What I will cover

• Genesis of FutureCare programme
• A System of Care
• A New Model of Care
• FutureCare Programme – current
• Delivery so far
• Governance
• 2016 and on......
Where it began

- RDE Corporate Strategy – Vision
  - Values
  - Objectives
  - Clinical Service Strategy
- NEW Devon CCG Strategy
- Devon ‘I’ Statements
- Integrated Care Exeter [ICE]
RD&E – Strategic Objectives

- Maintain sound operational delivery of existing clinical, research services
- Integration of care pathways from community through to acute care and back out to community again
- Further development of Trust’s acute services across a wider geographical area by building on existing clinical networks and partnerships

Devon I Statements:

- I will take responsibility to stay well and independent as long as possible in my community
- I can plan my own care with people who work together to understand me and my family
- The team supporting me allow me control and bring services together for outcomes important to me
- I can get help at an early stage to avoid a crisis at a later time
- I tell my story once and I always know who is coordinating my care
- I have the information and help I need to use it, to make decisions about my care and support
- I know what resources are available for my care and support, and I can determine how they are used
- I receive high quality services that meet my needs, fit around my circumstances and keep me safe
- I experience joined up and seamless care – across organisational and team boundaries
- I can expect my services to be based on the best available evidence to achieve the best outcomes for me

Clinical Service Strategy Design Principles:

- Outstanding customer service will be at the heart of all we do
- No bed like your own bed
- We will understand the needs of our local communities and serve them well, making the best use of technology
- We will be a recognised centre of excellence for staff development
- Patients and their carers will be involved in, and helped to manage their care
- Patients will see the most appropriate practitioner, at the right time
- All care must be compassionate, safe, with clear, measurable quality standards
- We will listen to patients and consider the need to challenge traditional hours of working and where care is delivered
- Research and innovation will underpin redesign of services and pathways
- Integration potential will be explored for service and pathway redesign activity
More recently

- Five Year Forward View
- Devon Success Regime
- Clinical & financial sustainability
- RightCare
- Carter Review
- Heart of the Southwest Devolution
- Technology
- The Kings Fund – Place-based systems of care
A System of Care

- Built around the person
- Accountable for person centred outcomes
- Coordinating partner contributions
- Place Based Care
- Population health and wellbeing focus
- People as partners in care – self managed with support

‘Understand my needs & help me to be safe, well and happy and support me when I'm not’
New Model of Care
Health and Care Interventions

Rapid response
Crisis support
Reablement
Long-term support

Pre-Frail

Frail

Good quality information advice & advocacy
Promoting health & wellbeing

Mostly Well

Early intervention & prevention
Supporting health & wellbeing

Well

Risk / Need

FutureCare
**Ambition**

**Philosophy:**
- Keeping people well
- Predict, not react
- Wellness and reablement
- People centred goals

**FutureCare Programme: direction of travel**

**Focus:** Optimise and Transform

**Underpinned by:** Devon I Statements; Clinical Service Strategy Design Principles and Value Based Interventions
FutureCare Programme High-Level Milestones

- Complete Carter Team Visit: 15/12/2015
- Complete RightCare Internal Review: 18/12/2015
- CCG Award of Contract: 21/12/2015
- Complete Analysis of RD&E Carter Packs: 31/12/2015
- DD Access to NDHT: 4/1/2016
- Complete RightCare Planning Session with CCG: 28/1/2016
- Data Room for DD Populated: 31/1/2016
- Scoping of Services & Resources Complete: 5/2/2016
- Complete RightCare Workshops: 31/3/2016
- Final FBC to Board and Approval of Integration Plan: 26/4/2016
- Community Services Transfer: 1/6/2016

- Complete Initial Review of Opportunities: 19/2/2016
- Full Integration Programme Plan Complete: 26/2/2016
- EPR Discussion at FCPB: 2/9/2016
- Future Model of Outpatients Design Principles: 26/2/2016

- 31/3/2016 (ICE - A1) 60 Day Review
- 31/3/2016 (ICE - B) New Models of Preventative Care Rollout
- 31/3/2016 (ICE - C) System Leadership Developed
- 7/4/2016 Outpatients Implementation Plan Created
- (ICE - C) Mapping Exercise Shared: 31/3/2016

- 31/5/2016 CDG Design Principles Applied
Year One:

Integration:
- Community Services Transfer
- ICE - Discharge To Assess
  - Improving Health Inequalities of Homeless People
  - Population Risk Stratification – understanding need
  - Prevention & Community Resilience

Acute Pathway Redesign:
- Outpatients Review and Redesign – 4 clinical specialities
  - Orthopaedics
  - Gastro
  - Cardiology
  - Ophthalmology
- Engaging with CCG’s RightCare programme
- Productivity & Efficiency – Lord Carter Review
- Electronic Patient Record [EPR] funding

FutureCare Programme:
- Workforce – alignment to the future model of care
- Stakeholder Engagement & Communication
So What Have We Done?

Integration:

Community Services Transfer:
- Award of contract subject to negotiation – December 2015
- Due diligence process
- Transition plan and stakeholder engagement

Integrated Care Exeter [ICE]:
- Discharge2Assess – 11th Jan Go Live for patients – 64pts to date
- Caring for our homeless – Integrated Health & Wellbeing Team & Hub – March 2016
- Population Risk Stratification – led by Public Health & 2 GP practices
data stratified to date, moving to further 4 practices
- Prevention & Community Resilience - community co-ordinators,connectors, organisers and volunteers
So What Have We Done?

Acute Pathway Transformation:

Outpatient Review and Redesign:
- Improve today
- Redesign tomorrow

RightCare:
- Planned workshops completed
- Outputs reviewed and planning underway for 16/17 implementation

Lord Carter Review:
- One of the 32 Trusts to participate
- Received initial feedback – review and next steps

EPR Funding:
- Progressing options – conversation at FutureCare Prog Board – Feb 2016
Conversations

• Strike up a new conversation
  ➢ Between care professionals
  ➢ Between people & professionals
  ➢ With communities
  ➢ A social movement

• From: "patients" to "people"
• From: "what's the matter with you?" to "what matters to you?"

FutureCare
Workforce

• “Form follows function”
• New models of care = new workforce?
• Employer of choice
• Strong links with HEIs
• New roles
• New career opportunities across the care continuum
• The Care Academy
FutureCare Programme: Governance Structure

- RD&E Board of Directors
- RD&E Executive Team
- Future Care Programme Board
  - Acute Pathway Transformation Steering Committee
  - Integration Programme Steering Committee
- Care Design Group
- Business Model Design Group
2016 and on........

- Finish what we have started
- Learn from year one
- Align to one plan
- Beware serial projects
- 2016/17 planning - FCPB Feb 2016

Reflections