

1.18.5 North Place-based care

How will you facilitate placed based care in the locality in line with the new models of working; your response should include your ambition for a seamless place based offer working and integrating with in-hours GP's, community and acute services.

(Maximum Word Count 1500)

Words used = 892

1.18.5.1-Understanding of place-based care and new models of working in the North

Like most other areas nationally, North Staffordshire is in the process of building an Integrated Care System with an ICS board that will become fully functional from April 2022. Being part of the ICS board, we have positively contributed in Urgent and Emergency Care (UEC) Pathway design discussions.

One of the key challenges that placed-based care faces in North Staffordshire is the area's geography and providing UEC, including GP-OOH close to people's homes.

Vocare works well with other providers including primary care, UHNM and MPFT to ensure that we, as a health economy, can meet the needs of our population. We partially integrated with Primary Care Extended Access to ensure people are getting care as close to their homes as possible. At present, being sole provider of NHS-111, CAS, GP-OOH and urgent-care services in North Staffordshire, we successfully flexed to deliver these services during the most unprecedented pandemic times.

We recognise that place-based care success will depend upon 10 principles (King's Fund). In North Staffordshire, Vocare's Area management team will be integral to delivering this system in the following ways:

- It has a good knowledge of the geographical boundaries to ensure that the whole population of North Staffordshire is included without fragmentation with its diverse mix of urban and rural demographics.
- Active engagement with all other system health, social and third-sector partners to focus on population health as a whole, identifying hard-to-reach groups and areas.
- Signing up to the shared vision and objectives tailored to the identified needs of North Staffordshire.
- Part of a joint governance structure to enable collective action.
- Ensuring a culture of healthy reflection of collaborative working to manage conflict.
- Ensuring good use of resources as part of the sustainable financial model.
- Fully active within the UEC system within the greater North Staffordshire system.
- Signing up to a single set of measures for success in North Staffordshire.

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The Area team directors will be involved to deliver the correct level of leadership to work collaboratively. Operations Managers will be part of the dedicated team to implement decisions.

1.18.5.2-Place-based care available in the locality

Place-based care availability	Where and for whom
Protected Learning Time (PLT) cover	To cover any PLT sessions for in hours Primary Care
Integration and joint working with the CRIS Team / Rapid Response Teams.	To provide GP support if required.

1.18.5.3-How we will facilitate this place-based care

Placed-base care is founded on the needs of our local Staffordshire patients. It requires community knowledge and patient engagement so we know we are facilitating a service around the patient's needs. Our Area Operational Director will liaise with operational heads of Extended Access, NHS-111/CAS and local UTC and ED department to develop the integrated patient journey.

Area Clinical and Medical Directors will liaise with their counterparts to further develop integrated clinical pathways, staff will have opportunity to contribute and to ensure we reflect the patient voice.

We will engage with our patients to ensure that our plans reflect the needs of our local populations. We will ensure we connect with any new services across our county and be part of community engagements on healthcare. We will ensure we share our information to inform the ICS and to facilitate its strategic drive.

1.18.5.4-Our ambition for seamless place based offer working and integrating with in-hours GPs, community and acute services

Vocare wants to contribute to a healthier Staffordshire. We are invested in population health and reducing inequalities so we want to be part of that front face of healthcare provision for our patients in which they receive a holistic assessment of their personalised needs so their care provision is seamless.

We want to ensure our in-hours GP colleagues feel supported with their patients and confident in transition of communications to inform them of our interactions. The duplication that can be experienced adds stresses to our patients' experiences.

Due to the pandemic, appointments with local GPs have gained considerable media interest. We want our patients to see us as the extended face of primary care delivery and know that their experience in the OOH service will be recorded so their own GP can monitor their episode of ill health (especially for chronic long-term condition patients) and can follow up should they or their GP wish to.

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OOH work usually consist of more acute illnesses alongside acute flare up of chronic diseases. At present, PEMs is the only communication back to the in hours GP. However, we would like to establish a pathway that enables us to contribute in the long-term plans of our patients and have an impact, such as high-volume frequent callers and people with complex care needs.

We will facilitate sharing of information from in-hours to the Adastra platform via Special Patient Notes, Summary Care Record and GP connect.

To maximise utilisation of resource available to primary care, we intend to develop more integration with Extended and Additional Access, where we can offer patients any unused appointments that are usually near the patients' home. This can be done by using a software plug in that will enable us to access those slots. It will require working in partnership with in-hours GP colleagues. We are fully committed to building these relationships with the help of our ICS colleagues as it will have real time positive benefits for our local population.