

# Health & Adult Social Care Scrutiny Committee



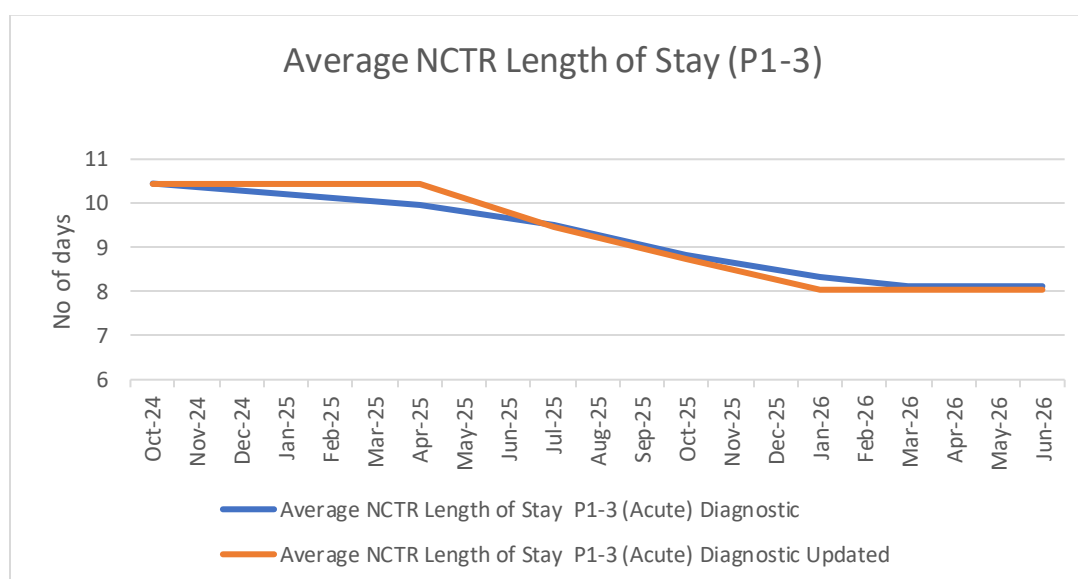
Report subject	<b>FutureCare Programme Update</b>
Meeting date	Monday 19 May 2025
Status	Public
Executive summary	Good progress is being made with the delivery of the FutureCare Programme following the decision by BCP Council to participate in the programme on 10 December. All workstreams are now fully mobilised and the programme is on track to deliver the benefits anticipated in the BCP MTFS in 2025/26 and in subsequent financial years.
Recommendations	<p>It is <b>RECOMMENDED</b> that the Scrutiny Committee:</p> <ul style="list-style-type: none"> <li>(a) Note the good progress being made in delivering the FutureCare Programme following the BCP Council decision to participate on 10 December 2024 and subsequent signing of a legally binding Partnership Agreement</li> <li>(b) Note that the programme remains on track to deliver the benefits anticipated in the BCP MTFS in 2025/26</li> </ul>
Reason for recommendations	To provide assurance to BCP Council and Cabinet that the Scrutiny Committee is undertaking its role in monitoring the delivery of the FutureCare Programme and to confirm that the Programme is on track.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Dylan Champion, Programme Director - FutureCare Programme
Wards	Council-wide
Classification	For Information

## 1 Background

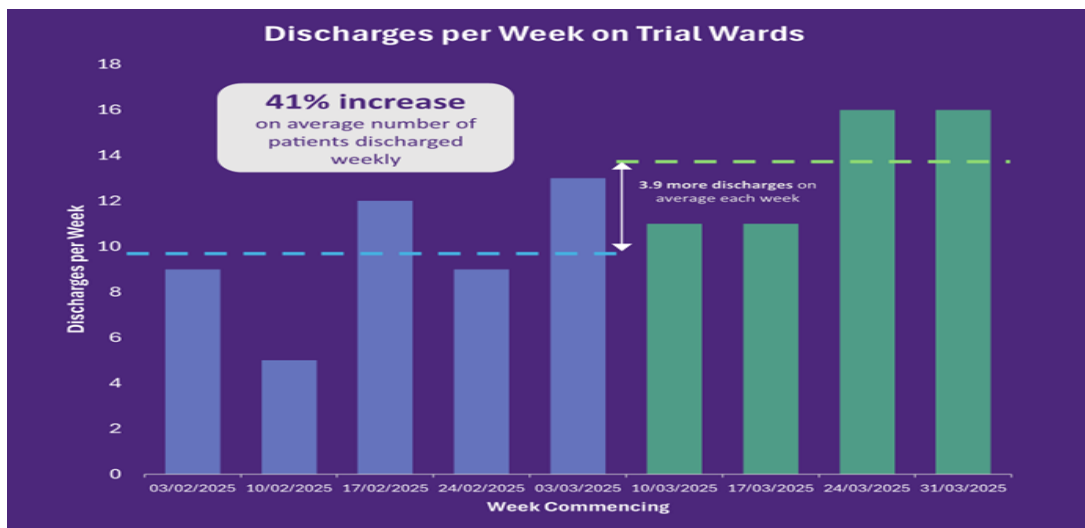
- 1.1 This report provides an update on the delivery of the Futurecare Transformation Programme, which aims to improve urgent and emergency care services across Dorset and deliver £4.73m of annual recurrent benefits for BCP Council by 2029/30.
- 1.2 Before Christmas, the BCP Health and Adult Care Overview and Scrutiny Committee recommended to the Council on 10 December that BCP Council participate in the FutureCare Programme. This was agreed. Following this decision, the NHSE SW region also agreed the FutureCare Programme Business Case at the beginning of January 2025 and the NHS Dorset Board on Thursday 16 January 2025. This completed the governance process and the supporting Partnership Agreement and Contract with Newton was fully executed on 31 January 2025.
- 1.3 Overall, the programme is progressing well and more details about work underway in each of the 4 person facing workstreams is presented below.

## 2 Transfers of Care workstream

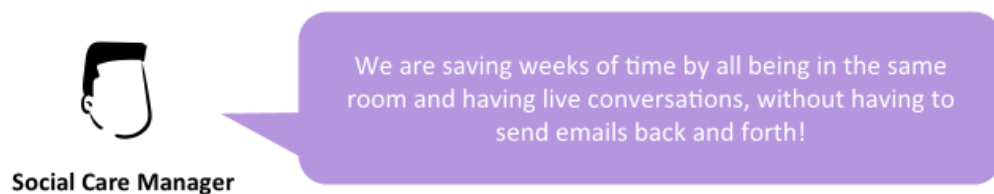
- 2.1 The aim of the transfer of care workstream is to reduce the average length of stay that people who are medically fit for discharge from hospital but are waiting for ongoing care from an average of 10.4 days to 8 or less, as set out in the graph below.



- 2.2 This workstream mobilised first, the 'Inform' phase of the programme is complete and the first improvement cycle has begun at DCH. This involves establishing a dedicated physical space for collaboration and problem-solving between TOC partners and with ward teams. Work has also commenced with three wards to support earlier and more effective discharge planning and is showing promising results



2.3 Good feedback has also been received from team members involved in the trial.

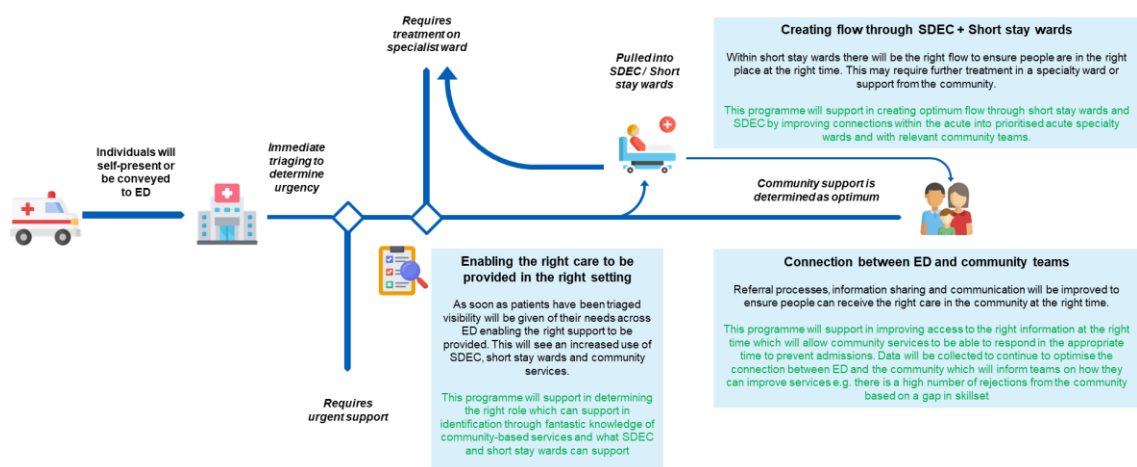


2.4 A similar approach will be rolled out to UHD sites in May 2025 and it will be expanded to incorporate more wards at Dorset County Hospital.

### 3 Alternatives to Admission workstream

3.1 The Alternatives to Admissions (A2A) workstream will primarily focus on better utilising and referring more people to Same Day Emergency Care (SDEC) Services as an alternative to admission into an acute hospital ward.

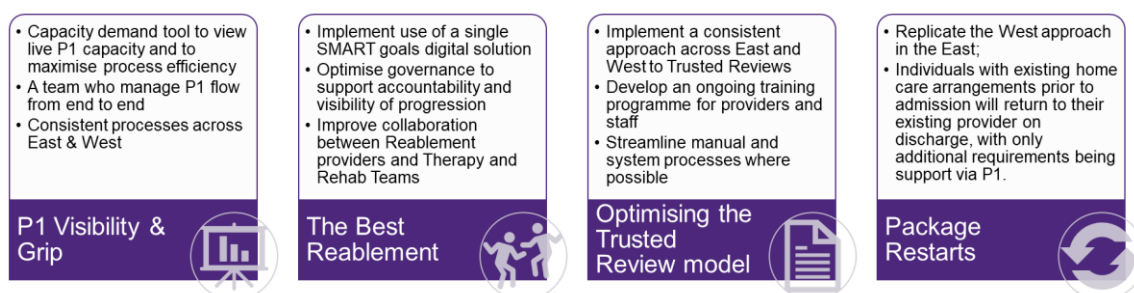
#### Preventing Admission – What is in scope



- 3.2 The workstream has completed its 'Inform' phase and the focus is now shifting to delivering improvement cycles at Royal Bournemouth Hospital and Dorset County Hospital. Work will also take place at Poole General Hospital. To ensure a joint approach across both trusts the team currently spend part of the week working at RBH and there have been high levels of clinical engagement. There is a high level of confidence that this workstream is on track to achieve and exceed its benefits trajectory, delivering substantial additional benefit for each acute trust over the winter period.

#### 4 Home based intermediate care workstream

- 4.1 The Home-Based Intermediate Care workstream aims to increase the effectiveness of the existing reablement offer and release existing capacity to support more reablement starts, increasing hospital flow and reducing long term care costs for local authorities. New technology is planned to increase flow and effectiveness and also work to reduce delays in the handover of support from reablement providers to long term care packages when required. Having achieved this, the second part of the delivery plan will focus on simplifying the reablement pathway, reducing the number of providers and hand offs and embedding a more therapy-based approach to reablement and a genuine discharge to assess model.
- 4.2 This workstream is being led by BCP Council. This workstream has completed its Inform stage and the first improvement cycles are about to begin. The initial focus of activity will be working with the two local authority care companies – TRICURO and Care Dorset to improve the effectiveness of existing reablement services. The current improvement trajectory for the workstream is broadly in line with that set by the diagnostic with some additional benefit predicted in the second half of 2024/25.
- 4.3 The diagram below sets out in more details plans for the first four improvement cycles.



#### 5 Bed-based intermediate care workstream

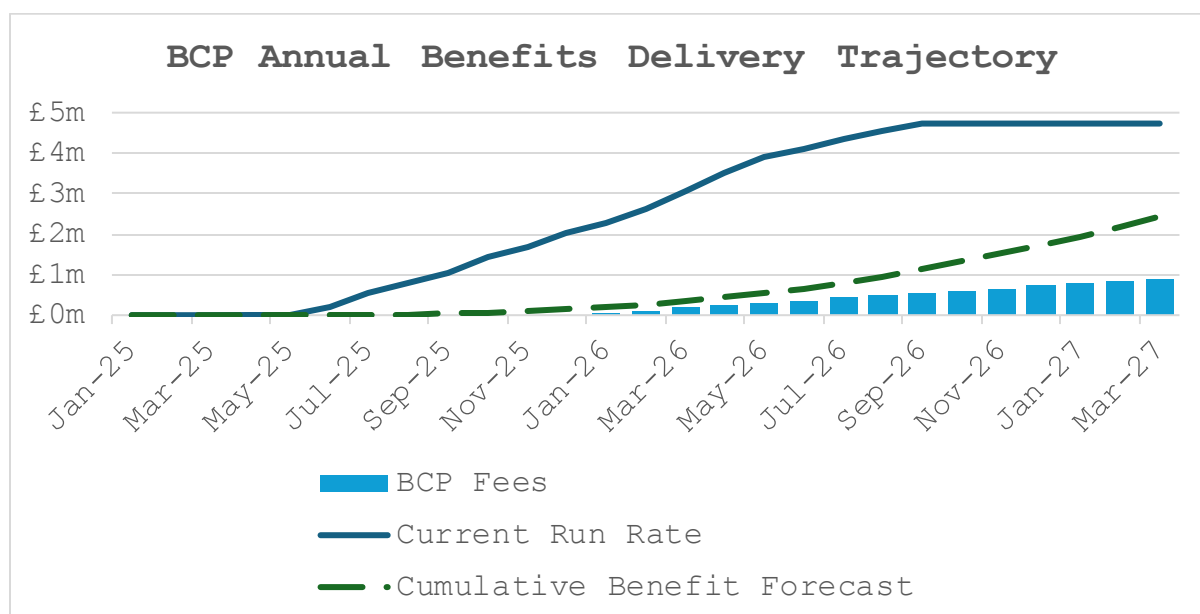
- 5.1 The aim of this workstream is to deliver better patient outcomes for people receiving care in community hospital and local authority provided intermediate care beds. In particular, the aim of the workstream is to reduce average lengths of stay from 37.5 days to less than 30.
- 5.2 While this workstream began later, good progress has already been made. The first Improvement Cycles will begin in Blandford and Wimborne Community Hospitals and Coastal Lodge, which is operated by Tricuro, in May. A clinical review of the

community hospital model is also underway, and it is anticipated that this will be complete in July.

Wave	1	2	3	4	5	TBC
<b>P2 Beds</b>	Wimborne Blandford Coastal Lodge	Westhaven Castleman Castleman Plus	Aldnerney	Westminster Yeatman	Bridport Swanage	Figbury The Hayes
<b>% Beds</b>	28%	19%	16%	14%	13%	10%
<b>Trials Start</b>	May 2025	July 2025	September 2025	November 2025	TBC	TBC
<b>Sustain Starts</b>	July 2025	September 2025	November 2025	TBC	TBC	TBC

## 6 Summary of financial implications

- 6.1 A fee of £9m has been agreed to provide the transformation support and data and technology tools required to deliver the programme. For BCP Council this means a financial contribution of £912,000, with payments beginning in January 2026.
- 6.2 The graph below presents the benefits delivery trajectory for BCP Council. Run rate measures the annual value of a benefit when it is released. While the impact on a person is often immediate (they go home early, or are not referred into a long term nursing or residential care bed), there is often a gap in the time it takes to release the financial value of the benefit because this is the total cost of the care that would have been provided in the period following the hospital discharge. The actual value of the saving released is captured in the cumulative benefits forecast line.



- 6.3 The table below presents the full year cumulative benefits, net benefits and fee payment profile for BCP. As can be seen the anticipated net benefits will be greater than the benefit anticipated in the MTFs during 2025/26 and 2026/27; and substantially greater than budgeted in 2027/28.

FY	MTFS	Cumulative Benefit	Agreed Fee	Net Benefit
FY25/26	£0.1m	£0.3m	£0.18m	£0.12m
FY26/27	£1m	£2.4m	£0.73m	£1.67m
FY27/28	£2.5m	£3.8m	-	£3.8m

## 7 Summary of legal implications

- 7.1 Dorset Council is the lead organisation for contracting with the transformation partner, managing and overseeing the procurement process and managing the contract. To ensure that costs and benefits are shared equitably a Dorset Health and Care Partnership Agreement has been drafted and executed. This is legally binding between partner organisations and has been signed and circulated.

## 8 Summary of human resources implications

- 8.1 Adult Social Care staff and people employed in organisations contracted by BCP Council to deliver care services play an important part in the delivery of the services within the scope of this work programme. As a result of this programme, it is envisaged that many people will work differently but no substantial reorganisations to existing council structures or care organisations will take place.
- 8.2 Some changes in the delivery of home based reablement care services and intermediate bedded care services provided in care homes is envisaged but these will follow a co-design process and a subsequent re-commissioning of services if required. Where this is the case then an appropriate consultation and change process will be undertaken.

## 9 Summary of sustainability impact

- 9.1 A sustainability impact assessment has not yet been undertaken. This will take place as part of the design and mobilisation phase of the proposed programme.

## 10 Summary of public health implications

- 10.1 The quality and effectiveness of urgent and emergency care pathways has a substantial impact on public health. In particular, the diagnostic identifies that it is primarily older people, with one or more long term condition, that are most likely to be admitted into hospital unnecessarily or are likely to face delays in returning home following a hospital stay. There is a substantial body of evidence that suggests that each additional day that a person spends in a hospital bed leads to physical deconditioning and that substantial hospital delays can be very detrimental to overall quality of life and can impact on whether a person is able to return home and live independently or will require long term residential care.

## **11 Summary of equality implications**

- 11.1 The diagnostic has identified some variation in the outcomes achieved from different services across Dorset and by geographical area. As part of the design and mobilisation phase of the programme provisional equality, equity, safety and quality assessments have been undertaken for each workstream. These identify substantial opportunities to improve the safety and quality of services, primarily by reducing the length of stay for people in hospital once medically fit, providing better and more reablement services and by reducing admission into hospital for people who could receive support through same day emergency services or at home.

## **12 Summary of risk assessment**

- 12.1 The greatest risk currently facing the programme are the substantial financial challenges faced by NHS partners that need to be addressed to submit a compliant Operational Plan for 2025/26 and the impact that this could have on services which are required to deliver the anticipated FutureCare benefits. A detailed analysis of the proposed changes is currently underway and at present no impact on the delivery of benefits is anticipated. A further risk is the proposed organisational changes to NHS Dorset ICB as part of the Central Government plans to reorganise NHS England. So far there has been no impact on the programme of these changes though significant numbers of the FutureCare Programme Team will be directly affected by these changes, which it is anticipated will take place over the Summer period.

## **Appendices**

1. UEC Diagnostic Summary Pack
2. FutureCare report to BCP Council – 10 December 2024