FutureCare Mid Programme Review

Version 4

Tuesday 12 November 2025

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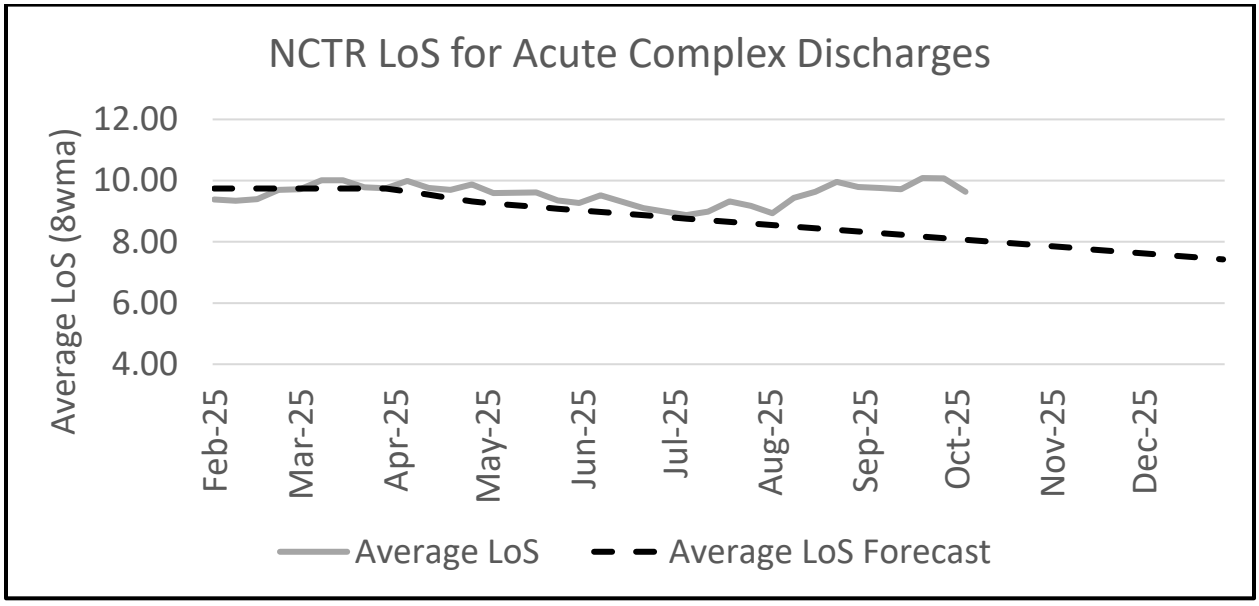
Executive summary

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.

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.

However, so far, the programme has only had a limited impact on reducing the length of time people spend in an acute 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.



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.

The programme has also developed and rolled out new ways of working which are bringing staff together, embedding a partnership approach to delivery and providing clear, data driven insight into the specific challenges which need addressing to improve the health and care system across Dorset and deliver better outcomes for residents.

A patient was **ready for discharge** but could not return home safely and required a placement. At the **TOC touchpoint**, it was identified that they would need social worker allocation to support this process. Because this was **picked up early**, a referral was made straight away, and brokerage were able to begin sourcing a care home placement. As a result, a **suitable placement** was found **quickly**, enabling the patient to move smoothly from hospital into the **right care setting**.

Following admission to the ward, a patient was **preparing for discharge** with a package of care. At the **TOC touchpoint**, it was identified that the patient had night-time needs requiring further assessment. Through **collaborative discussion** at the TOC, staff were able to arrange a reablement assessment bed. The bed was **sourced quickly**, enabling the patient to be discharged from the ward **without delay** and ensuring their ongoing needs could be **assessed in the right environment**.

Stakeholders from VCSE, primary care and other sectors have also provided insight and been involved in designing system solutions.

Financial benefits

Currently, the programme is forecast to deliver £5.8m of cashable 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.

Bed reductions

Between 3 February 2025 and 1 September, the number of core G&A beds open reduced from 1376 to 1311. Included in this total are 27 beds closed at UHD and 11

closed at DCH as a result of the FutureCare Programme. Ten intermediate care beds have also been decommissioned at Care Dorset. Currently, plans are in place to close a total of 90 acute beds and 53 intermediate care beds, on a permanent or test of change basis by April 2026.

Bed Based Intermediate Care

A key challenge for the programme is delivering the best approach to bed-based intermediate care. On the one hand, the greatest improvements for residents have been achieved in this workstream as the average length of stay has reduced from 38.2 days to 33.3, further work and more stakeholder engagement is required before a final configuration of intermediate care beds can be agreed.

As identified by the BBIC SRO at the start of the programme, it should also be noted that the original workstream benefits target identified when a benefit would be delivered, not by when it would be transacted and for NHS beds there would be a significant lag between the two. This is because NHS guidance requires a substantial programme of engagement to take place before significant changes are made to service delivery.

Currently, programme leads are engaged with NHSE regarding the potential for an in year "test of change" approach on an initially temporary basis. Details are being finalised in November 2025 which will confirm timescales for this and any incidental in-year temporary financial benefit on a non-recurrent basis.

Provisional agreement of an intermediate care bed reduction plan should result in a reduction in the number of beds by around 53 by April 2026, leaving a shortfall of 27 against the diagnostic target of 80 beds. The workstream has previously provided recommendations for further bed closures for consideration of commissioners.

Programme reset

To address the challenge in reducing NCTR ALOS, a programme reset has been agreed, which will focus actions on activities to reduce system pressures and deliver programme benefits. In particular, the reset focuses on reducing the no criteria to reside average length of stay (NCTR ALOS) from the 9.64 days recorded on 6 October to the anticipated target position of 7.64 days by 1 December in acutes.

Increased focus will also be given to reducing NCTR rates in community hospitals. Once delivered, this should significantly impact system-wide hospital pressures and the headline NCTR rate.

Alongside these changes, and in accordance with the FutureCare contract which requires Newton to invest the resources necessary to deliver the agreed level of benefit, Newton have agreed to invest significant additional resources into the programme at no additional cost, and to extend the period during which a substantial Newton resource will be on-site, from the end of October 2025, until March 2026.

Introduction

This report sets out progress in delivering the FutureCare Programme. 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.

In particular, an evaluation is presented against the following criteria:

- Impact on residents and personal care experiences
- 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
- 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.
- 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
- 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
- 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.

UHD Ward workshop on the 28th August mid breakout group!

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

In addition to providing an opportunity to take stock on progress delivered so far, the Mid Programme Review report has also been produced to fulfil an agreed objective in the FutureCare Partnership Agreement and a requirement for approval of the Business Case submitted to NHS England, which is to complete a Mid-Programme Review report.

Once finalised, this report will be presented to partner organisation boards, governing bodies and the NHSE SW team.

Melvin*, 74, from Bournemouth

A week into recovering from his knee replacement, Melvin started feeling unwell. He was admitted to RBH, and during his stay, contracted COVID. This developed into double pneumonia and sepsis, meaning that Melvin was very unwell in the ITU for a notable period of time.

Throughout his time in RBH, Melvin talked about getting back home to his wife, so that he could keep her company and look after her. However, during his time in hospital, Melvin lost the ability to stand and walk, and also lost around 3 stone in weight. After a discussion with him and his wife, he was transferred to community hospital for recovery and rehabilitation.

Throughout his time in a community hospital, Melvin settled into a positive recovery routine. He was dressed every day and had regular physiotherapy. Melvin started by doing exercises in his bed, and **within three weeks of being there, he had gone from being bedridden to walking with a Zimmer Frame** and managing stairs with the assistance of a physio. In addition, Melvin enjoyed 'bulking up', and with the assistance of some protein bars and shakes he managed to regain a stone in weight.

While his wife hadn't been able to visit him much because their house is about an hour away from the community hospital, she said she knew ***'he was receiving the highest quality of care – it simply couldn't be better, even at home!'***. Staff were able to identify and pre-order the equipment that Melvin needed to his house, which his wife helped to co-ordinate; this meant that he was able to leave as planned on his designated day.

Melvin would like to thank all the staff who helped him get home – ***'they were fabulous – kind, caring, competent'***

Background

In January 2025, following a diagnostic exercise completed in September 2024 Dorset partners agreed to undertake the FutureCare Programme. The aims of the FutureCare Programme are to:

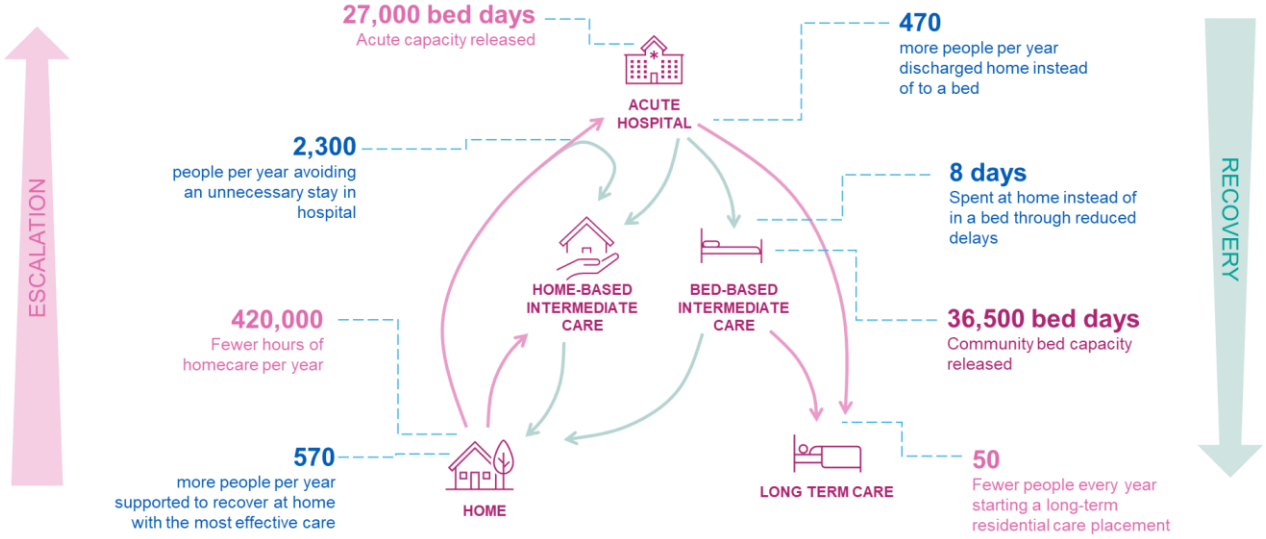
- Improve patient safety
- Deliver better, more person-centered care; and
- Deliver financial efficiencies.

It is a time-limited programme with a large amount of transformation support provided over the first eighteen months to deliver a defined set of deliverables.

The focus is on delivering quantifiable benefits.

It is anticipated that 2300 people will avoid a hospital admission, an extra 570 will benefit from reablement support following a hospital visit and the average length of stay for all patient who are stuck in hospital with no criteria to reside will reduce from an average of 9.7 days at the beginning of the programme to less than 7.4 at the end.

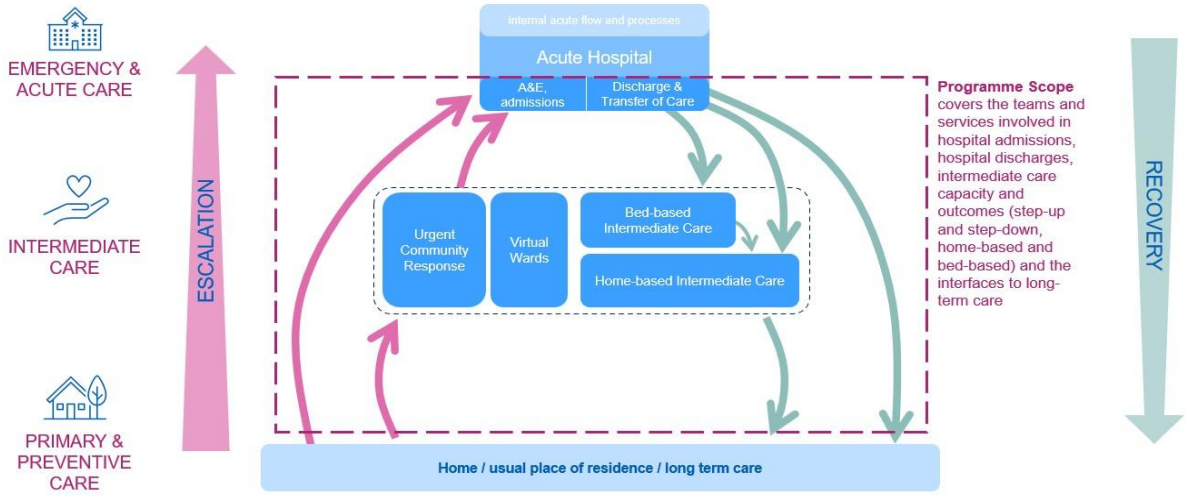
In total, the anticipated annual recurrent value of the operational benefits to be released is £28.4m. The diagram below provides an overview of the anticipated benefits that will be delivered through the programme.



Combined and as a result of all of the changes planned as part of the programme, the equivalent of 153 hospital beds will be released by the end of the programme and the savings from these bed reductions will contribute towards delivering a balanced financial plan.

Programme Scope

The diagram below sets out the scope of the programme. Primarily it is to focus on patient flow, reducing the number of people admitted into hospital following a presentation at an emergency department and accelerating the amount of time it takes to support somebody to return home following a hospital stay.



Partnership Agreement and Business Case

To deliver and meet the costs of the FutureCare Programme, partners entered into a Partnership Agreement setting out how the benefits and the costs of delivering the programme would be shared. In addition, a Business Case was submitted to the NHSE SW Regional Team.

A key element of the Partnership Agreement and approval of the Business Case by NHSE SW was that a Mid-Programme Review would be undertaken and presented for approval to partner boards, governing bodies and the NHSE SW team.

Risk share arrangement with Newton

Central to the Partnership Agreement and NHSE approval of the Business Case was that a risk share agreement was negotiated with Newton. The risk share agreement

aims to ensure value for money and provide assurance that the anticipated benefits that will be delivered are substantially greater than the agreed £9m fee.

By 31 March 2030, it is anticipated that £115m of cumulative benefits will have been delivered because of the FutureCare Programme.

To achieve this, it was agreed that support to the programme will be provided by Newton until 30 June 2026, with the bulk of resource provided up to October 2026 and a target of achieving £28.4m of recurrent operational benefit and £14.9m of cumulative operational benefit by this date would be set, with a guaranteed recurrent operational benefit level of £17m. Payment to Newton is linked to benefits delivered being in excess of the guaranteed level and in particular, final payments of £3.11m in 2026/27 will not be released until this level of benefit has been achieved.

Impact on residents

At the mid-point of the FutureCare programme, substantial operational benefits have been delivered and we are seeing improved outcomes for people. These include:

- Increasing the throughput of SDECs by 35 people per week, to avoid acute admissions
- reducing the number of residential and nursing starts following a P2 stay by 30%
- reducing the average length of stay in a community hospital bed from 38.6 days at the beginning of the programme to an average of 33.1 on 1 September 2025
- increasing the throughput of reablement by 14% and its effectiveness by 7%, lowering people's long term care needs

How people are receiving care is also changing, with people being more involved and in control of their care journey and greater consideration being given to multi-agency solutions.

These changes have been achieved through a combination of improvement cycles using data and insight to redesign processes and existing ways of working, implementing digital and enablement tools, such as a reablement app for logging and tracking SMART goals to build independence and making it simpler and quicker for decisions to be taken at a system level by establishing multi-disciplinary and co-located teams.

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.

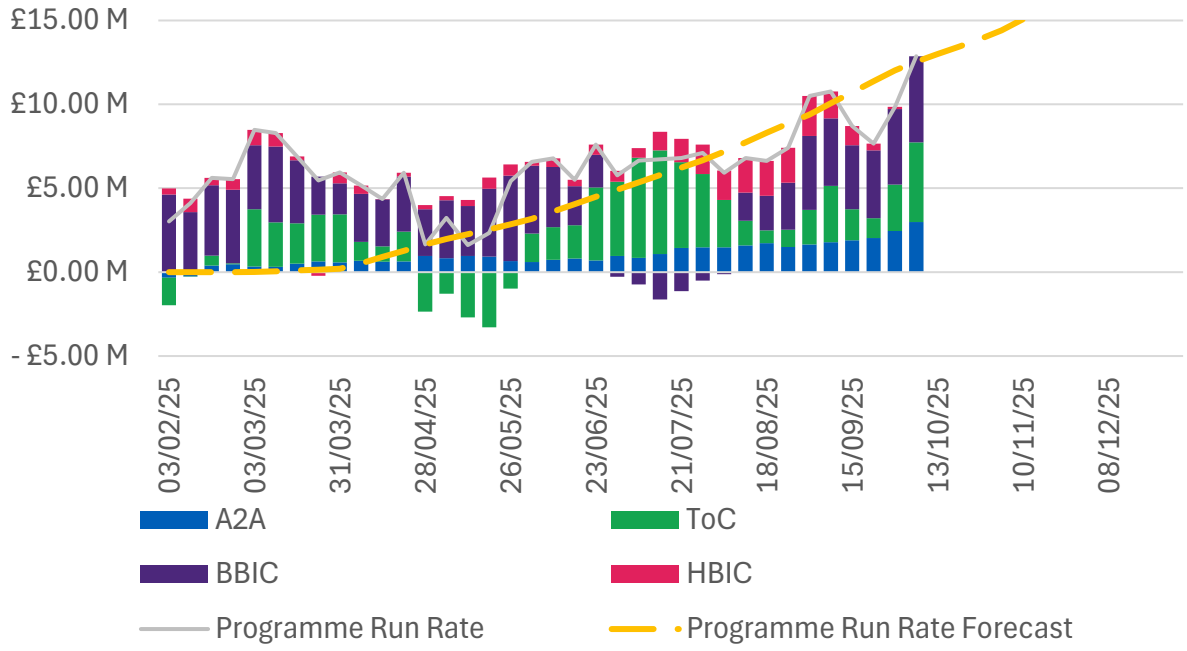
The programme has also involved staff and other stakeholders in developing and rolling out new ways of working which are bringing staff together and providing clear, regular insight on the specific challenges which need addressing to improve performance.

"The process change with decision making has been huge and has worked really well."
— Discharge Lead

"The insight we get into each other's roles is fresh, we wouldn't have had that 6 months ago. Knowing what we can do to support each other, that way of working has really improved."
— BCP Lead

Delivering Operational Benefits – run rate

On 6 October 2025 the FutureCare Programme had achieved an operational run rate of £12.87m against a target of £12.54m. 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.



As can be seen 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 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).

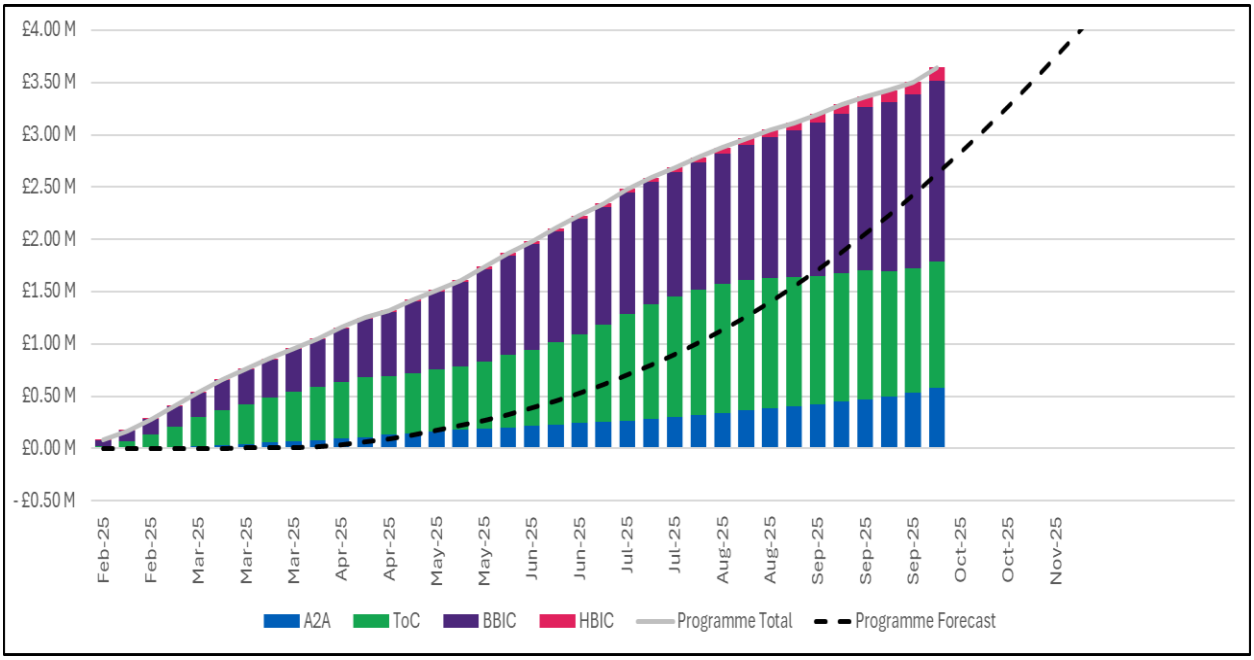
Example 2: During the diagnostic the hourly homecare rate across BCP was agreed at £16.20. Under the agreed benefits model, if 10 people complete a reablement package during a week, and the average reduction in the size of the subsequent long term home care package required is one hour greater than the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

The table below sets out the achievement of benefit by workstream at 6 October 2025:

Benefits delivered (run rate)	Target Full Year Impact	Expected benefit at this point in time	Current run-rate	Difference to trajectory
A2A	£5.2m	£2.7m	£3.0m	£0.3m
TOC/Flow	£12.2m	£6.9m	£4.8m	-£2.1m
BBIC	£4.2m	£1.3m	£5.1m	£3.8m
HBIC	£6.9m	£1.6m	-0.2m	-£1.8m
Total	£28.4m	£12.5m	£12.8m	£0.3m

Cumulative Run Rate

The graph below sets out the cumulative value of the operational benefits so far delivered by the FutureCare Programme.

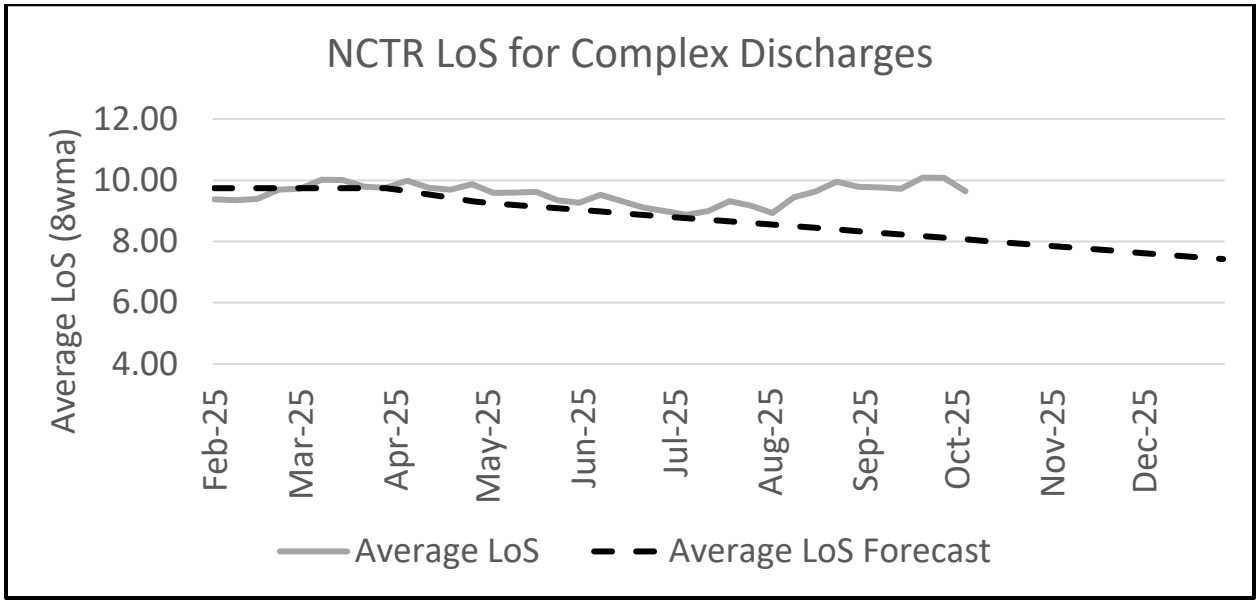


Note: The graph represents the value of the performance improvement against baseline of all workstream KPIs starting in February, i.e. if 3 beds worth of capacity was freed up for 30 days, this would be worth 3 x £355 (cost of a bed day) x 30 = £3150.

As can be seen, the programme is currently ahead of its cumulative run rate trajectory. This benefit has primarily been delivered by reducing the number of P2 discharges from acute hospitals from 47 per week at the beginning of the programme to 45 on 6 October (cumulative value: £1.21m) and by reducing the average length of stay in intermediate care beds from 38.2 days at the beginning to the programme to 33.3 days on 6 October (cumulative value: £1.73m).

Average length of Stay – No Criteria to Reside

At the beginning of the programme, the acute NCTR ALOS was 9.7 days, on 6 October it was 9.64 days. The target for the programme is to reduce acute NCTR ALOS to 7.4 days. The annual operational benefit of reducing the NCTR ALOS by 1 day is equivalent to £2.5m, 7042 bed days, or 20 beds each day across the Dorset health and care system.



Not a programme indicator but key to system performance is the level of P2 NCTR. At the week beginning 17 October the level of NCTR across community hospital beds was 44%, equivalent to 88 beds.

Progress with transacting benefits

The analysis above sets out the progress so far in delivering operational benefits. A further aim of the programme is to utilise the capacity released to deliver financial benefits. For NHS organisations, this means closing hospital or commissioned intermediate care beds. For local authorities, this means reducing spend on intermediate care beds, where these are paid for by the local authority, but more significantly, reducing the number of long-term care placements and domiciliary care package sizes.

The table below provides an overview of the current position. A more detailed explanation of the current position by organisation or programme priority is presented as appendix 2.

		In Year 25/26					
Organisation / Area		In-year Target*	In-year Plan	Delivered to date	Forecast Outturn	At Risk	Gap to Target Exc. At Risk
DCH		£1.7m	£1.7m	£0.1m	£1.7m	£1.7m	-
UHD		£3.7m	£2.1m	£0.3m	£1.8m	-	£1.9m
	DHC	£2.4m	£1.0m	-	£1m	£1m	£0.6m
	(LA/ NHSD)		£0.8m	-	£0.8m	£0.8m	
Dorset Council Exc. P2		£0.2m	£0.9m	£0.07m	£0.2m	£0.7m	-£0.7m
BCP Council Exc. P2		£0.2m	£0.1m	-£0.03m	£0.2m	-	-
Total**		£8.2m	£6.6m	£0.4m	£5.8m	£4.2m	£1.8m

The table below sets out anticipated financial savings in 2026/27 against the Future Care Programme Target. Currently system budgets have not been set for 2026/27 and so in-year plan targets have not been set.

		Full Year Effect of 26/27 Plans *FY26/27 Cashable Savings contingent on final bed closure/MTFP plans*		
Organisation / Area		Full year effect Planned	Full Year Effect of Current Plan	Gap to Plan
DCH		£3.5m	£2.3m	£1.2m
UHD		£7.6m	£5.4m	£2.2m
Pathway 2	DHC	£7.8m	£1.6m	£3.5m
	(LA/ NHSD)		£2.7m	
Dorset Council Exc. P2		£5.3m	£5.3m	£0m

BCP Council Exc. P2	£4.2m	£4.2m	£0m
Total**	£28.4m	£21.5m	£6.9m

Bed closures

At the beginning of the programme an overall target of closing 154 beds was set – 74 acute beds and 80 intermediate care beds.

At 6 October, 27 acute beds had been closed at UHD and 16 at DCH. Plans are in place to close a total of 90 by April 2026, 17 more than the original 74 bed target (see appendix 3 for more details).

By 6 October, 10 intermediate care beds had been closed at Care Dorset and the process of closing a further 10 beds at Figbury Lodge had commenced. Plans to not to operate 25 intermediate care beds as part of a test of change process from April 2026 have also been devised and it has been agreed to close a further 8 Care Dorset beds by April 2026. In total, this will result in a 53 bed reduction in intermediate bed capacity, 27 short of the 80 bed target (see appendix 3 for more details).

Programme Reset

Recognising the challenges facing the programme and the ambition of partners to deliver the maximum benefits for Dorset residents a "Reset" exercise has been underway since the FutureCare Steering Group meeting on Thursday 2 October.

The aim of the reset is to focus as much resource as possible on reducing the average length of stay for people residing in acute hospitals, or intermediate care beds, with no criteria to reside (NCTR ALOS). Achieving this will reduce hospital pressures for the Dorset system across the winter period, make residents safer and ensure that the anticipated FutureCare benefits are delivered in full.

The target is for the average NCTR ALOS in acute hospitals to have reduced from 9.79 days recorded on 1 September to the anticipated target position of 7.64 days by 1 December 2025.

Each day, there are around 20 complex discharges from an acute hospital in Dorset and so reducing the average length of stay for these people by 2 days will release the equivalent of 40 beds across the Dorset system. When this is achieved, the value of benefits delivered from the TOC workstream should have increased from the current run rate of £2.7m to the anticipated run rate of £8.74m by December 2025.

The key elements of the Reset are:

- An increased focus on simplifying and increasing the effectiveness of joint working to make transfer of care hubs and patient flow more effective. In particular:
    - urgent work to fill key vacancies within the Flow Teams
    - acceleration of work to simplify and make more effective processes and escalation arrangements in the two TOC hubs
    - increased clinical and operational support to speed up decision-making where cases are stuck – a focus on case reviews and the escalation of cases that are stuck.

- A commitment from Newton to invest an additional £1.5m of resource into the programme and to extend the length of time that a substantial Newton team remains on site; rather than substantially ramping down core programme resources at the end of October 2025, this will now take place up to March 2026.

- Weekly tracking of key performance indicators focussing on key system flow measures and utilisation of intermediate care capacity.

- A simplified program delivery structure where Newton resources are focussed on supporting teams and key decision makers to embed and sustain new ways of working and where less resource is utilised to develop, test and build data and insight tools and to undertake exploratory analysis.

- A focus on delivering those areas of the programme which will deliver most benefit – early discharge planning, TOC processes and optimising the utilisation of same day emergency care; and less focus on those areas where there is less immediate benefit – community referrals from emergency departments.

Conclusion

Recognising the substantial ambition which was agreed as part of the programme, the programme is currently on track against its operational benefits trajectory but has not delivered the anticipated impact on levels of no criteria to reside across the system and as a consequence significant operational pressures continue to exist.

Following a detailed analysis of the underlying causes of the under-performance, a programme Reset exercise is underway, underpinned by a clear action plan and the prioritisation of actions and resources to deliver the maximum impact. It is anticipated this should result in the NCTR ALOS returning to trajectory by December.

Overall though, the programme continues to deliver significant benefits and following the actions instigated as part of the Reset there is increasing confidence that the key NCTR ALOS indicator will return to trajectory by December and the full value of operational benefits will be delivered by June 2026.

Appendix 1: Performance against key performance indicators

Workstreams	Opportunity Area	Diagnostic Target Benefit	KPIs Measured	RAG Status	Baseline	Target	Forecasted KPI	Current Position		Run Rate	
										Actual	Forecast
Alternatives to Admission	Front door decision making. Access and capacity of community response offers.	£ 5.22 M	# Patients Starting in SDEC /Week		594	653	634	**649**		£2.3m	£0.7m
			# Patients Starting Community Services /Week		0	16	11	**4**		£0.7m	£1.94m
Transfers of Care	Discharge planning and decision making. Process and flow leaving acute and intermediate services.	£ 12.18 M	Average NCTR Discharged Length of Stay for Complex Discharge (P1-3)		9.7	7.4	8.0	**9.6**		£0.4m	£4.4m
			# Resi/Nursing Starts /Week from an Acute Discharge		5.8	4.8	5.5	**4.4**		£3.4m	£0.7m
			# P2 Starts /Week from Acute Discharge		47	39	43	**45**		£1.0m	£2.1m
Bed-based Intermediate Care	Capacity and flow through all short-term beds. Effectiveness and Outcomes	£ 4.21 M	Average P2 Bed Discharged Length of Stay		38.2	31.0	35.9	**33.3**		£3.0m	£1.2m
			# Resi/Nursing Starts /Week following a P2 Discharge		2.0	1.8	1.9	**1.0**		£2.2m	£0.1m
Home-based Intermediate Care	Capacity and flow through reablement and rehab. Effectiveness and outcomes	£ 6.87 M	Reablement Throughput *(Number of starts into HBIC)*		50	65	56	**49**		-£0.3m	£1.1m
			Reablement Effectiveness *(Reduction in weekly hours between incoming and outgoing homecare package size to the service)*		4.59	5.82	4.83	**4.7**		£0.1m	£0.6m
									Total	£12.8m	£12.5m

Ahead of Trajectory

Within 5% of Forecast

Off Target

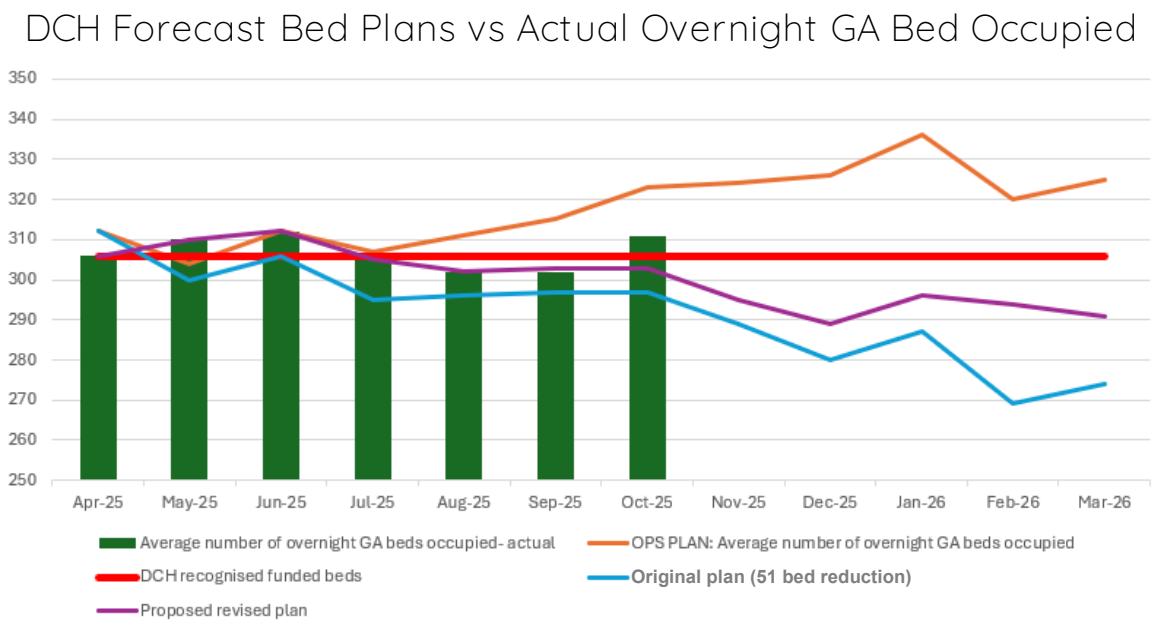
Appendix 2: Progress with transacting financial benefits (by org)

Dorset County Hospital

In June 2025 a Trust-wide plan to reduce the number of occupied beds by 51 during 2025/26 and which would deliver a greater magnitude of savings than that associated with FutureCare was agreed.

Due to increasing demand pressure, removing 51 occupied beds, delivering 97% bed occupancy (as per operational plan), hitting the 4-hour and 12-hour breach target is not possible and so a revised plan has been devised (below).

Delivery of the revised plan will still deliver the £1.7m of forecast benefit, despite increases in pressure but is heavily dependent on the delayed impact from delivery of ToC work and in particular reducing NCTR ALOS. Work is ongoing to closely monitor performance and occupied beds in line with the forecast.



University Hospitals Dorset

In June 2025, the following bed realisation plan was agreed by UHD. At that time, it was recognised that the proposed phasing of the bed closures would deliver an in-year benefit of £3.13m against a target of £3.7m (based on the aggregate bed day cost agreed as part of the diagnostic). To provide mitigation against this, preliminary consideration was given to closing more beds. This would have ensured delivery of the 2025/26 benefits target and led to over-delivery of benefits in 2026/27.

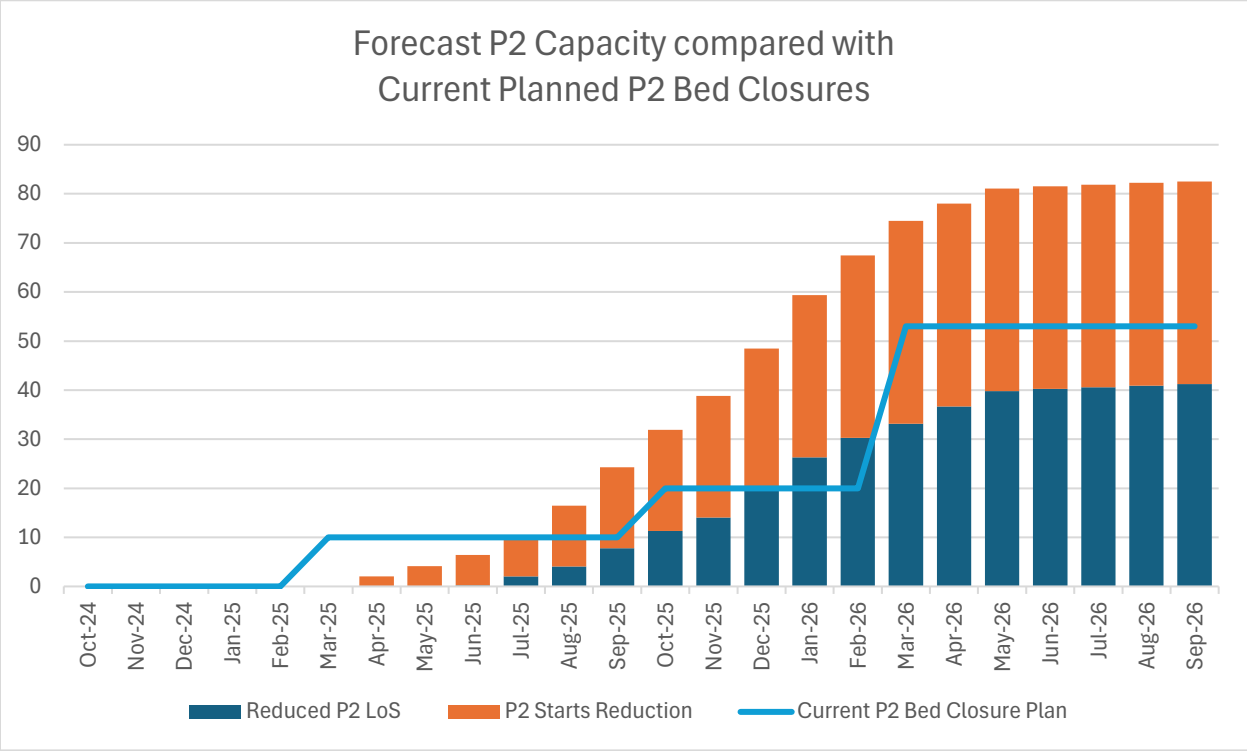
Type of beds	Number of beds	Date beds coming out	Annualised cash impact	Cash in year
OPS	27	15-Aug	£3,498,525	£2,175,795
Surgical	4	15-Aug	£518,300	£322,340
Oncology	3	15-Aug	£388,725	£241,755
T&O	8	15-Dec	£1,036,600	£298,200
OPS	4	15-Mar	£518,300	£21,300
Medicine	14	15-Mar	£1,814,050	£74,550
Total	60		£7,774,500	£3,133,940

Subsequently, further work has been undertaken to calculate actual costs saved and because of different bed costs across different care groups and buildings it is currently anticipated that £1.8m will be delivered in 2025/26

Intermediate Care beds - Dorset HealthCare/NHS Dorset/ Local Authorities

The target for the FutureCare Programme is to reduce the need for intermediate bedded care capacity across Dorset and enable system partners to reduce the number of operational beds by around 80 from 294 at the beginning of the programme to 214 during 2026/27. The bars in the graph below sets out when it is anticipated the operational benefits to enable the closure of beds will be delivered.

The blue line indicates the current provisional bed closure plan and more details are presented below.



In June 2025, NHS Dorset decommissioned 10 beds provided by Care Dorset. In-year these bed closures will deliver approximately £0.8m benefits and a full year saving of £1.2m. To note this has been identified as a financial saving in 2025/26, though it has been identifies as at risk as currently the funds are being utilised to support non recurrent investment in 2025/26 in the absence of any other sources being identified.

Since the summer, BCP Council have been leading work to decommission 10 beds at Figbury Lodge, which is anticipated to complete in November 2025. These beds are currently commissioned and funded by BCP Council and so benefits released will contribute to the BCP Council benefits target, not the BBIC workstream target, which will need to be adjusted accordingly.

It is currently proposed that a test of change project is undertaken to examine whether better outcomes for residents can be achieved without utilising 25 community hospital beds. To enable this process an engagement exercise will be undertaken with Overview and Scrutiny Committees and clear measures of success set and evaluated before any final decision is made on the future provision of the impacted beds. The BBIC workstream leads and programme team are currently

engaged with NHSE on the proposed process for this, learning from system such as Somerset. It should be noted the non recurrent DHC savings for 25/26 (shown at risk) are dependent on partner support for any proposals and timely delivery of changes. No recurrent savings can be banked during the course of a test of change process and agreement of any recurrent savings or permanent closures would remain subject to public consultation.

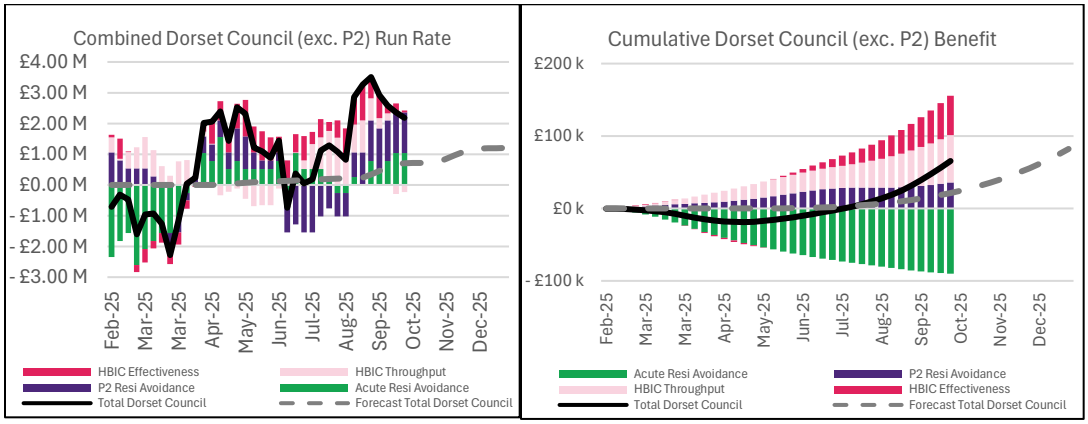
In April 2026 it is also currently proposed that 8 Care Dorset beds are also decommissioned.

Delivery of these plans will result in a 53 bed reduction in the number of operating intermediate care beds from 1 April 2026.

It should also be noted that for any partner to achieve their identified savings, agreement of all partners is required and if this cannot be agreed, individual partner target savings will need to be amended accordingly.

Dorset Council

On 6 October, benefits tracking indicated that the programme is currently on track to deliver the anticipated £5.3m of operational run rate benefits in 2026/27. In October, the cumulative benefits delivered was £70k. £50k ahead of trajectory.



BCP Council

On 1 September, benefits tracking indicated that the programme is currently substantially ahead of trajectory for delivering BCP operational benefits in 2026/27 but because of the early impact of an increase in long term residential placements there is currently a £32k negative cumulative benefit, which it is anticipated will reverse itself. In addition, closing 10 Figbury Lodge beds in November 2025 will have a positive in-year effect on the BCP position.