



Report subject	<b>FutureCare Programme – Impact analysis and finance update</b>
Meeting date	2 March 2026
Status	Public
Executive summary	<p>Focusing on outcomes for people, this report sets out an analysis of the benefits delivered so far by the FutureCare Programme against the targets set in the FutureCare Diagnostic.</p> <p>Fewer people are being admitted into hospital beds, more people are receiving care at home and the length of time people are spending in intermediate care beds has reduced by an average of 5.5 days.</p> <p>However, more work is still required to deliver all of the benefits anticipated in the FutureCare Diagnostic and in particular to reduce the length of time people spend in UHD hospitals waiting to be discharged with a short-term care package.</p> <p>Recognising that there are still 5 months remaining to deliver the first phase of the programme (anticipated completion: June 2026), there is still confidence that anticipated benefits will be delivered.</p> <p>Positively, since the December update to the Committee, despite the impact of seasonal pressures on overall programme benefits, the cumulative benefits delivered to BCP have moved from a negative position of -£32,000 in October to a positive position of £55,000 at the beginning of February.</p> <p>There is also increasing confidence that the anticipated benefits in 2026/27 for BCP Council will be greater than forecast, though some of these are being offset by increasing demand pressures across the wider ASC budget.</p>

<b>Recommendations</b>	<b>It is RECOMMENDED that: the Committee recognise the progress continues to made in delivering positive outcomes for Dorset residents and in achieving operational benefits for the Dorset health and care system.</b>
Reason for recommendations	To provide assurance to BCP Council 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 Service Director	Laura Ambler- Corporate Director of Wellbeing Betty Butlin, Director of Adult Social Care (DASS)
Report Authors	Dylan Champion, Programme Director - FutureCare Programme
Wards	Council-wide
Classification	Recommendation

## 1 Introduction

- 1.0 At its December meeting, the Scrutiny Committee requested a more detailed overview of finance and impact data associated with the FutureCare Programme.
- 1.1 The analysis identifies that the FutureCare Programme is having a positive impact on:
- reducing the number of people being admitted to hospital following a visit to the emergency department at UHD hospitals;
  - reducing the length of time that people spend in an intermediate care bed following a hospital stay;
  - the number of people receiving home based intermediate care following a hospital stay.
- 1.2 At the same time, the analysis shows that so far, level of no criteria to reside (NCTR) and the length of time that people in UHD hospitals wait for a short

term care package before being discharged has remained largely unchanged over the lifetime of the programme.

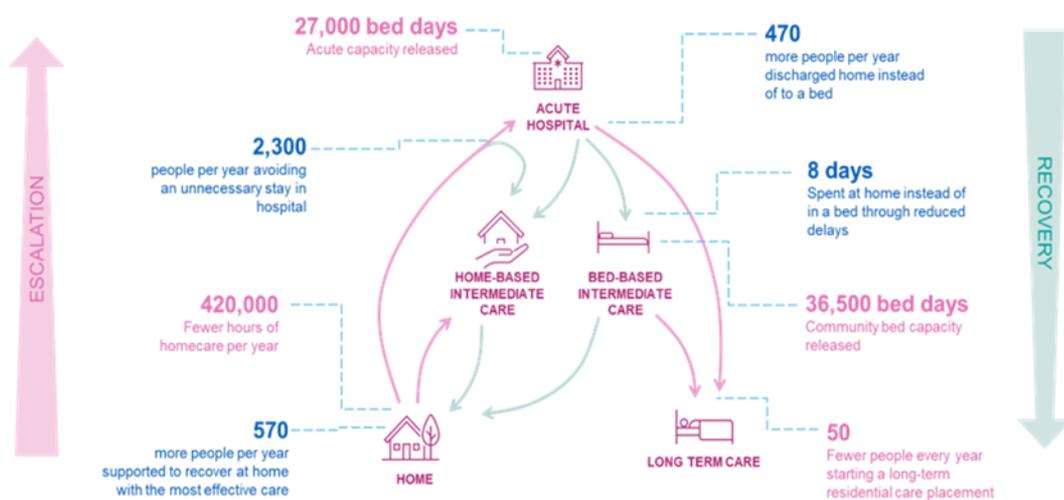
- 1.3 Positively the programme remains on track to deliver the full level of operational benefits for BCP Council by the end of the programme, and this will include more than £2m of operational benefits by the end of FY 2026/27. Furthermore, the whole programme remains on track to deliver in excess of £28m of operational benefits for the Dorset health and care system overall in 2026/27.

## 2 Background

- 2.0 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:

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
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.

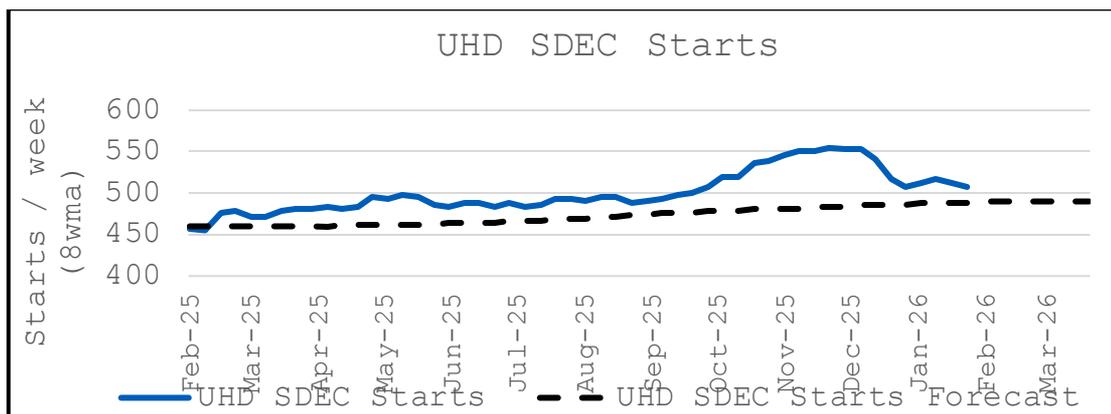
- 2.1 The diagram below provides an overview of the anticipated people benefits and resource savings that will be delivered through the FutureCare Programme.



- 2.2 This report specifically focusses on benefits delivered so far and on the anticipated financial impact for BCP Council and the Dorset health and care system as a whole in 2026/27.

## Reducing hospital admissions

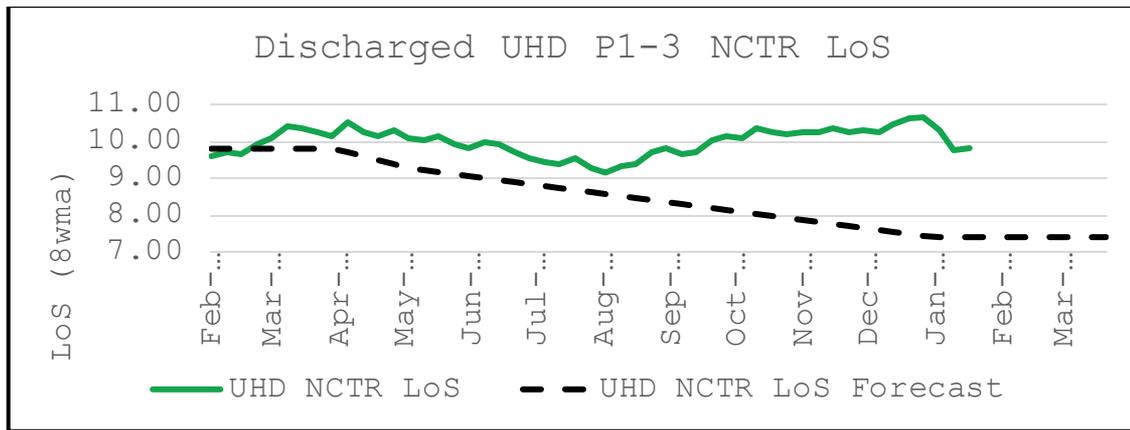
- 2.3 The FutureCare diagnostic exercise identified that, across Dorset, 2300 hospital admissions could be avoided through completion of the FutureCare Programme. At the end of January 2026, the number of people being referred into same day emergency (SDEC) at UHD hospitals alone had increased from a baseline position of 460 referrals per week at the beginning of the programme to 506, an increase of 46 per week or 2392 per year and so this target is being exceeded.



- 2.4 Positive progress in reducing hospital admissions has also impacted on bed days saved. The FutureCare Diagnostic identified that on the average length of hospital stay for each person admitted to hospital rather than being referred to SDEC services was 6 days and so it is currently anticipated that 14,452 bed days will be saved by UHD hospitals in 2026/27 as a result of the FutureCare changes so far.

## Speeding up acute hospital discharges

- 2.5 The FutureCare diagnostic identified that there is an opportunity to reduce the length of time that people with waiting for short term intermediate care packaged wait in hospital to be discharged once medically fit could be reduced from 9.8 days to 7.4 days or less. Currently this target has not been achieved at University Hospitals Dorset (UHD) hospitals and at the end of January, no criteria to reside average length of stay remained at 9.8 days. Positively, at Dorset County Hospital the anticipated level of improvement has been achieved and it is anticipated that recent improvements in performance at UHD will continue and these full benefits will be delivered by June 2026.

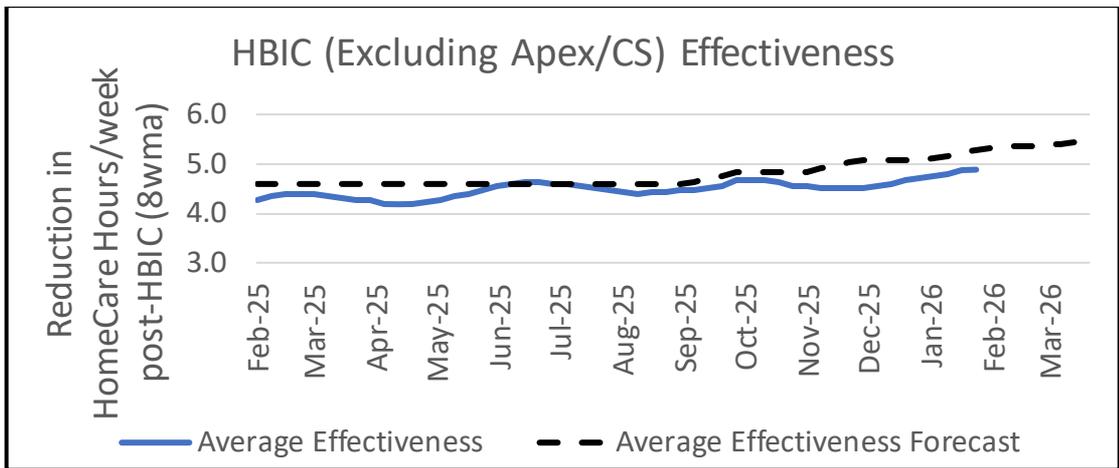


**Providing more home-based intermediate care (HBIC).**

2.6 The FutureCare diagnostic identified the opportunity to support more people with existing HBIC capacity and to increase its effectiveness. At the end of January, though work remains to simplify the HBIC pathway, reducing the number of handovers from one provider to another, and speeding up the parallel process of undertaking Care Act Assessments, the number of weekly HBIC starts in the East is reaching the target set. Currently, this means that 5 more people per week, or 260 per year are returning home to receive support rather than being transferred to a hospital bed.

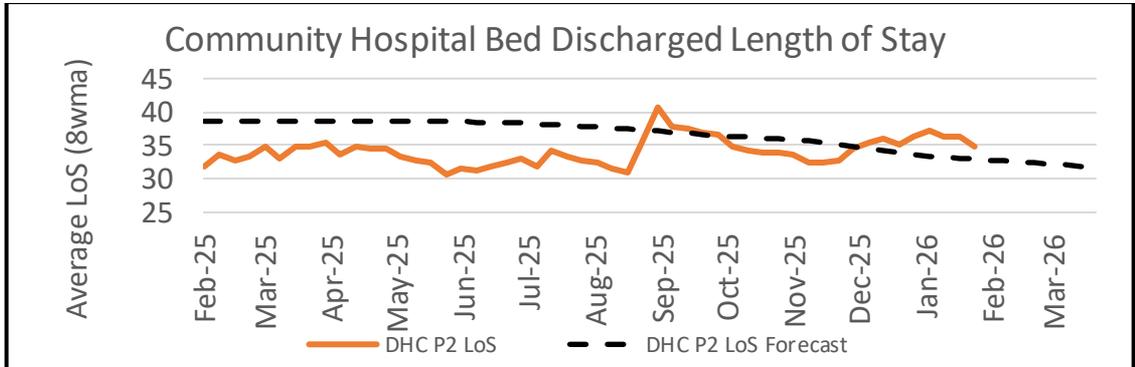
Metric	Current	Target
Starts (pw)	57	60
CLoS (days)	34	26
Total # people	208	218
# people waiting for discharge	82	25

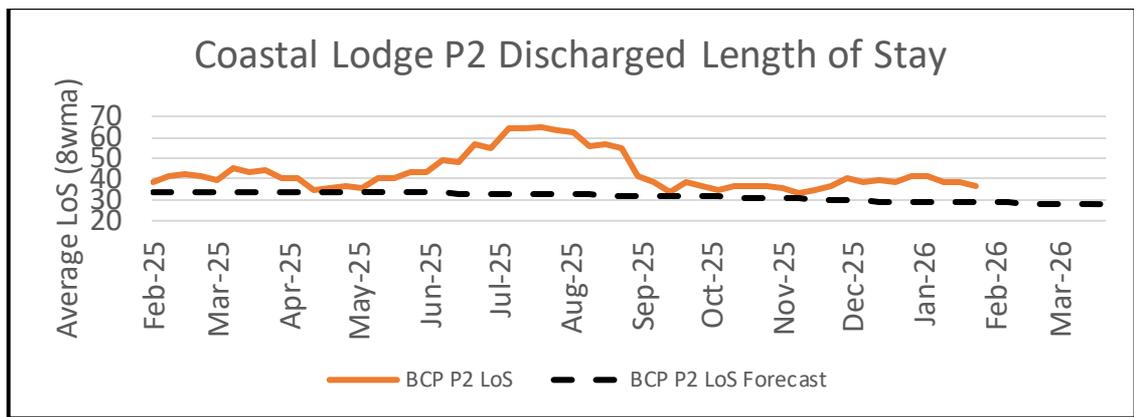
2.7 As well as increasing the number of people that receive home-based intermediate care, the FutureCare Programme also aims to improve the effectiveness of the service required and in particular to reduce the average size of long-term care packages that follow. Across Dorset, HBIC effectiveness has improved but work is outstanding to deliver the full impact of mitigating 420,000 hours of homecare each year as a result of a stay in reablement.



**Reducing the length of in intermediate care beds**

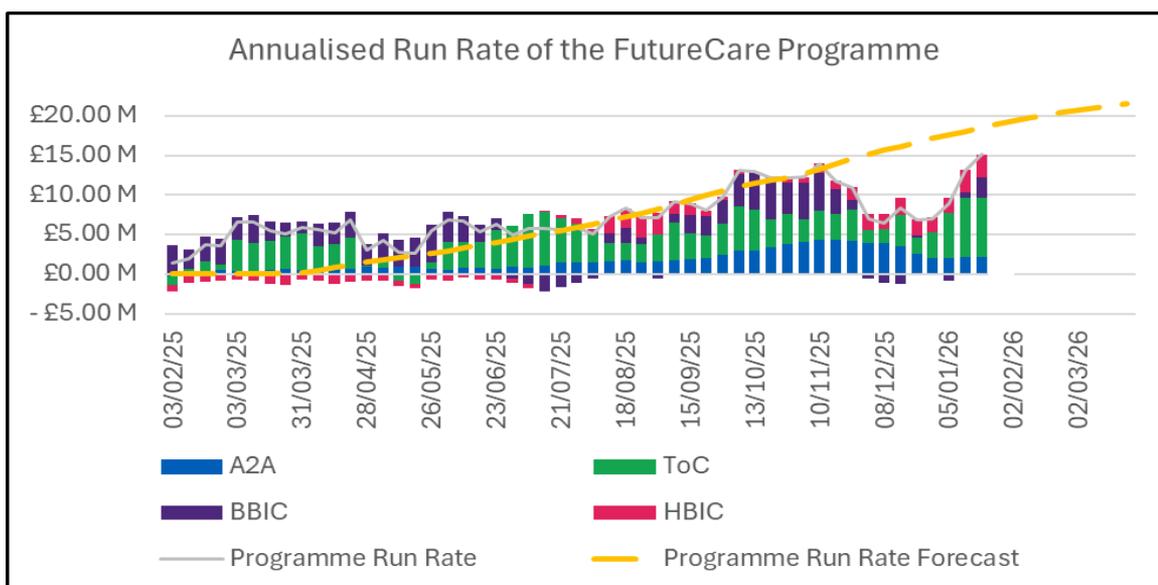
2.8 The FutureCare Programme set a target of reducing the average length of stay in an intermediate care bed from an average of 38.2 days to 32.7 days in order to support more Dorset residents to return home more quickly. Currently, an average of 46 people per week are being discharged from intermediate care beds and so over a year it is anticipated that more than 2300 Dorset residents will benefit. Currently the average length of stay is around 36 days and consistent levels of performance are now being achieved across community hospital sites, at Coastal Lodge and at Castleman Plus in Dorset. Reducing length of stay to below 30 days remains the programme target, with work ongoing to achieve this.





### Operational Benefits

2.5 Due to seasonal pressures, there was a significant reduction in the FutureCare operational run rate in December. Through January, there was a strong recovery and at the beginning of February, £15m of operational benefits had been delivered against a February target of £18m and an overall programme target of £28.4m. There remains strong confidence that across Dorset the overall FutureCare target of delivering £28.4m of operational benefits will be delivered.



**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 ( $£355 \times 50 \text{ people} \times 52 \text{ weeks}$ ).

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 ( $£16.20 \times 10 \text{ people} \times 52 \text{ weeks}$ ) to the run rate.

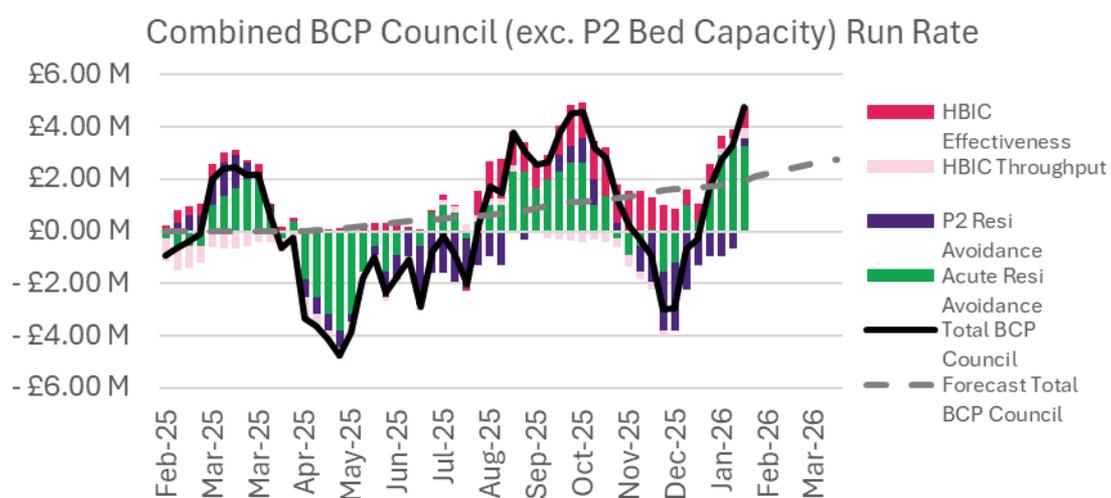
### 3 Options Appraisal

3.0 Not applicable.

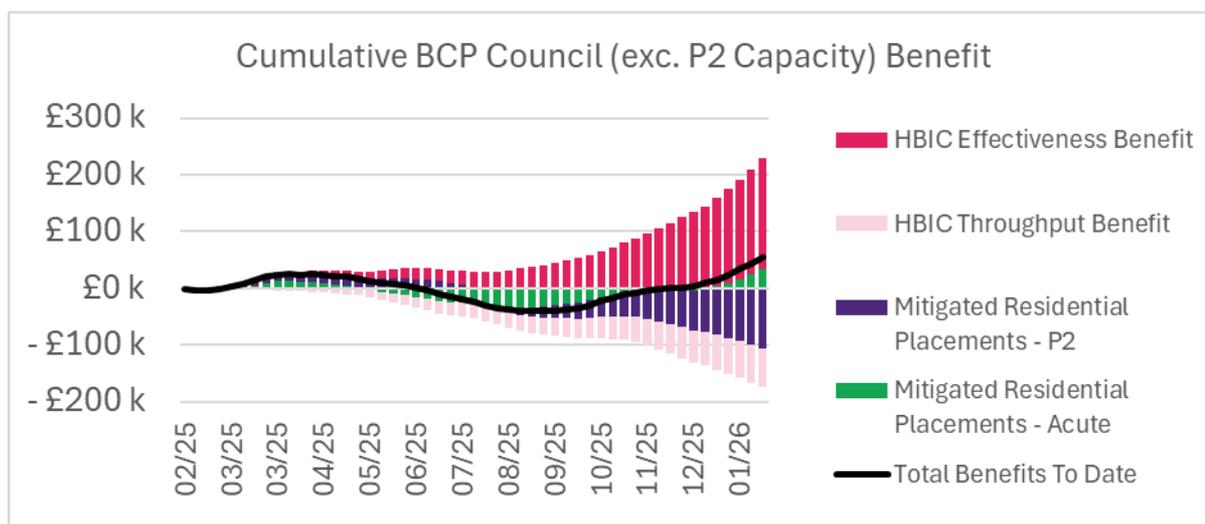
### 4 Summary of financial implications

4.0 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.

4.1 The graph below presents the operational 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. This means that run rate is a better indicator of the impact that the FutureCare Programme will have on ASC budgets next year, rather than this year.



- 4.2 As can be seen, there are month on month variations in the operational run rate being achieved and the overall run rate can be significantly impacted by a small number of residential placements, or by seasonal pressures but currently the operational run rate being achieved (black line), is significantly greater than the anticipated operational benefit at this time (dashed, grey line).
- 4.3 Since the last update to Overview and Scrutiny Committee in December, there has also been a significant improvement in in-year or cumulative benefits delivered to BCP. The December report identified the net cumulative benefit at the beginning of October which was -£32,000. As can be seen below, the position at the beginning of February is +£55,000.



- 4.4 The table below sets out the level of net benefits from the FutureCare Programme which have been built into BCP Medium Term Financial Plan.

<b>Adult Social Care &amp; Commissioning Medium Term Financial Plan 2024/2028</b>				
Financial Year	2025/26	2026/27	2027/28	Total
UEC Transformation Jan '26 Onwards	£0.1m	£1m	£2.5m	£3.6m

- 4.5 The table below sets out the anticipated benefits that will be delivered for BCP Council throughout the lifetime of the programme.

<b>FY</b>	<b>Cumulative benefit</b>	<b>benefit in year</b>
FY24/25	£0.0m	£0.0m
FY25/26	£0.3m	£0.3m
FY26/27	£2.4m	£2.1m
FY27/28	£6.1m	£3.7m
FY28/29	£10.5m	£4.4m
FY29/30	£15.2m	£4.7m

4.6 As can be seen above, the speed of cumulative or in-year benefits need to continue to increase through the remainder of February and March to meet the BCP Programme savings target and to deliver the £100,000 net benefit anticipated in 2025/26. However, the position in 2026/27 is more positive, with an increasing likelihood that programme benefits more than the anticipated £2.1m will be delivered in 2026/27 and in subsequent years.

## **5 Summary of legal implications**

5.0 Dorset Council is the lead organisation for managing the contract with Newton. 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.

## **6 Summary of human resources implications**

6.0 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.

6.1 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.

## **7 Summary of sustainability impact**

7.0 The FutureCare Programme will have a positive impact on sustainability, reducing the length of time people spend in hospitals, optimising hospital assets and supporting more people to live independently at home for longer

## **8 Summary of public health implications**

8.0 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.

## **9 Summary of equality implications**

9.0 Equality Impact Assessments have been undertaken at a workstream level. The diagnostic has identified some variation in the outcomes achieved from different services across Dorset and by geographical area. As key priority for the programme is ensuring equality, equity and consistency of services across the East and West of Dorset.

## **10 Summary of risk assessment**

10.0 The greatest risk for the programme at the mid-point is failure to address the key no criteria to reside average length of stay indicator. Without sustained improvement in this area anticipated benefits for people – shorter lengths of hospital stay, once people are fit to be returned home will not be delivered. Following the programme reset there is increased confidence that anticipated improvements will be delivered.

### **Background papers**

None

### **Appendices**

There are no appendices to this report.