more people each week are being supported to return home from hospital with a reablement package; average lengths of stay in intermediate care beds are reducing and Dorset County Hospital and UHD Hospitals are on track to reduce their bed base while providing the same level of care to deliver more efficient services.

A key focus for the next period will be looking at the distribution of intermediate care beds across the county. In the medium term, both Dorset Council and NHS Dorset are committed to establishing a neighbourhood focussed approach to health and care which incorporates a specialist bedded reablement offer. In the short term, to deliver the best outcomes for residents, consideration is being given to development of a more enhanced model of care to improve the existing arrangements.

**Recommendation**: That the Health and 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 and reaffirms its support for the programme.

### 1.0 Introduction

1.1 The Health and Wellbeing Board has received regular reports on the progress of the FutureCare Programme since the urgent and emergency care pathway diagnostic completed in the autumn of 2024 and the FutureCare transformation programme mobilised in January 2025.

1.2 This report provides the latest update on outputs from the FutureCare Programme. Whilst the programme is currently on track against the benefits trajectory, it is currently in its most challenging delivery phase. The delivery of benefits, both to people and partners across the integrated care system are due to significantly increase over this next period of delivery and there have been challenges over the summer in sustaining some of the improvements made.

1.3 Dorset Council holds the contract for the transformation programme on behalf of the system and NHS Dorset have underwritten a large part of the cost of the programme, which is on track to deliver £28m of annual benefits by 2027/28. Key partners include Bournemouth, Poole and Christchurch (BCP) Council, Dorset Health Care (DHC) NHS Trust, Dorset County Hospital (DCH) NHS Trust, University Hospitals Dorset (UHD) NHS Trust, Care Dorset and Tricuro.

## 2.0 Workstream Updates

### 2.1 Transfers of Care workstream

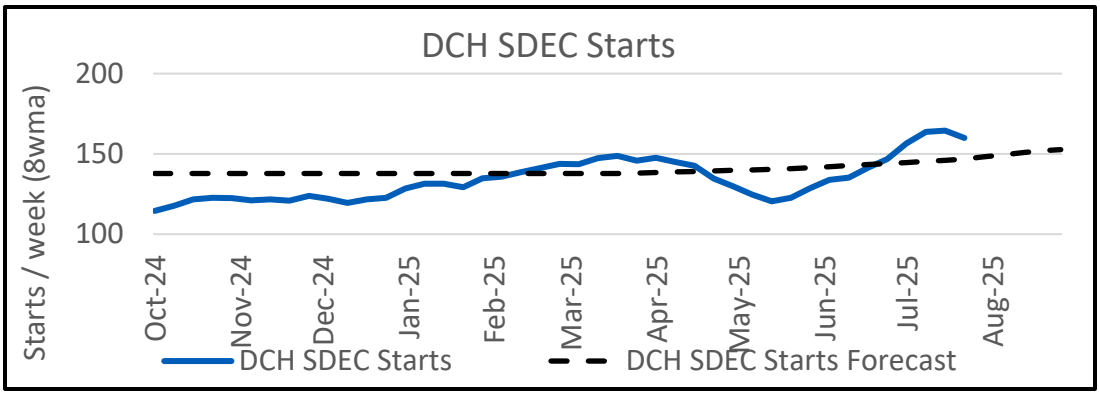
2.1.1 The transfer of care workstream aims to improve outcomes for people by increasing the number of people enabled to return home and reducing the number of days that people are delayed in hospital, once they are medically fit, while they wait for ongoing support. This will primarily be achieved by establishing two new Transfer of Care (TOC) Hubs, one at Dorset County Hospital and one at the University Hospitals Dorset and by working with hospital wards, community and VCSE partners to support earlier discharge planning.

2.1.2 Both of these multi-agency TOC Hubs are now operational and intensive programmes of work are underway to support hospital wards to achieve earlier hospital discharges. At Dorset County Hospital there was early success with the average length of stay for people waiting to be discharged in a hospital bed reducing from an 8-week average of 9.1 days on 24th of February 2025 to an 8-week average of 7.4 days at the end of June 2025.

2.1.2 Through the summer period the No Criteria to Reside average length of stay (NCTR ALOS) at Dorset County Hospital increased but joint and more intensive work means the NCTR ALOS has now stabilised and is reducing again. A recruitment process is also underway to appoint a Flow Lead who will be responsible for the oversight of the DCH Transfer of Care Hub and the UHD Transfer of Care Hub.

## 2 Alternatives to Admission workstream

2.2.1 The Alternatives to Admissions (A2A) workstream primarily focuses on better utilising and referring more people to same day emergency care (SDEC) Services as an alternative to admission into an acute hospital ward. Starting at the end of May, this workstream has been a success for Dorset County Hospital with a rapid implementation meaning that performance remains ahead of target.



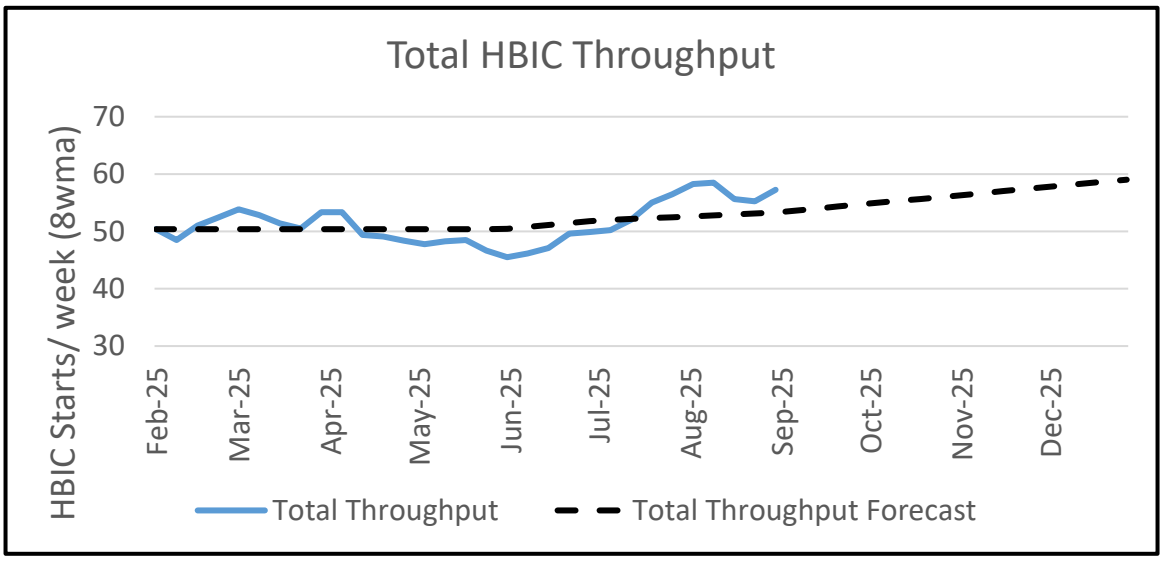

2.2.2 The trials involve proactively identifying people who could benefit from the care provided in Same Day Emergency Care units through collaborative working across clinicians and practitioners, for example holding multi-disciplinary 'huddles' three times a day to identify people who would most benefit.

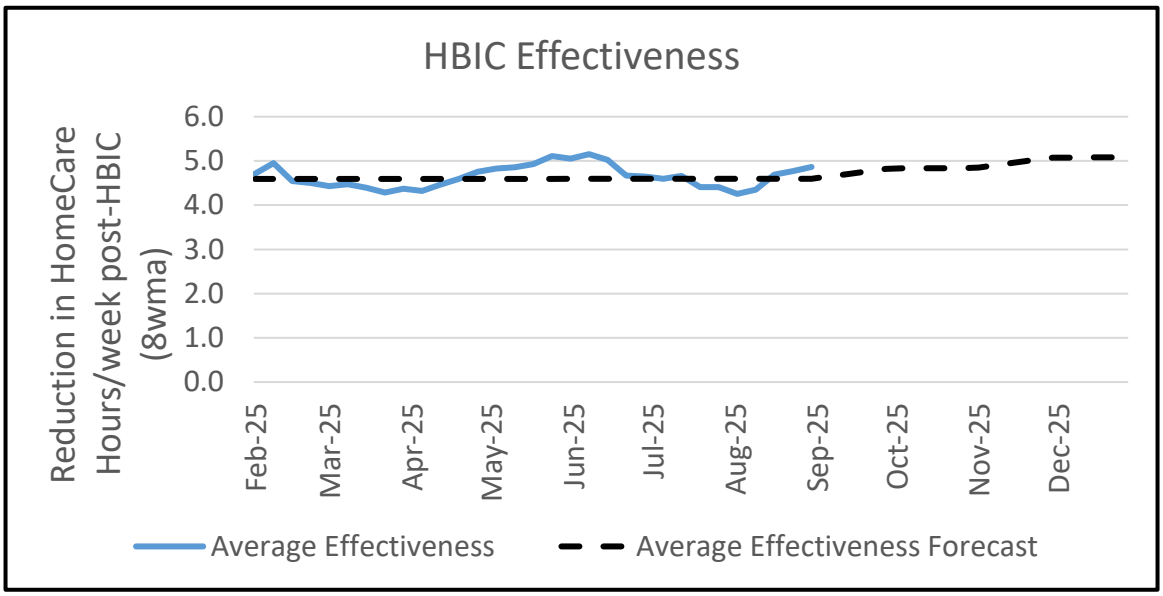
2.2.3 Focus is now shifting to working with community partners and in particular Dorset Healthcare to support more people to receive community support at home following a visit to an Emergency Department without needing to be admitted into hospital.

## 2.3 Home Based Intermediate Care (HBIC) workstream.

2.3.1 The HBIC workstream aims to increase the effectiveness of short-term care provided at home following a hospital stay, releasing more capacity to help more people and to improve the quality of the service.

2.3.2 Good progress has been made with this workstream, both across Dorset and specifically across the Dorset Council area. The number of people receiving reablement support following their discharge from hospital has increased and the effectiveness of the reablement provided is also increasing, both of which should result in more people living independently at home and long-term care costs for Dorset Council reducing.



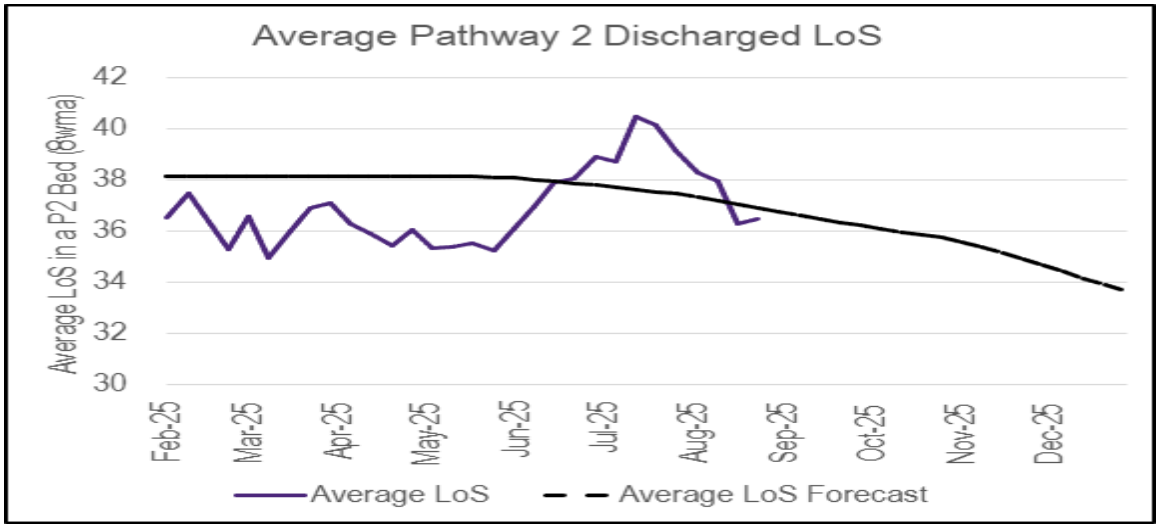




2.4 **Bed-based intermediate care workstream.**

2.4.1 The aim of the Bed-Based Intermediate Care (BBIC) workstream is to deliver better patient outcomes for people receiving care in community hospital and local authority-provided intermediate care beds. In particular, the aim is to reduce the average length of stay from more than 39 days at the time of the diagnostic to 31 days or less.

2.4.2 Wave 1 improvement cycles began in the middle of July and significant reductions in the length of stay have been achieved across these sites. Where the improvement cycles are yet to begin, there are still significant challenges in

reducing lengths of stay at beds provided by Care Dorset and in ensuring these beds are fully utilised.




2.4.3 Consideration is now being given to how many and what type of intermediate care beds will be required in the future and a fuller update is planned for Health and Wellbeing Board in December. It is likely that there will be limited changes initially across the Dorset Council area, though some of the intermediate care beds currently provided by Care Dorset may be repurposed for alternative use based upon the needs of individuals presenting to urgent care services.

2.4.4 Limited change will also allow time to develop a long-term vision for intermediate care beds and place-based care across Dorset linked to the Integrated Neighbourhoods Team work currently underway. At the same time, both Dorset Council and NHS Dorset remain committed to a long-term approach where residents will receive short term care, where required in specialist reablement centre beds.

## 3 Transacting benefits

3.1 A key aim of the Futurecare Programme is to deliver cashable benefits to the Dorset healthcare system while improving health outcomes for residents. A substantial proportion of the overall benefits will be delivered by the 2 acute trusts providing the same amount of care, or more care, with fewer beds. Plans have been devised to reduce the number of acute beds at UHD by 60 and at DCH by 35 by April 2026. Over the summer period DCH successfully closed 11 beds and UHD 27 beds. Operational pressures at DCH remain high but work is continuing to address this so that the planned programme of bed closures can continue.

3.2 For Council partners, benefits will primarily be delivered by reducing the requirement for long term care and by reducing the amount of money spent on intermediate care beds.

## 4 Working with VCSE and other partners

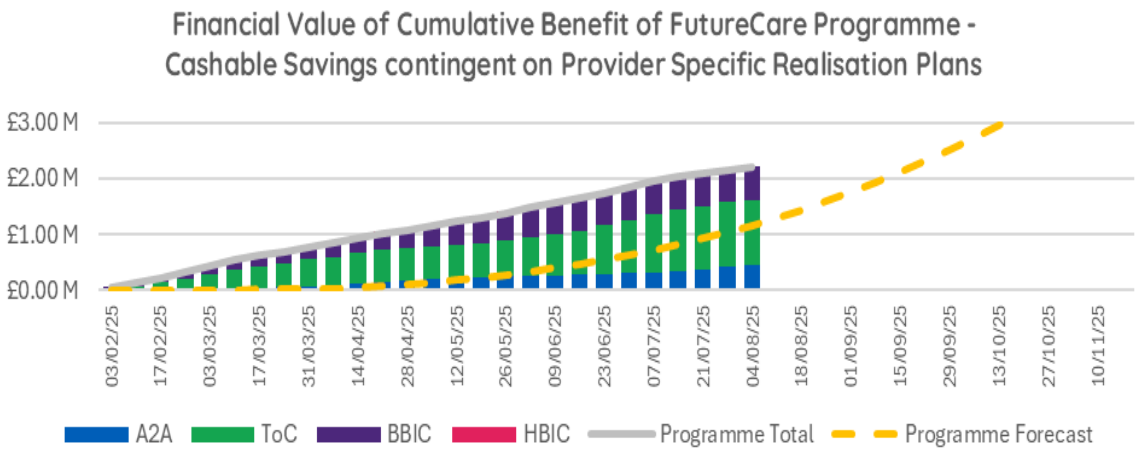
4.1 A VSCE Reference Group has been established with representatives from across the ICS to support the delivery of the programme. The VCSE Reference Group met with workstream leads on Tuesday 5 August to review and provide feedback on intermediate care plans and a larger county-wide FutureCare Engagement event is planned for Wednesday 8 October at the Dorford Centre in Dorchester.

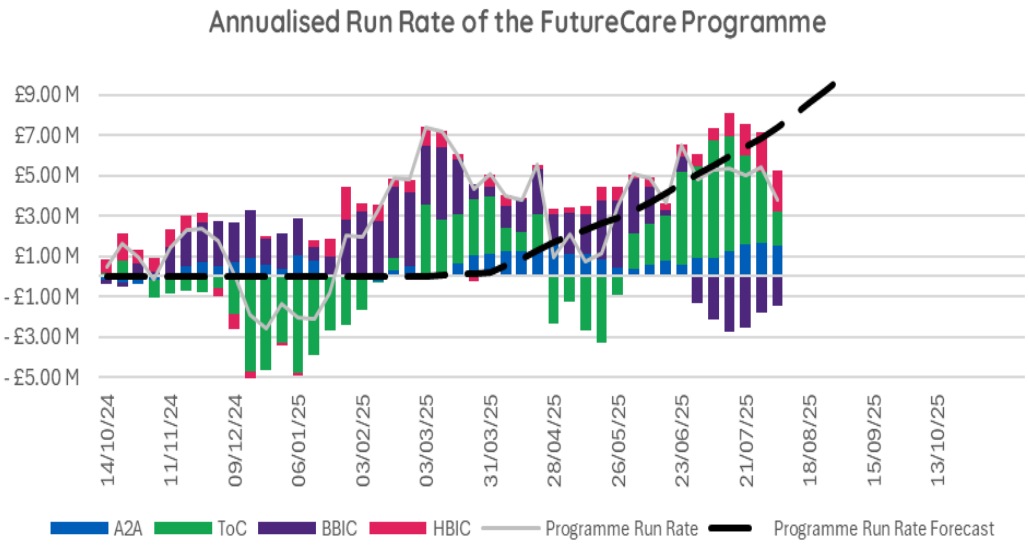
4.2 Alongside the operational improvements being made in each of the P2 sites, the BBIC workstream is looking at the strategic approach needed to ensure we have the right provision of P2 beds for our residents and their needs. To supplement the data modelling work, key engagement activities are being carried out to ensure that we have the full picture of people's opinions when making decisions; these include:

- Listening Events at Community Hospitals and Local Authority P2 sites.
- Senior colleagues from DHC, Tricuro and Care Dorset are conducting listening events at each of their respective sites, specifically seeking to hear opinions from all staff around key themes
- Lived Experience Conversations with Patients from Community Hospitals and Local Authority P2 sites

## 5 Financial Implications

5.1 The FutureCare Programme aims to deliver £28m of annual operational benefits across Dorset partners from April 2026. In addition, by the end of March 2026, £8m of cumulative benefits are anticipated. The August Benefits report identifies that the programme is ahead of its trajectory to deliver £8m of in-year cumulative benefit but behind against its trajectory to assure the delivery of £28m of operational benefit next year.






5.2 Specifically for Dorset Council, the financial benefits set out below are anticipated.

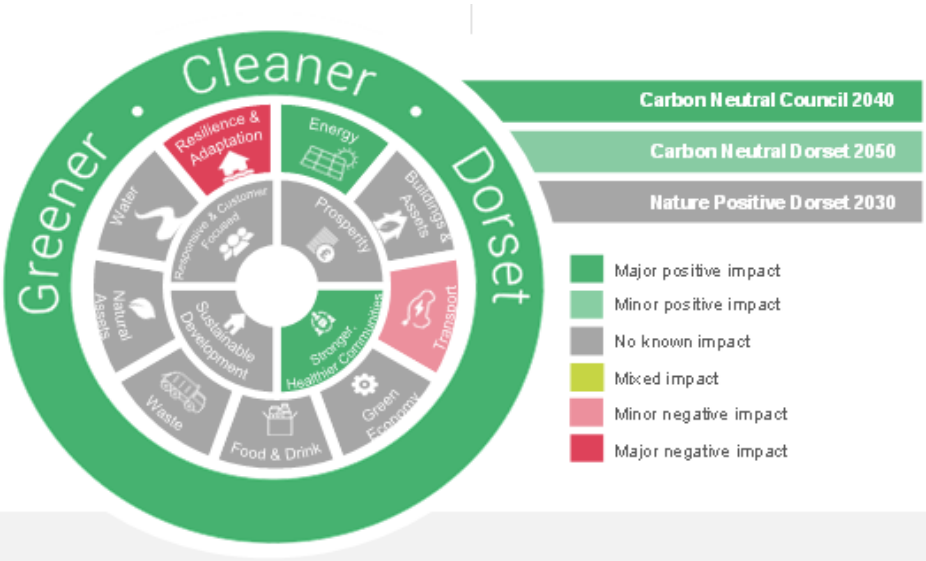
| FY | Cumulative benefit | Benefit in year |
|---|---|---|
| **FY24/25** | £0.0m | £0.0m |
| **FY25/26** | £0.3m | £0.3m |
| **FY26/27** | £3.1m | £2.8m |
| **FY27/28** | £8.0m | £4.9m |
| **FY28/29** | £13.8m | £5.8m |
| **FY29/30** | £20.0m | £6.2m |

5.3 Currently over-achievement against home based intermediate care throughput and effectiveness targets are being offset by a greater number of long-term residential care placements than forecast resulting in a negative cumulative benefit of £30,000 at the end of July.

5.4 The costs of delivering the programme over its lifetime are anticipated to be in the region of £9m. A substantial proportion of these costs will be met by NHS Dorset and Dorset Council will contribute £1,183,000, with payments beginning in January 2026.

## 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. A climate wheel for the overarching programme is shown below.




| Quantitative Impact on CEE targets (if known) | | |
|---|---|---|
| | Unit | Number of units (+/-) |
| 2030 - Natural asset extent & condition | Ha | 0 |
| 2040 - Operational Emissions | $CO_2$ (tonnes) | 0 |

## 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 supported both in the community and in hospital.

7.2 Research has shown that spending more time in hospital than necessary 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 deliver the required activity to support the end to end urgent and emergency care transformation programme.

## 9 Risk assessment

9.1 We continue to monitor the key risk for the programme. The greatest risk to the programme currently is achieving a level of pace for the programme to deliver the benefits as planned in the light of other new and conflicting priorities. Since the programme has been launched substantial changes to the operation of NHS Dorset have been announced and operational pressures have continued to be substantial.

9.2 There is also increased recognition that to deliver some of the anticipated programme benefits more public engagement will be required and this may impact as to when some changes will be delivered.

9.3 Each of the workstreams hold their own individual risk logs which are considered in the context of the wider, overarching programme risk register. The programme steering group is the forum for managing risk.

## 10 Equality Impact Assessment

10.1 Equality impact assessments have been undertaken for each workstream, and these will continue to be used to inform service improvements. Overall, it is anticipated that the programme will have a positive effect on all Dorset residents, reducing average lengths of stay ion hospital and releasing health and care resources to be used to support those most in need.

## 11 Appendices

11.1 Slide deck to be shared in the meeting outlining key highlights from each of the workstreams.

## 12 Report Sign Off

12.1 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)