# Health and Wellbeing Board
# 19 November 2025
# FutureCare 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.

**Executive summary (maximum of 500 words)**

1. **Executive summary**

1.1 At the midpoint of the FutureCare Programme, substantial operational benefits have been delivered. It is also having a substantial and positive impact on people's lives, supporting more people to stay at home for longer, reducing the lengths of community hospital stays and for many people preventing the need for an admission into hospital at all following a visit to ED.

1.2 Measurable benefits include: reducing the number of people moving directly into a residential and nursing home following a stay in a community hospital bed by 30%, increasing the number of people being referred to same day emergency care as an alternative to a hospital stay from a baseline position of 594 people per week to 649 per week and reducing the average length of time people stay in a community hospital or in a short stay care home bed from a baseline position of 38.2 days to a current position of 33.3 days.

1.3 However, so far, the programme has only had a limited impact on reducing the length of time people spend in hospital waiting for a care package once they become medically fit. On 6 October, the average length of time a person was waiting to be discharged from hospital with a care package, 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.

## 2. Recommendation(s)

2.1 That the Health and Wellbeing Board recognises the progress 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.

## 3. The report

3.1 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:

3.1.1 Reduce the length of time people spend in hospital by speeding up joint working and decision-making across organisations and starting discharge planning earlier

3.1.2 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.

3.2 This report sets out the conclusions of the FutureCare Mid Programme Review, which is attached as appendix 1. As well as focusing on the operational and cumulative benefits delivered as part of the programme, it also focuses on the impact the programme has had on people – residents and staff – and on overall system flow and in contributing to system financial plans.

3.3 It also focusses on learning and insight from patient and staff experiences and feedback and learning from engagement events and co-design sessions

3.4 In parallel to consideration by the Dorset Council Health and Wellbeing Board, the Mid Programme Review is also being presented for consideration and review to other partner boards, governing bodies and the NHS SW regional team.

**Evaluation criteria**

3.5 The following evaluation criteria have been used to inform the Mid Programme Review:

1. Impact on people and personal care experiences
2. Operational Benefit/Run Rate. This is the key aggregate measure for tracking progress with the programme as whole. The target for the programme is to achieve an operational run rate of £28.4m per year by June 2026
3. Cumulative Benefit. This tracks the amount of operational benefit actually delivered so far. The target for the programme is to have delivered £14m by 30 June 2026.
4. Patients length of stay waiting for a care package (NCTR ALOS). This is a key performance indicator for the programme and is the primary mechanism for reducing hospital pressures and enabling acute hospital partners to close beds and release cashable savings
5. Transacted or cashable savings. Cashing or transacting savings is achieved when hospitals are able to close beds in order to release costs. The target set as part of the in-year system planning process is to release £6.6m
6. Beds closed. The overall target for the programme is to close 154 beds. At 6 October, 27 beds had been closed at UHD, 16 at DCH and 10 at Care Dorset.

**Impact on people**

3.6 Measurable benefits include reducing the number of people moving directly into a residential and nursing home following a stay in a community hospital bed by 30%, increasing the number of people being referred to same day emergency care as an alternative to a hospital stay from a baseline position of 594 people per week to 649 per week and reducing the average length of time people stay in a community hospital or in a short stay care home bed from a baseline position of 38.2 days to a current position of 33.3 days.

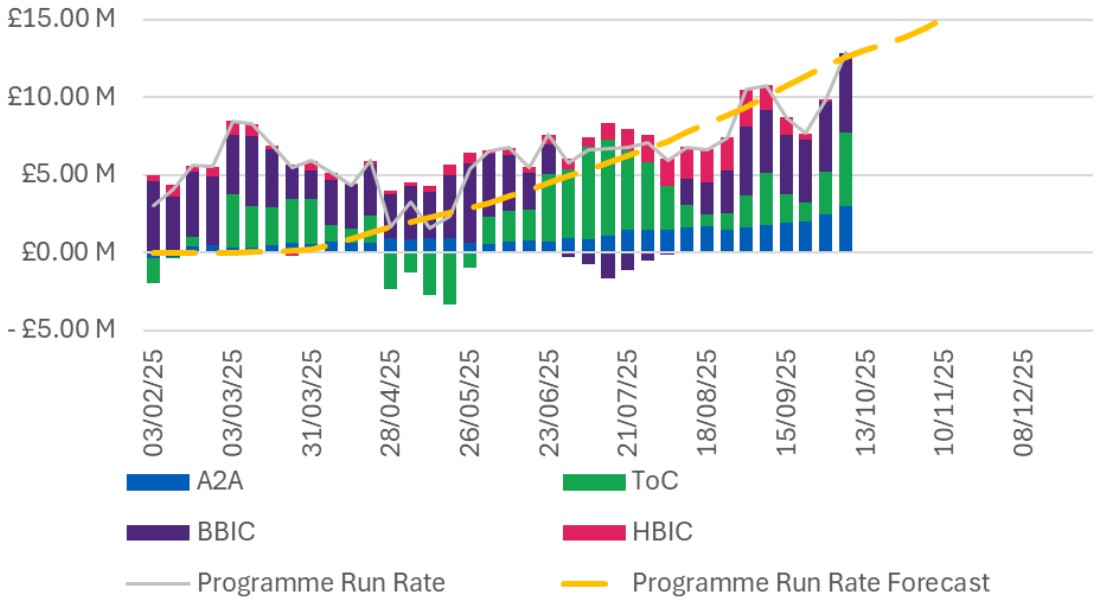
3.7 Significant changes have also been made in the quality of people's care experience

**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 service days earlier than they would have done previously.

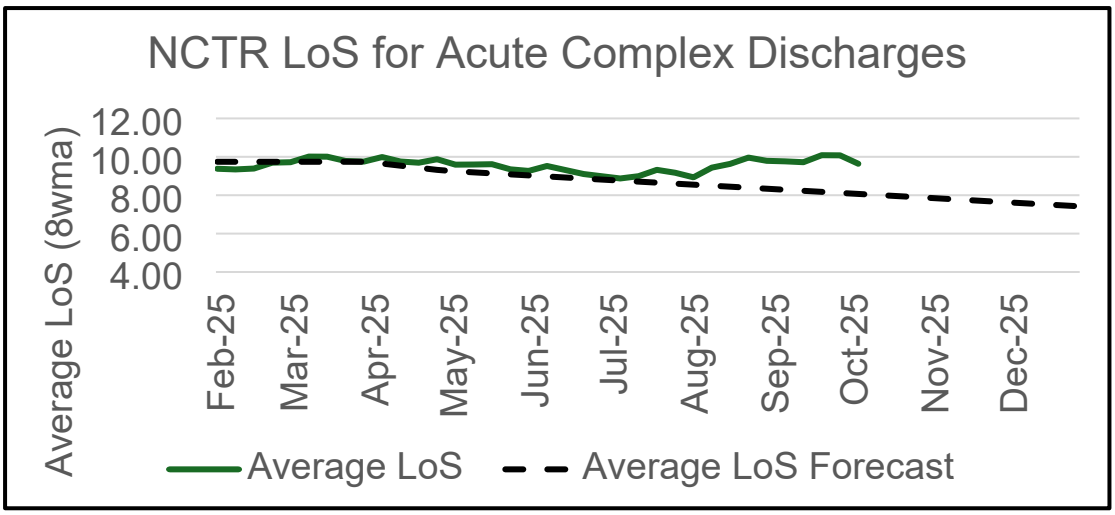
## Operational benefit

3.8 At the beginning of October, against its operational benefits trajectory, the programme was on track, delivering a projected £12.87m of annual operational benefits, against a target of £12.54m.




## Patients length of stay waiting for a care package

3.9 A key aim for the programme is to reduce the length of time people spend in hospital once fit for discharge waiting for a care package before they can be discharged. This is measured using the No Criteria to Reside Average Length of Stay (NCTR ALOS) metric. Against this key criterion, 6 October, the programme had had only a limited impact - the average length of time a person was waiting to be discharged from hospital with a care package, 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.




**Other evaluation criteria**

3.10 Information and further insight about progress against other criteria is contained within the attached appendix.

## 4. Alternative options considered

4.1 In addition to this mid programme review, regular updates on progress with the FutureCare programme have been presented to H&WB Board and so consideration was given to not producing a mid programme review but this was dismissed as it is a requirement of the FutureCare Partnership Agreement and approval of the FutureCare Business Case by NHS SW that a mid-programme review be undertaken.

## 5. Legal considerations

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

## 6. Financial implications

6.1 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

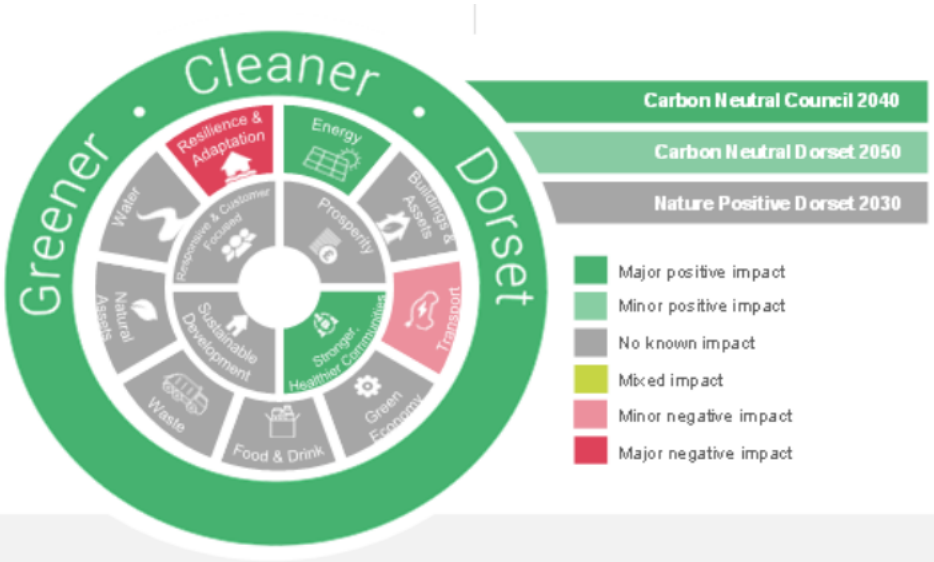
is currently classified as “at risk” due to operational pressures putting the future closure of acute beds at risk and because of delays in agreeing an intermediate care bed commissioning plan.

6.2 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.

6.3 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.

## 7. Natural environment, climate & ecology implications

7.1 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 |

## 8. Well-being and health implications

8.1 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.

8.2 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.

8.3 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.

## 9. Other implications

9.1 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.

## 10. Risk implications

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

10.2 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.

10.3 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.

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

Current Risk: Medium

Residual Risk: Medium

## 11. Equalities

11.1 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.

## 12. Appendices

12.1 Appendix 1 - FutureCare Mid Programme Review v4

## 13. Background papers

13.1 None

## 11 Report sign-off

11.1 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)