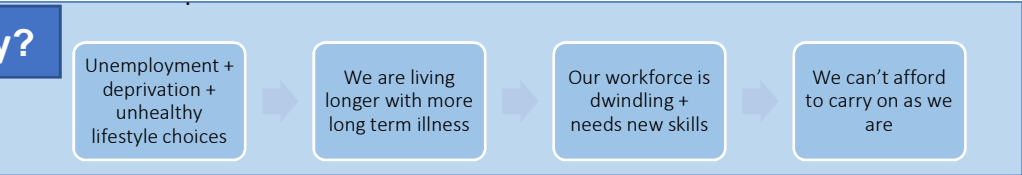


People will live and age well as part of their community. If needed, care will be provided close to or at home. If hospital is necessary, people will stay as long as needed, but recover and recuperate in or around their homes.



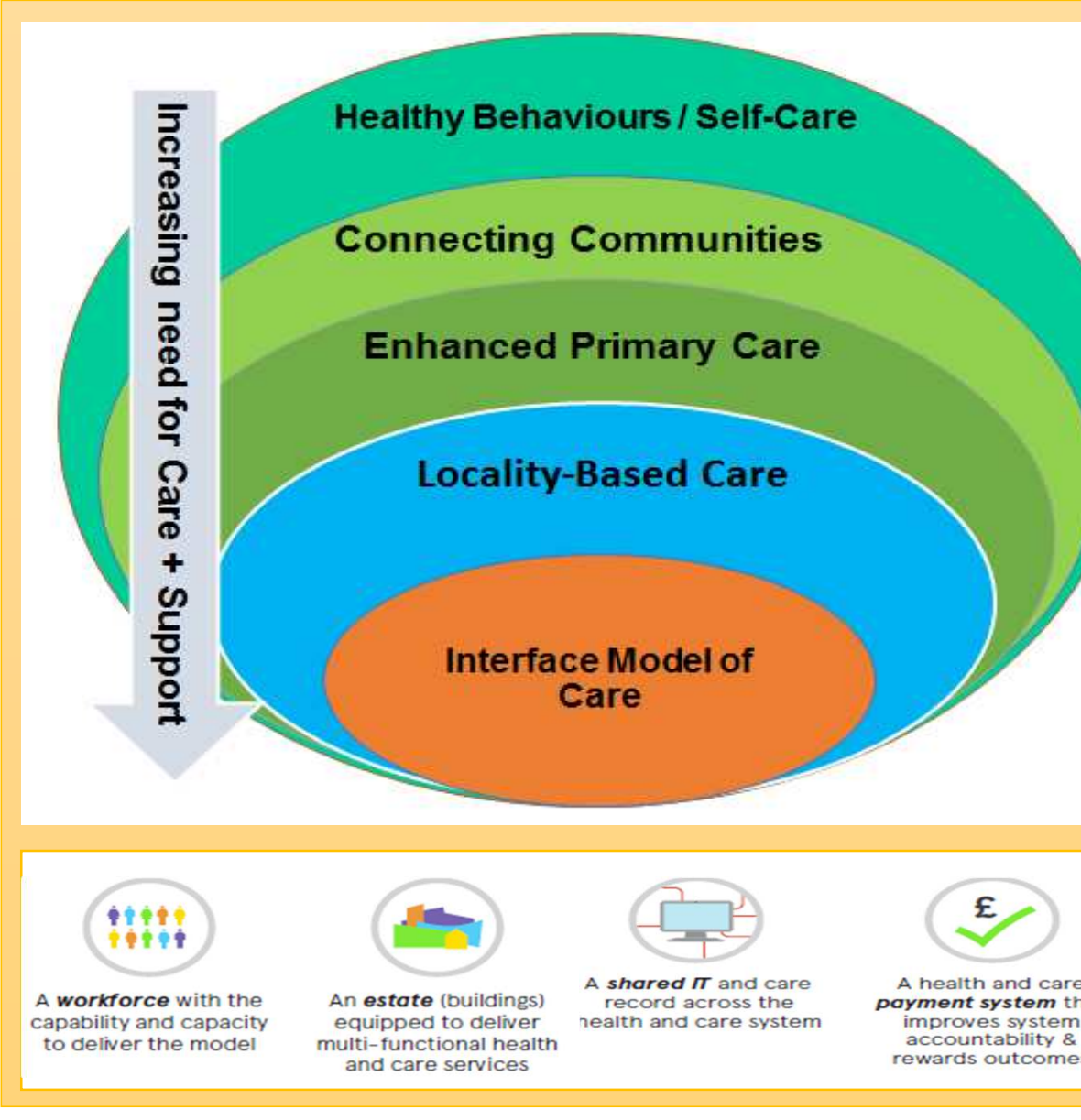
/? First and foremost we need:

Healthy lifestyle choices, behaviours, and self-care abilities; we need to improve wellbeing through

- Connecting communities to people and building assets. Then, only when needed we will provide
  - Care and support in and around people's homes that is timely, easily accessible with continuity at its core.

/? We will see care delivery at 3 levels:

- **Enhanced Primary Care** with GP practices operating at scale, offering an extended range of services and access over 7 days as well as list-based care.
- **Locality-based Care** of population of 30,000-50,000 in 5 localities with Integrated community teams of health, social, and voluntary sector workers wrapped around GP practice groups in co-located settings (e.g. Community Hubs)
  - A joined up **Interface model of care** that links community and hospital professionals to prevent crisis and manage people with complex needs (e.g. specialist advice, pathways, access - including community beds and front door hospital care).



## WHAT IT MEANS FOR:

### THE LOCAL POPULATION



- Receiving the right care at the right time and in the right place – and from a wider range of service providers in the local community, that are all joined up with the GP and social care system.
- Giving information just once – and knowing that it will be safely shared with the professionals who need to know it.
- Access to primary care services every day of the week and at a convenient time.
- Being cared for at home or as close to it as possible, with fewer trips to hospital, better access to digital care.
- Carers feeling supported and well linked into local communities support arrangements.
- A real focus on improving health and wellbeing.

### COMMUNITY BASED SERVICES (VOLUNTARY & STATUTORY SECTOR)



- Working across social care, general practice, health providers and the voluntary sector to provide a comprehensive package of support for our most vulnerable patients.
- Focussing our efforts in community settings and on promoting good mental health and wellbeing.
- Supporting care delivery and champion 'no health, without mental health' in all care pathway redesign work.
- Developing a flexible workforce that has a range of competencies.
- Working closely with acute health teams, to help keep people stay at home and facilitate transitional care from hospital (following an admission).
- Championing our services and help professionals and clients make the best use of our services.
- Helping people help themselves, their families, their communities and neighbourhoods.

### HOSPITAL SERVICES



- Giving advice and guidance to health and care professionals to support their efforts to manage people in their own homes.
- Providing a comprehensive hospital avoidance and discharge from hospital service to patients and professionals in the community.
- Delivering as many services as possible in community settings.
- Providing timely access to 'front-door' pathways (e.g. ambulatory care) reducing inappropriate admissions to hospital.

### GENERAL PRACTICE



- Having more time for patient care and less time spent on bureaucracy and paper work.
- A 'one team' ethos with cross working and skill development with a wider groups of colleagues, including digital capabilities.
- Providing high value-based care with seven day access to our services (where appropriate) by working with other practices where that's the right thing to do.
- Having greater accountability and responsibility of whole person and system outcomes.
- Coming together across the General Practice community to tackle the challenges collectively that we all face (e.g. workforce, estates, IT, etc.).

### COMMISSIONERS (NHS + LA)



- Setting outcomes based on the current and future needs of our population.
- Describing (with colleagues and our local population) what the health and care system needs to achieve, but not determining how it should be delivered.
- Building a collaborative provider model and trusting providers to deliver the high value-based services.
- Being open and honest about resource allocation (based on need).
- Using flexible and coherent payment and contractual models to allow providers to be innovative and flexible in redesign care delivery.