People & Health Scrutiny Committee

17 November 2025

FutureCare Programme – Mid-Programme Review

For Review and Consultation

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s):

Senior Leadership Team:
J Price, Executive Director of People - Adults

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Statutory Authority:

Report status: Public Choose an item.

1. Executive summary (maximum of 500 words)

1.1. Following a diagnostic exercise completed in September 2024, system partners agreed to work together to deliver the FutureCare Programme; a business case was also submitted to NHS England South West (NHSE SW) seeking approval for expenditure on the programme.

1.2. A key requirement set out in the Partnership Agreement which underpins the programme and a condition of NHSE SW approval of the FutureCare business case was that a Mid-Programme Review was undertaken and that this was presented to partner board and committees.

1.3. The aims of the Mid Programme Review are to update on programme progress, provide assurance that anticipated benefits will be delivered and to set out any corrective actions required to ensure that benefits are delivered.

1.4. At the midpoint of the FutureCare Programme, substantial operational benefits had been delivered and at the beginning of October the programme was on track against its operational benefits trajectory, delivering a projected £12.87m of annual operational benefits, against a target of £12.54m.

1.5. However, the programme has so far only had a limited impact on reducing the length of time residents spend in hospital waiting to be discharged with an

intermediate care package once they become medically fit. On 6 October, the average length of time a person was waiting to be discharged with an intermediate care package, once fit was 9.64 days, against a target of 8.07 days. At the beginning of the programme, the average length of stay was 9.7 days.

1.6. Significant benefits have though been delivered elsewhere in the programme. These include reducing the number of residential and nursing starts following a P2 stay by 30%, increasing the number of weekly same day emergency care (SDEC) starts from a baseline position of 594 starts per week to 649 per week and reducing the average length of stay in an intermediate care bed from a baseline position of 38.2 days to a current position of 33.3 days.

2. Recommendation(s)

2.1. That the Scrutiny Committee 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 but also recognises that more work is required to reduce the further reduce the average length of stay for people in hospital ready to leave hospital with further support.

3. Reason for the recommendation(s)

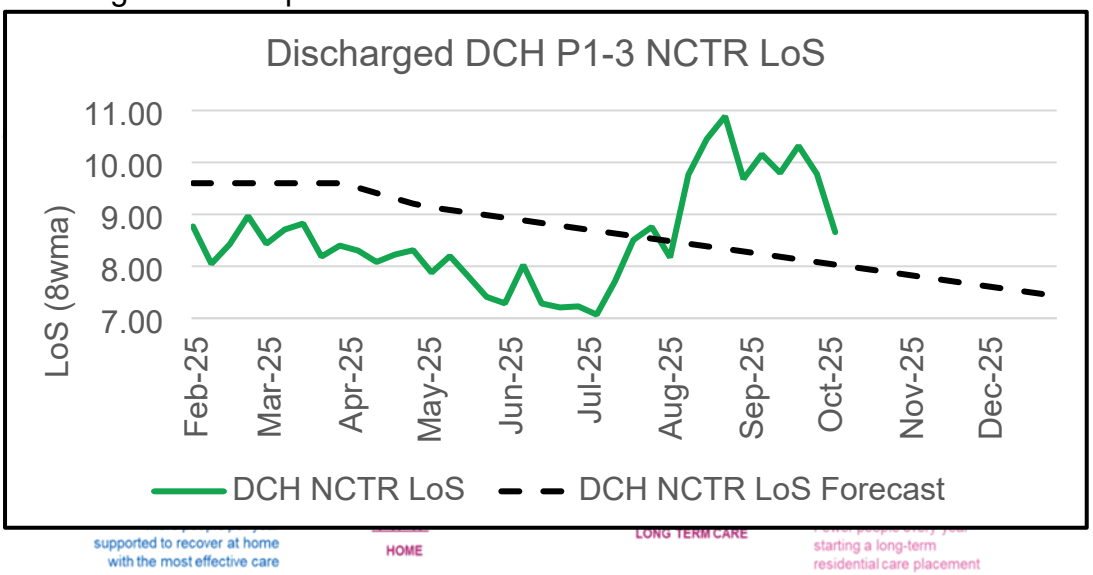
3.1 To acknowledge the positive progress that is being made by Dorset Council and system partners in delivering the FutureCare Programme.

4. The report

4.1 Following completion of a diagnostic exercise in September 2024 and the subsequent agreement of health and care partners across Dorset to progress, work commenced on the FutureCare programme in January 2025. The aims of the programme are to:

- Reduce the length of time people spend in hospital by speeding up joint working and decision-making across organisations and starting discharge planning earlier
- Support more people to recover better at home following a hospital stay, reducing the requirement for long term care packages at home and the need to move from home into long term residential or nursing care.

4.2 The diagram below provides an overview of the annual benefits that will be



4.3 The Programme is structured around four key workstreams. Presented below is a brief update against each workstream and an overview of the key findings from the mid programme review, which has recently been completed.

Transfers of Care Workstream

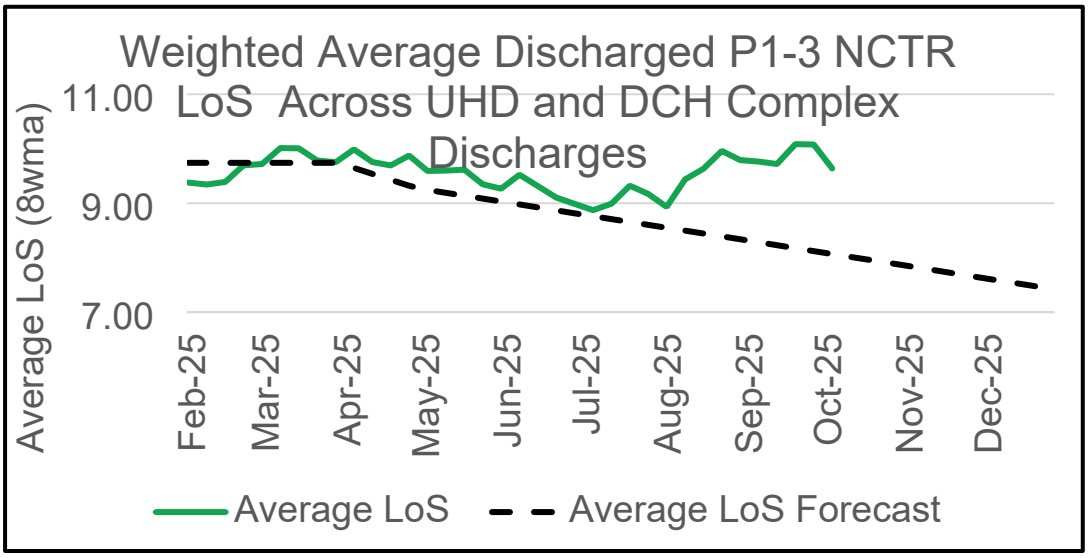
4.4 The transfer of care workstream aims to improve outcomes for people by increasing the number of people enabled to return home with an intermediate care package, once they are medically fit. This will be achieved by establishing two new Transfer of Care (TOC) Hubs, one at Dorset County Hospital (DCH) and one at University Hospitals Dorset (UHD), to provide a system-wide focus for managing the hospital discharge process and then, working with hospital wards, community and Voluntary & Community Sector (VCS) partners to support and deliver earlier discharge planning.

4.5 Both multi-agency TOC Hubs are now operational and intensive programmes of work are now underway to support system partners and hospital wards to achieve earlier hospital discharges.

4.6 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. However, a combination of focussing on supporting people who had been in hospital for a long time to get home and increased hospital pressures meant that performance declined during the Summer but is now improving rapidly, as shown in the graph below.

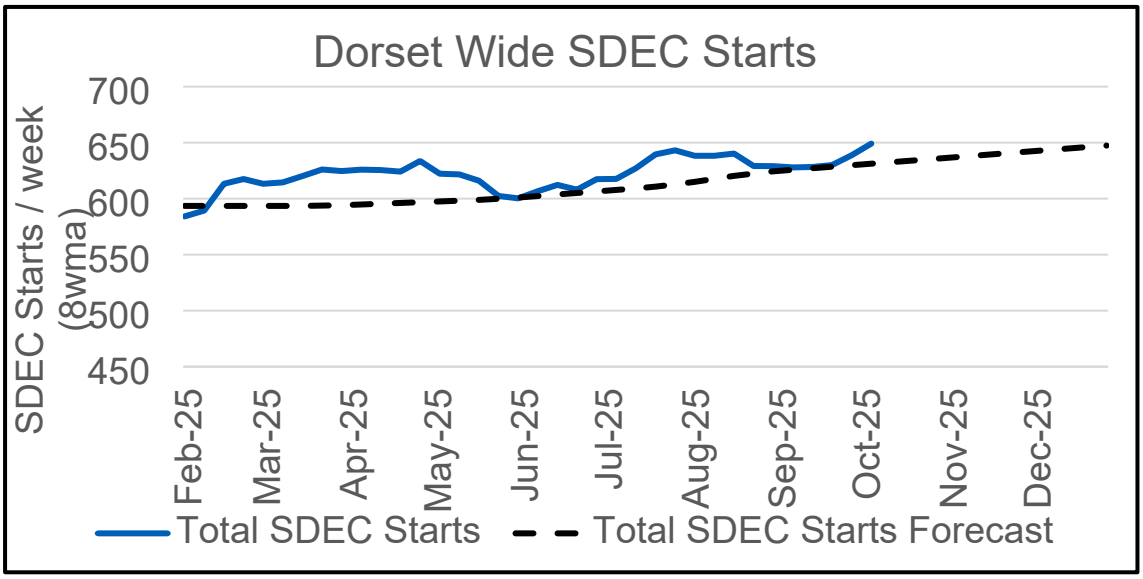
4.7 At UHD hospitals, it took longer to fully establish the East TOC hub but now this is complete, and work has shifted to improving multi-agency working,

overall system performance is also improving. The graph below sets out the combined performance across both hospital trusts.



Alternatives to Admission Workstream

4.8 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 and for UHD hospitals with a rapid implementation meaning that performance remains ahead of target.

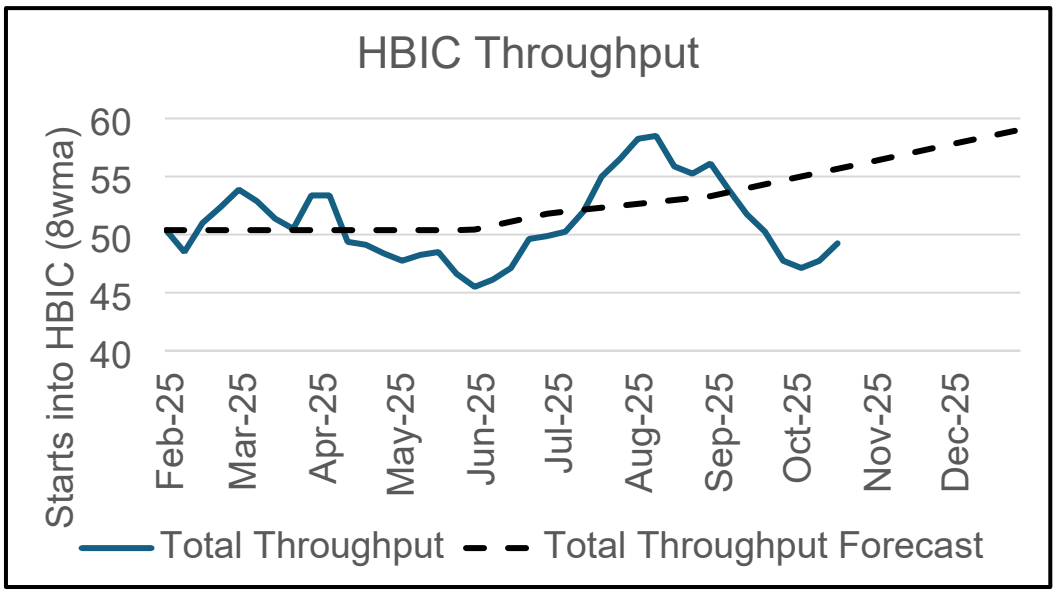


4.9 Focus is now shifting to working with community partners and in particular Dorset Healthcare to support more people to receive community support at home following a visit to an Emergency Department rather than being referred to SDEC services or being admitted into hospital.

Home Based Intermediate Care (HBIC) Workstream

4.10 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.

4.11 Good progress was made with this workstream over the summer period, both across Dorset and specifically across the Dorset Council area and the number of starts being delivered was ahead of trajectory. During September there were challenges, across both council areas due to staffing shortages in reablement providers, which limited the number of people who could be supported. As actions have taken place to address this and capacity has increased, and performance has begun to improve and it is anticipated this will continue.



4.12 A key deliverable for the HBIC workstream is the launch of a new Reablement App. This allows residents to set personalised goals for their reablement programme and for reablement packages to be more tailored to individual needs. The App went live across Care Dorset and Tricuro reablement services during September and already positive feedback is being received.

What this is meaning for patients: Lewis

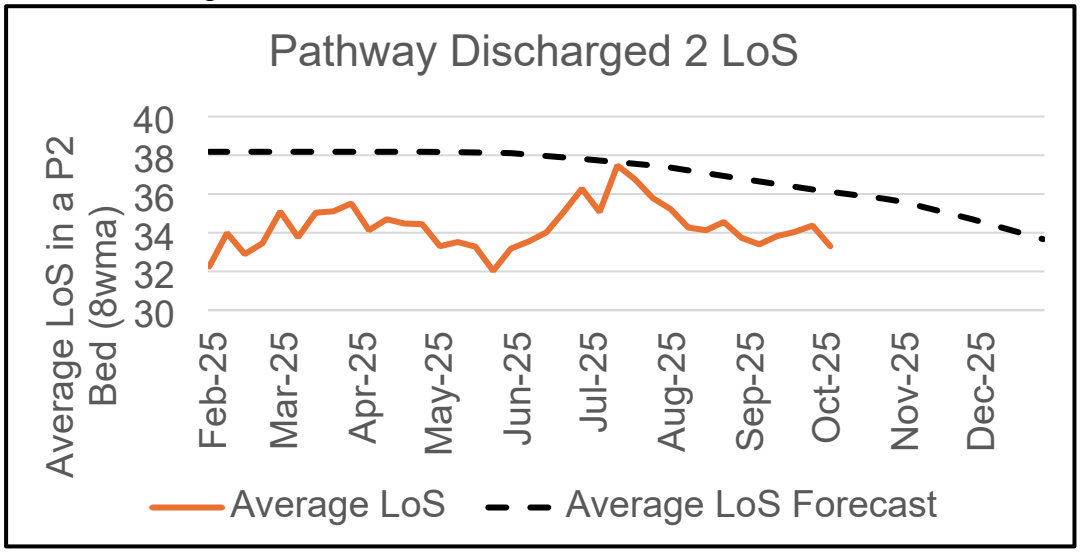
Lewis, a former doctor recovering from COVID-related complications, needed support preparing food and managing new medications. Using the reablement app his carers worked with him to focus on small, practical goals – like learning to use a bath board safely – while tracking progress over time. He now washes himself twice a week and is arranging to have handrails fitted to support further independence. The real-time updates through the app also meant his Reablement Officer could monitor progress and adjust support accordingly, allowing Lewis to regain confidence and reduce his reliance on care visits. It has also enabled them to step down two of Lewis's visits as soon as they're no longer required, which has freed capacity for someone else to join the

Bed-based Intermediate Care Workstream

4.13 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.

4.14 Wave 1 improvement cycles focussing on community hospitals began in the middle of July and significant reductions in the length of stay have been achieved across these sites. The average length of stay in a community hospital had reduced from 36.7 days at the beginning of the programme to 31.9 days in the period up to 6 October.

4.15 In September and October, improvement cycles also began at Tricuro sites within BCP and at the Care Dorset Castleman site and significant progress is now also being made.



4.16 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 will be provided to a future meeting of the Health and Wellbeing Board. 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 re-purposed for alternative use based upon the needs of individuals presenting to urgent care services.

4.17 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.

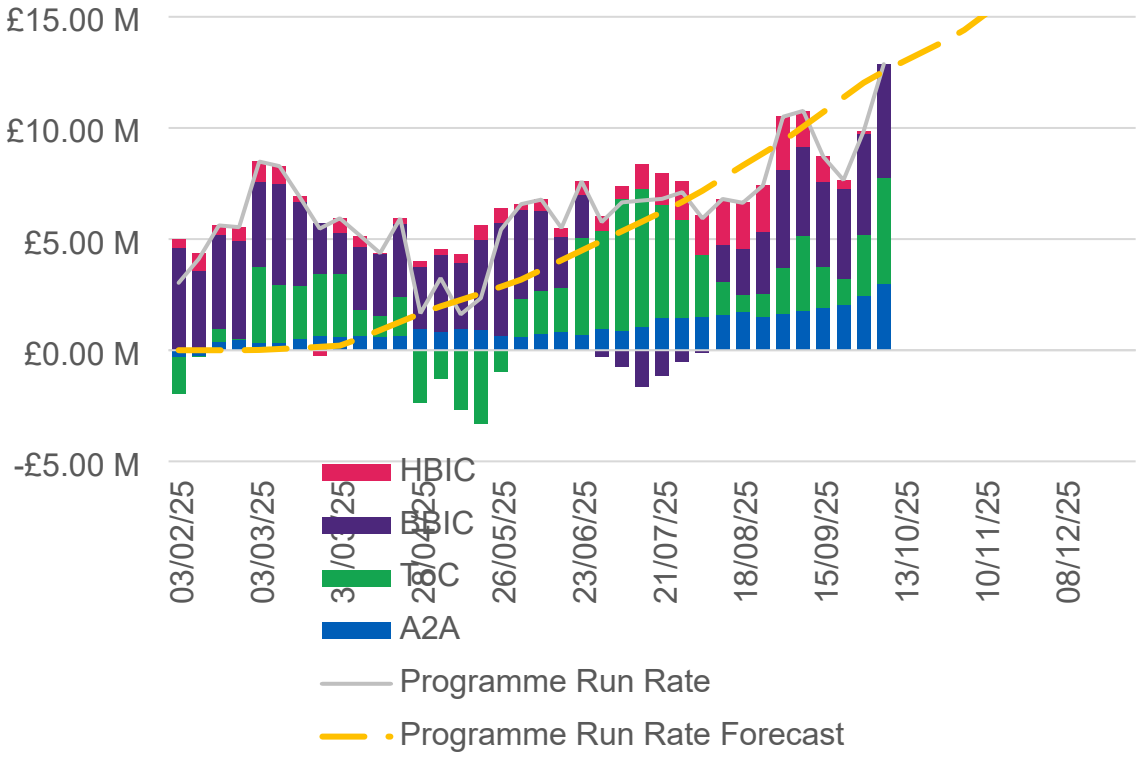
Mid-programme Review and Transacting Benefits

4.18 A mid programme review report has recently been considered by the FutureCare Steering Group and will be presented to partner boards and the Council Health and Wellbeing Board. As well as looking at the value of operational benefits delivered by the programme, it also considers the impact that the programme has had on reducing the number of people waiting to be discharged from hospital while an intermediate care package is sourced

Operational Benefits

4.19 On 6 October 2025, the FutureCare Programme had achieved an operational run rate of £12.87m against a target of £12.54m and so at the mid-point was is slightly ahead of trajectory. The run rate target for the year is £28.4m and, as can be seen in the graph below, rises steeply over the next six-month

period.



4.20 While the programme is on track, week on week, performance is variable and subject to significant variation. During August, significant benefit was being delivered via the home-based intermediate care workstream, due to capacity challenges in reablement providers and west flow teams in September, this benefit has diminished but now these have been addressed will increase. Similarly, there is still significant variation, month on month with the amount of benefit delivered via the TOC workstream and significant under-performance against the anticipated trajectory.

Run rate or recurrent operational benefit is the financial value of the operational change that has been achieved if that level of performance is maintained for a year.

Example 1: During the diagnostic exercise it was agreed that the cost of a bed day at UHD hospital was £355. Under the agreed benefits model, if during a week a total of 50 people are discharged from hospital with a support package (P1-3) on average one day sooner than the 9.7 day baseline average agreed as part of the diagnostic, then this contributes £923,000 to the target run rate (£355 x 50 people x 52 weeks).

Example 2: During the diagnostic the hourly homecare rate across BCP was agreed at £16.20. Under the agreed benefits model, if 10 people complete a reablement package during a week, and the average reduction in the size of the subsequent long term home care package required is one hour greater than the previous average reduction of 4.59 hrs (i.e. 5.59 hrs) then this contributed £8,424 (£16.20 x 10 people x 52 weeks) to the run rate.

Reducing the number of people waiting to be discharged from hospital

4.21 A second key measure for the mid programme review is success in releasing system pressures and in particular reducing the number of people waiting in hospital to be discharged with an intermediate care package. As indicated above, though reductions in the key NCTR ALOS indicator are now being achieved, the programme is currently behind trajectory against this key indicator, with an average length of stay of 9.64 days being achieved on 6 October 2025.

Programme Reset

4.22 To address this challenge a programme reset has been undertaken. Moving forward, the focus of the programme will increasingly be focussed on bringing together workstreams to collectively improve system flow and to speed up decision-making across organisations. More Newton resources will also be invested in to the programme at no extra cost to system partners.

4.23 Key appointments have also been made to the new Flow Team.

4.24 Simplified governance arrangements are also being put in place with a system-wide FutureCare TOC and Flow Group, tying together focussed pieces of work aimed at increasing flow in the East, West and out of intermediate care beds.

4.25 In combination, it is anticipated that these changes will ensure that system pressures will reduce in coming weeks and performance against the key NCTR ALOS indicator will improve and return to trajectory by December 2025.

5 Alternative options considered

5.1 To support the establishment of the programme a competitive process was undertaken to identify an appropriate transformation partner. Consideration was also given to undertaking the programme with system resources. Newton offered the most comprehensive approach to undertaking the transformation activity required to deliver the programme and also offered a contractual arrangement whereby payment of fees are linked to the delivery of benefits, ensuring value for money. For these reasons other options were not progressed

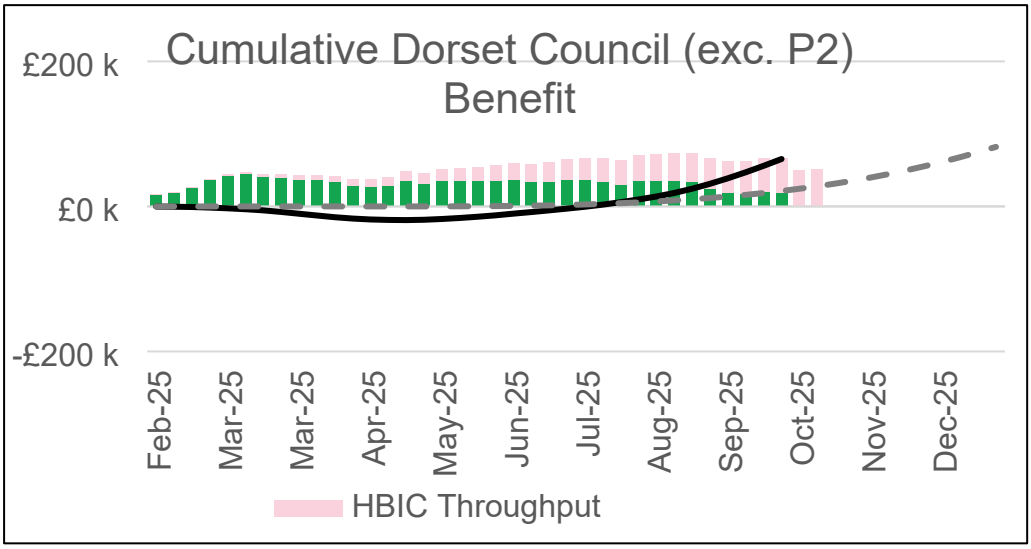
6 Legal considerations

6.1 Dorset Council is the lead partner for the FutureCare Programme and holds the Newton contract on behalf of system partners.

7. Financial implications

7.1 Currently, the programme is forecast to deliver £5.8m of financial savings in 2025/26, against an in-year plan target of £6.6m. However, £4.2m of this saving is currently classified as “at risk” due to operational pressures putting the future closure of acute beds at risk and because of delays in agreeing an intermediate care bed commissioning plan.

7.2 For Dorset Council, the cumulated benefit delivered by 6 October was £70,000, which was ahead of target. In 2025/26, the target for Dorset Council is to deliver £300,000 of cumulative benefits through the FutureCare Programme.

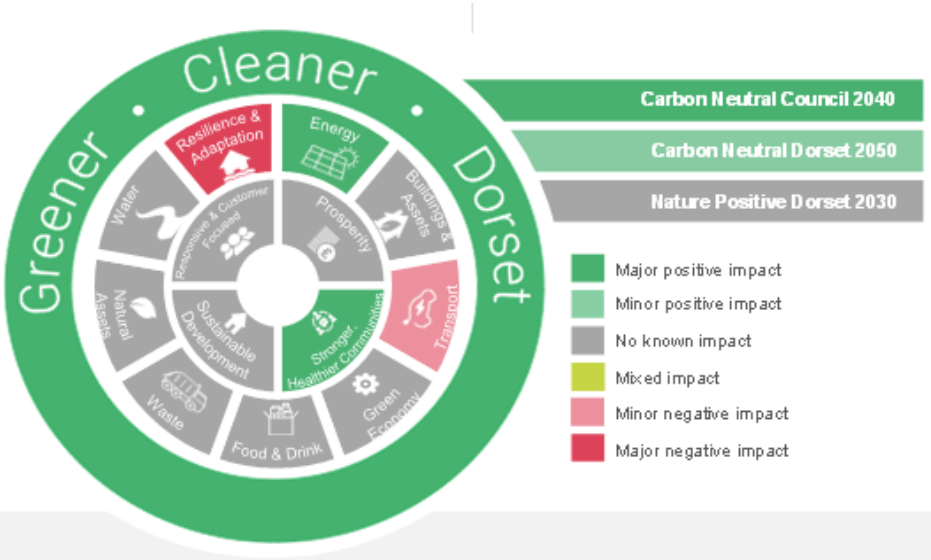


FY	Cumulative benefit	Benefit in year
FY24/25	£0.0m	£0.0m
FY25/26	£0.3m	£0.3m
FY26/27	£3.1m	£2.8m
FY27/28	£8.0m	£4.9m
FY28/29	£13.8m	£5.8m
FY29/30	£20.0m	£6.2m

7.3 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.

8. Natural environment, climate & ecology implications

8.1. 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

9. Well-being and health implications

9.1 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.

9.2 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.

9.3 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.

10 Other implications

10.1 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.

11 Risk implications

11.1 We continue to monitor the key risks to the programme.

11.2 The greatest risk to the programme is that it is currently under-performing against the key NCTR ALOS indicator. Following the mid programme review a reset process has been undertaken, and it is anticipated that this will result in performance returning to trajectory December 2025.

11.3 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.

11.4 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.

11.5 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as: Medium

Current Risk: Medium

Residual Risk: Medium

12. Equalities

12.1 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.

13 Appendices

13.1 None

12.1. Background papers

13.2 None

14 Report sign-off

15.1 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)