

### **1.16.7 Partnership Working**

With reference to Specification, Bidders must describe how they will ensure effective and relevant partnership working with all stakeholders including how the Bidder will engage in the development locally of the new models of care. This list is not exhaustive but should include as a minimum the 111 Clinical Assessment Service(CAS), Long Term Conditions (LTCs), Care Homes, children and mental health.

(Maximum Word Count 2000 words)

Word used = 1120

Graphic excluded from the word count in the clarification questions

#### **1.16.7.1-Key roles and experience of the incumbent team**

Vocare has been providing GP-OOH services across the whole of Staffordshire for 8 years. Over this time, we have built collaborative working relationships with a range of local stakeholders.

Our contract leads (Operations Manager, Clinical Service Manager and Medical Lead) have wide ranging connections to local service providers e.g. Midlands Partnership NHS Foundation Trust's (MPFT) community services teams, local hospices such as Katharine House Hospice and community groups such as dDeaflinks Staffordshire.

The contract's point of accountability will continue to be our Staffordshire Operational Director, [REDACTED]. Alongside his other Area Directors (Clinical and Medical), he participates in strategic partnerships for the contract e.g. with PCNs and the ICS, ensuring visible and active engagement.

For the South Lot, key partnerships include with the prison custody teams and the in-hours healthcare providers (e.g. Practice Plus Group, MPFT as Inclusion and other trusts providing mental-health services in particular). To best meet the needs of patients within the range of prisons in Staffordshire, Vocare will continue to subcontract this element to the experienced Gables Offender Healthcare. That team has extremely well established partnerships with the Practice Plus Group in particular. For example, Gables clinician have access the Practice Plus Group's prison SystmOne, thus aiding continuity of care for these patients.

Vocare will remain active members of local health and social care ecosystem and will fully engage as a system partner. We will continue to network with our primary, secondary and tertiary sector partners as well as with community and patient groups across the Lot or Lots in the new contract.

Our Clinical Service Manager will be responsible for updating the contract-specific stakeholder map.

#### **1.16.7.2-Stakeholder mapping**

Key to productive partnership working is knowing who is out there and what they do. While the DoS holds plenty of information, it does not cover certain aspects such as community organisations that support health and social care needs such as local foodbanks e.g. Stafford & Surrounds Community Food Support. Rising

Brook Community Church and Cannock & District Foodbank and resources for the homeless.

The contract's Clinical Services Manager will own and maintain the contract's stakeholder map. We will capture our stakeholder information through active networking and membership of health and social care system meetings. We will also gather valuable information from patients, carers and staff and via quality and governance processes such as incident and complaint investigation and patient, health professional and staff feedback and surveys. We will also use local social media feeds to identify organisations, groups and individuals that may be able to help us develop our services and to which we may want to refer patients, especially through social prescribing routes e.g. Staffordshire Walkers.

Figure 1 shows the range of stakeholders where partnership working will help to maximise the effectiveness and value for money of our services and help develop new local models of care over the contract term.

### **1.16.7.3-Ensuring effective and relevant partnership working**

In view of the contract requiring splitting of Staffordshire into two (unless we were to win both Lots), we will need to refresh all existing partnerships for the GP-OOH service withing healthcare, social care and community and patient groups.

The Area Directors and the existing contract leads will contact all partners following contract award to assess the implications of the new contract arrangements and scope on our existing partnership and any existing pathways. Where appropriate face-to-face or digital meetings will be arranged with service counterparts followed by planned regular meetings to encourage full health and social care networking.. As Covid-19 restrictions allow, we will facilitate 'Meet the Vocare Team' at local healthcare events.

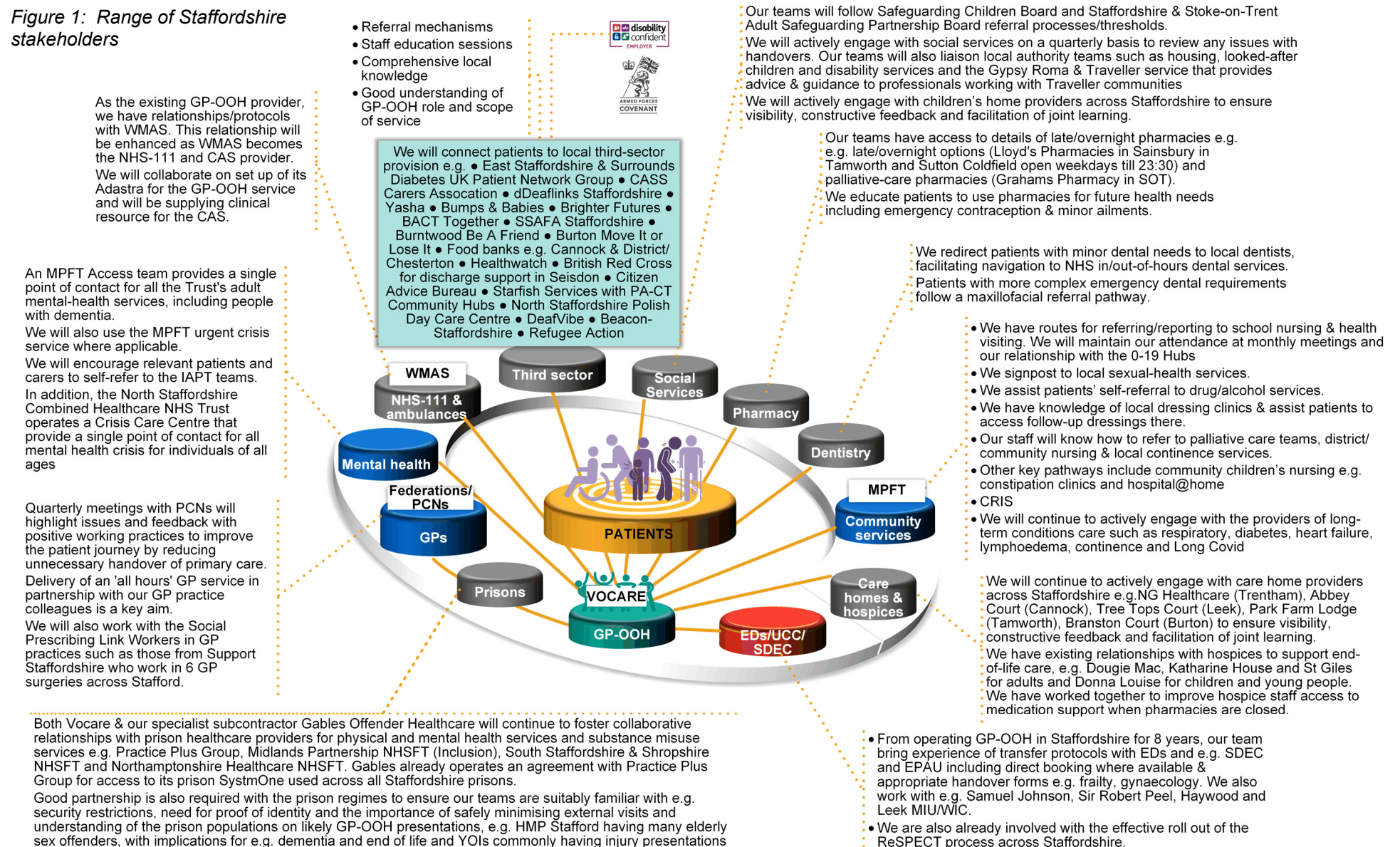
We will provide a single point of contact for all providers to ensure effective and timely response to any issues.

**Partnership working experience in Staffordshire:** Examples of the kinds of partnership working we have had on the current contract include:

- Attendance at monthly primary care community partnership meetings which include representation from palliative care services, CRIS, district nursing services, WMAS and hospices. These meetings focus on optimising the patient journey.
- ReSPECT forum, which led to the ReSPECT team at UHNM provided teaching session for Vocare staff.
- Palliative Care meetings with palliative care consultant nurses from MPFT and palliative care consultant at Katherine House Hospice.
- Engagement with Staffordshire Police, community health and social care and the third sector to identify high intensity users and agree consistent packages of care and advice between all providers involved.
- University Hospitals of North Midlands NHS Trust collaboration includes joint triage and ECG training between UCC staff and ED staff.

## 1.16.7 Partnership Working

**Figure 1: Range of Staffordshire stakeholders**



Establishment of good relationships was the catalyst to e.g. :

- District nursing education having improved methods of contacting the service so patient care is not delayed.
- Plans to establish a learning opportunity with Katherine House Hospice for our paramedic workforce.
- Placement and shadowing opportunities for apprentice Advanced Clinical Practitioners studying at Keele University.

#### **1.16.7.4-Engaging in the development locally of new models of care**

Vocare is a successful and active contributor to priority workstreams at ICS and place-based level in various systems in England.

We have a breadth of service experience across urgent and community care and bring a wealth of experience and learning from systems into a local context that enables us to support NHS partners to bring about improved outcomes at scale, place and neighbourhood level. We are structured and recruit in such a way as to ensure that our talented team can focus on high-quality service and contract delivery and positively influence and support the local system in its development of new models of care and providing resilience and support to the system.

Our continued visible presence in the local health and social-care economy will assist in providers better understanding issues together as healthcare partners. Our expanded plans for patient engagement and involvement of patients, families and carers in service design and improvement will also help maximise the benefits of new models of care for patients.

In addition to involvement of our contract leads and Area management team, Vocare will involve our subject-matter experts as applicable e.g. [REDACTED] our Head of Group Resilience and [REDACTED] our urgent-care Medicines Management Pharmacist.

The senior leadership and Executive team are also experienced in the Staffordshire system and are committed to continued working within the new ICS system to improve pathways and outcomes.

New models of care in which we will participate include those in our innovation response of:

- [REDACTED]
- [REDACTED]
- [REDACTED]