Health and Wellbeing Board
18 November 2026
FutureCare Close Down Report
For Review and Consultation

Cabinet Member:
Cllr S Robinson, Adult Social Care & Health

Local Councillor(s):

Senior Leadership Team:
J Ingram - Director, Adult Social Care

Report author and job title: Dylan Champion FutureCare Programme Director

Email:

Statutory Authority:

Report status: Public Choose an item.

1. Executive summary (maximum of 500 words)

1.1 This paper presents the FutureCare Closedown Report for formal approval by partner boards across the Dorset Health and Care System. It summarises the outcomes of the eighteen-month transformation programme that concluded on 30 June 2026, designed to help more people avoid unnecessary hospital stays and regain independence sooner.

The report confirms that FutureCare has delivered measurable improvements in urgent and emergency care productivity, achieving £11.9 million in cumulative benefit and embedding annual operational savings of £26.4m at 30 June 2026. This follows a period of four months since February 2026 where operational savings have consistently been within a £4m variance of the achieved sum and within the £21m to £28m range set for the programme during the diagnostic but below the upper £28.4m stretch target set in the business case. It also highlights remaining challenges—particularly the high number of patients with no criteria to reside and gaps in commissioned intermediate-care capacity—and sets out four priorities for completion by March 2027:

- Establish and sustain a **Discharge to Assess Partnership**, which provides a mechanism for senior system leaders to continue working together, shape on-going change and ensure benefits are delivered;

- **Focus on securing the benefits that have already been delivered**, effective governance, processes and insight tools are in place to support this. Amongst competing priorities and pressures, focus will be required to ensure success;
- Use the resources that have been allocated to deliver an innovative and long-term solution to the **identified intermediate care commissioning gaps** which in turn will deliver better outcomes and fewer discharge delays for people, as part of a wider, agreed Intermediate Care strategy that also enables point 4 below, and further changes to bed based landscape;
- Address the **outstanding challenges with home-based intermediate care**, releasing and optimising core capacity in East Dorset and developing and resourcing an enhanced home-based intermediate care offer across both East and West Dorset.

The paper seeks board endorsement of these recommendations and recognition of the programme's contribution to system-wide improvement.

2. **Recommendation(s)**

- Approve the Closedown Report and its recommendations.
- Endorse continuation of Horizon 1 improvements through March 2027.
- Support commissioning of intermediate-care capacity to close identified gaps.
- Note the financial and operational benefits achieved to date.
- Recognise the need for sustained leadership focus and governance continuity.

3. **Reason for the recommendation(s)**

3.1 This report makes reference to a concluded piece of work. The work undertaken was delivered by partnership arrangements across the NHS in Dorset and Local Authorities in Dorset, Bournemouth Poole and Christchurch alongside Newton. This report therefore covers risks across those partnerships and at that time and does not cover the action, risks or activities that have taken place since the 30th June 2026.

3.2 Quality and Resource impact

- **Quality:** Average hospital stay reduced by one day; 10 % more people discharged home; 25 % higher reablement impact.
- **Resources:** £10 million cost removal across NHS and LA budgets.
- **Workforce:** Established transfer of care hubs and upskilled workforce through service improvement programme undertaken.
- **Data:** Single shared system-wide data view now enables real-time operation al insight.

4. The report

4.1 See attached Appendix1

5. Alternative options considered

5.1 N/A

6. Legal considerations

6.1 No direct legal implications. Future commissioning decisions regarding intermediate care and bed-based provision will require statutory consultation led by the ICB in line with NHS engagement duties.

7. Financial implications

7.1 Financial risk: Delivery of additional benefits inhibited by insufficient P1 capacity as understand at the time of the programme conclusion. Delivery of longer term

benefits may vary over time.

8. Natural environment, climate & ecology implications

8.1

9. Well-being and health implications

9.1 See report

10. Other implications

10.1

11. Risk implications

11.1 Having considered the risk associated with this decision, the assessment undertaken in accordance with Dorset Council's Enterprise Risk Management Framework is as follows:

The inherent risk position (before implementation of the decision) is Tolerance (Medium)

The inherent risk position (after implementation of the decision) is Tolerance (Medium)

As understood at the time of the conclusion of the work at 30th June 2026

- Sustainability risk: Reduction in ICB data-analytics capacity may undermine shared visibility tools.
- Commissioning risk: Lack of an agreed intermediate-care strategy delays bed-based reconfiguration.

- Operational risk: Persistently high NCTR levels at UHD and DCH indicate ongoing discharge delays.

Leadership risk: Organisational changes across partner bodies could weaken programme continuity

12. Equalities

12.1 An EQIAA has been completed and reviewed to inform the establishment of the Discharge to Assess Partnership – the next stage of the planned work.

13. Appendices

13.1 Appendix1 Full Report

14. Background papers

14.1 N/A

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Cabinet Member(s)