Together We're Better is your local partnership of NHS, local government and voluntary sector organisations. We are working collectively to make decisions to transform health and care services across Staffordshire and Stoke-on-Trent.

Our partners are working closely together to achieve this transformation through a series of work programmes. Each programme is clinically-led and focussed on its own aims and objectives to ensure local people have access to high quality, sustainable services for the future.



Enhanced Primary and Community Care programme

We're developing health and care services that work in a fully joined up way across 23 localities in Staffordshire and Stoke-on-Trent, with a number of hubs providing GP services and other teams delivering more specialist care. We're also seeking to redesign local community hospitals and develop more effective end of life services.

Our priorities and projects

- We're introducing Integrated Care Teams (ICTs) across 23 localities in Staffordshire and Stoke-on-Trent that bring together general practice, community and mental health services, alongside social care professionals and the voluntary and independent sector – each team will serve 30-70,000 people and be based around neighbouring GP practices
- We're developing high quality, sustainable GP services based on an average registered population list of 10,000 people
- We're redesigning Staffordshire and Stoke-on-Trent's six Community Hospitals to reduce the variation in how beds are used – this will be supported by **Integrated Care Teams**
- We're developing an end-oflife service that ensures equal access to consistent clinically appropriate care and services built around your needs.

Our aims and outcomes

- We want ICTs to enable you to adopter ICT sites are located Burntwood, Longton/Meir and Stafford, with more to follow across Staffordshire and Stoke-
- sustainable general practice services that provide extended access to your doctor and enable GPs to spend more time with patients with greater need
- We want to remove the variation in the use of community hospital beds
- carers and those wishing to plan in advance for their own end of life care.

Case study

How an Integrated Care Team has helped Bill: Following the death of his wife, Bill's mental and physical health started to deteriorate. A conversation with his local GP led to Bill being signposted to members of his local Integrated Care Team (ICT). Bringing together a range of primary, community and mental health services, alongside social care professionals and the voluntary and independent sector, ICTs enable a coordinated approach to improving the health of the community they serve. Bill received support in his home from numerous members of the team, including a district nurse and community matron. When Bill's physical health took a downward turn, the team was on hand to support him. Thanks to the support he has received from the ICT, Bill now leads a healthier, happier life.



