Future Planning for Local Care Partnerships – Summary

Purpose of the Report	This report provides background and context for the Local Care Partnership Development Programme Board on 19 April 2021.
Summary	In preparation for the Programme Board workshop, the Local Care Partnership development team conducted a series of interviews with partners who regularly engage with one or more Local Care Partnerships. Partners were asked a series of questions on their aspirations for Local Care Partnerships, barriers to development and asks of the system.

Key Findings	• Partners who had engaged with one or more Local Care Partnerships saw the LCPs as a potential vehicle for multi-disciplinary working which involved a broad range of partners and a vehicle for focusing on wider determinants of health.
	• Local data (including softer intelligence) was seen as an important enabler together with strong relationships.
	• Information sharing and time and resource to engage fully were seen as the biggest barriers to success.
	• Funding mechanisms including contracting, KPIs and commissioning were highlighted as part of this challenge.
	• Asks of the system were wide-ranging but some key asks were:
	  o Clarity/a strategic vision for Local Care Partnerships
	  o Meaningful commitment including organisations committing time and resource/the right people to work together in this way
	  o A hand off approach but with a willingness to unblock when needed

Action	The full report (attached) provides further detail including a number of quotes from interviews which capture the breadth of voices and opinions. Board members are asked to read the report ahead of the workshop so that the opinions of people actively engaged in Local Care Partnerships helps to inform decision making.

Future Planning for Local Care Partnerships – reflections from local partners

In preparation for the Programme Board workshop, the Local Care Partnership development team conducted a series of interviews with partners who regularly engage with one or more Local Care Partnerships. Around 45 partners drawn from all Local Care Partnerships and a broad cross-section of partner organisations took part. Interviews were semi-structured but loosely focused on the following questions:

- What do you think a Local Care Partnership could be?
- If the LCP is successful would your job look different? What would it mean for the way your team works? Would anything change?
- What do you see as the barriers and challenges getting in the way of achieving this vision of LCPs?
- If you had one ask of the system and of your own organisation (for this work), what would it be?

Vision for the future – what do you think a Local Care Partnership could be?

<u>Setting Strategic Direction locally</u>

A number of partners focused on the role of Local Care Partnership members as decision makers. They wanted Local Care Partnerships to have autonomy to agree strategic priorities for their area and work together across organisations to progress these priorities. Two recurring themes emerged. Interviewees wanted local strategy to be informed by data, unpicking the issues that were specific to the local area. Interviewees also talked about the importance of decision makers being part of these discussions. This reflects a frustration that people attending Local Care Partnerships may not be able to commit time and resource to work differently together.

“We would like the LCP to be a strategic group who look at the health needs of our population and formulate a strategy to provide services for those needs.”

“A collaboration of key partners working together to deliver better quality services. Developing new areas of work and thinking outside the box. Seeking opportunities for joint funding, supporting better communication, ensuring everyone has a voice.”

“Partners should be flexible to move work at a faster rate and LCPs should have a level of autonomy. Integral to that is having the right people to make decisions, and key works to progress there and then. They should also take stuff back to their organisations to progress further.”

<u>Multi-disciplinary Working</u>

Closer multi-disciplinary working that included Third Sector partners was an aspiration for a number of partners. Based on experiences of Population Health Management and establishment of new relationships, partners described a collaborative approach informed by local intelligence.

Primary care partners recognised that a range of local organisations may be in regular contact with people who may access their GP practice infrequently. They talked about 'eyes on' individuals, using a multi-disciplinary approach to anticipatory care. Members of the multi-disciplinary team would have strong relationships, would know who had regular 'eyes on' an individual and how to escalate for appropriate support. Day to day multi-disciplinary working would be strengthened and underpinned by regular multi-disciplinary meetings taking a holistic approach.

"An LCP should be a partnership between healthcare, social care and third sector to enhance people's health and wellbeing and a vehicle to drive patient experience with physical, mental health and wellbeing."

"LCPs are a great vehicle for multi-discipliary case working with the person at the centre of the approach. However this requires a move away from traditional roles."

"Working together around populations could mean sharing 'functions', similar to the conversations around care coordination in Beeston & Middleton LCP. Who is best placed in the partnership to be 'that' contact for a person? Huge potential for that to be scaled."

"Joining up the dots around people. We can make it difficult for service users – LCP's are well placed to improve this.
LCP gives the opportunity to identify duplication and gaps – this is good to identify but frustrating to feel like the autonomy to make those changes isn't there."

<u>Addressing Wider Determinants of Health and Wellbeing</u>

Partners were sometimes confused on the different roles of Primary Care Networks and Local Care Partnerships but often thought that a Local Care Partnership was better placed to tackle the wider determinants of health. People spoke about the importance of developing strong, equitable relationships and bringing in a broader range of partners, including the local community, to address the wider determinants of health. The importance of data was mentioned again but with a broader focus than health data and with softer intelligence from local communities being a part of this intelligence.

"Genuine partnerships between different organisations and sectors, all working on an equal footing (parity of esteem) that proactively develop and engage in strong working relationships that help meet the needs of the communities, with particular focus on the very localised areas or communities experiencing highest levels of deprivation and exclusion. LCPs have the ability to really focus on improving the health of the poorest the fastest and to do this they would need to consider a wider range of data than their current focus on specific health conditions."

"(The LCP has been a) vehicle for making change happen within an area Have been really impressed with the Domestic Abuse work and have liked the use of both data and experience to define an area of focus."

"I believe around 40% of clinical consultations are centred around socio/economic issues or at least issues that are not responding to medical means. Local Care Partnerships should seek to achieve health equality by focusing on the 'frequent flyers' with these issues. Focusing the majority of meetings on patients access to current alternative services. Where there is no current service, then together we look at how we can incorporate the goal into current assets, or create new assets."

"Multi-agency, multi-sector, community focused forum that identifies local priorities, with particular emphasis on addressing health inequalities and social deprivation within the local populace - health, social care in its broadest sense - so giving consideration given to environmental, systemic and structural factors as well as clinical needs of the population. Delivery is reliant on collaboration, consensus, governance and leadership - there needs to be an agreed plan, a set of universally accepted priorities and agreed actions - the challenge is that there are no formal constructs that frame the LCP - which in principle is right but as the structures are loose the scale of ambition within the LCP will be reliant of goodwill/commitment of partners and as such will need to be realistic in order for them to be achievable."

What would look different?

<u>Relationships</u>

Relationships came up repeatedly throughout discussions about LCPs. Everyone interviewed thought that LCPs had an important role in building and strengthening relationships but people had very different views to one another on how well this was working now and what would be different.

Strong relationships, understanding one another's roles and more effective working across partners were seen as a key driver of change and something that would make everyone's job easier in the long term.

"Our teams would be working together to provide seamless care for patients."

"For us (LYPFT), MDT/case management is really important, strong LCP would improve the function and capabilities of case management on a patch. A great LCP would enable more effective communication and collaboration – accessing records – sharing information."

"So far we have felt valued in linking with the LCP and there is real appreciation of what local people's views and concerns are. We are looking forward to seeing how this relationship can develop over the longer term."

"That it doesn't matter which organisation you work for - you just pull together for the benefit of the community."

"Relationships with key local organisations - that I could just pick up the phone to anyone at any time."

"The third sector have massive input in the community and our work is sometimes not known or overlooked - also our role in the community is not utilised or our expertise on the

ground, with individuals, is not incorporated or taken notice of. We are working to become part of the LCR which will help this I feel and our LCP are very supportive of us."

Effective Use of Resources

Several partners reflected on the time commitment involved in being part of their Local Care Partnership but saw this as an investment which would enable better use of resources in the future. Improved relationships, more integrated working and a shared population of interest would reduce duplication and make better use of existing resource but also highlight were additional investment may be needed.

"Being part of an LCP can make my role more complicated but it is more satisfying as I can now link people in with other organisations which will help them with the wider determinants of health. I am able to take a more holistic approach, this leads to people receiving a much better service. It also feels like much of a 'team approach'."

"Being part of an LCP can increase an organisations commitments and workload, but this can reduce workload in the longer term and lead to better quality services for customers. Job can be more interesting and challenging."

"That I work for the whole of the local population. I'd have strong relationships with a variety of different partners - that we would understand what is important to each other."

"Stronger statutory partnerships, we have worked closely with, Housing, and the Nursing team at Oakwood and can deliver better outcomes for individuals. We welcome initiatives such as the Leeds Care Record, NHS and Social sharing the funding and supporting the Neighbourhood networks our work will be better, less duplication, better able to compliment Health & social care. Work with other voluntary sector partners, ensure we look at our community assets, people spaces, knowledge and contacts. This allow innovate work to be trialled and developed."

Moving away from 'meetings' to place based working

When talking about Local Care Partnerships there is a tendency for people to talk about regular meetings rather than the broader partnerships across organisations that change local ways of working. Local Care Partnerships were often viewed as an additional ask rather than something that could change the way that teams worked together.

When people spoke of the challenges of being engaged with Local Care Partnerships they talked about:

- Fitting it in alongside the day job
- Meeting agendas are broad – not everything is relevant to me
- Smaller organisations don't have time to engage with meetings
- If you are not in the meeting then you don't know about the Local Care Partnership
- People in our organisation don't connect with the partnership unless they are the one in the meeting
- (For Citywide Third Sector) I struggle to know which Local Care Partnership to prioritise.
- Balance of power in meetings and influencing the agenda

- Priorities not in line with the day job

Partners talked about 'good' being an extension of what works well now in integrated neighbourhood teams (although also reflected on the benefit of shared office space in building relationship in integrated teams). They talked about more of the work of Local Care Partnerships happening through collaboration that takes place outside of formal meetings – sometimes enabled by the Local Care Partnership Development team and sometimes flowing from relationships established in the Local Care Partnership area.

"At the beginning of the LCP we had to refer patients through a process and it was slow. But now (a year on) we are able to ring or contact other partners etc. neighbourhood networks and refer patients on and quicker."

"(LCPs provide an opportunity to) link with partners and embed physical activity in pathways. They provide an ability to talk to people on a local level and my team see me as the foot into this and a way into local groups, bringing in initiatives."

Barriers and Challenges

Time and Capacity

Time and capacity were the most commonly cited barriers to realising a vision for Local Care Partnership working.

- Smaller organisations were concerned that they did not have sufficient staff to be able to attend meetings or get involved in new ways of working without additional resource.
- Citywide organisations struggled to identify the most relevant Local Care Partnerships to link with in aligning with their priorities. This was particularly challenging where Local Care Partnerships covered a breadth of priorities within a single meeting.
- Statutory partners saw Local Care Partnerships as important but an addition to their workload which was hard to accommodate.
- A number of partners reflected that inconsistent attendance and changes in individuals meant that relationships and trust were hard to establish.

"Too many people dipping in and out of the LCP - prefer that there is a core group with others opting in (otherwise difficult to build relationships)."

Funding

There was an additional concern expressed by Third Sector organisations in relation to funding. This encompassed both the short term nature of existing funding and the potential investment and funding that may be available to the sector through Local Care Partnerships.

"There needs to be funding to tap into the assets in communities and overcome barriers – funding to go alongside the delivery of work, to show value for the work and as a recompense for time."

"Devolving monies to LCPs will take some managing, especially with the high number of third sector organisations on the patch."

“Organisations swooping in because they know money is coming but haven’t necessarily invested in relationship building or put the time in to the LCP.”

“Funding being modest and short term. Limited to funding one session a week for 3 -6 months. Funding per organisation needs to be in chunks of at least £20k otherwise the bidding, management and reporting is disproportionate.”

Contract and Commissioning

Tied to funding was a more specific barrier around contracts and commissioning.

“Data defines the problem, but commissioning and contracting can impede a true partnership approach to delivering against the needs of a population. Using PHM data, we are starting with health, and expanding to uncover the context of the wider determinants. For this the biggest impact tend to be psycho-social elements. How do we ensure the resource is in the right place to follow need?”

“Constant pressure on PCNs to develop other priorities than this, so LCP isn’t their priority if there isn't a remit. Local Care Partnerships need to be part of Primary Care Network contracts for them to be able to commit time.”

“Still working to the organisations priorities, not the persons priorities. It doesn’t feel person centred.”

Timely Decision Making and moving from shared priorities to action

There was a tension between organisations that wanted Local Care Partnerships to focus more on information sharing, understanding one another’s services and relationship building with those that wanted more action and activity from their Local Care Partnership.

When priorities were shaped by the whole Local Care Partnership there were concerns that this took too long, that the right people were not in the room to make decisions and that there was a lack of action.

When priorities were driven by a smaller number of partners or attached to a City priority (Population Health Management) there was concern that this activity was too driven by health and made it harder for other partners to engage or led to a more inequitable relationship.

“Difficult to pin down, but overall partnership for different organisations in the local area. Potential to do more than current remit - less dreaming and more doing.”

Examples of success centred on projects that addressed a particular problem whether this was a locally led initiative (successful bids for funding, LCP wide approaches to COVID related challenges) or successful Population Health Management initiatives. Where Local Care Partnerships had managed to balance engagement with action this was seen as a positive of this way of working.

“The model of Seacroft is how all LCPs should be - built up relationships, with strong leadership, based on collaboration which is inclusive, and has Third Sector involved in the

centre. Jargon free. Relevant to all partners. Gives a good understanding to all of what is happening in the patch."

"Blending of the medical and social model - I think this has really made a difference in the HATCH LCP so far and that there is mutual growth and understanding between partners - I see this happening in practice but understand may not be the same in each LCP."

Asks of the System

Many participants struggled to think of specific asks of the system or their organisation. Most asks were focused instead on how they would like to see Local Care Partnerships work together going forwards or how they would like other organisations to interact with them at a Local Care Partnership level. There were a number of asks of the system and these are captured below:

- **Do not jack it in! Transformation takes time and resources, this development phase really needs priming so that the right people can be involved at the right time.**
- Have a vision for VCS involvement in LCP work for the first three years of the ICS 2022-25 and a budget.
- Of the system is would be a move towards 'up river' thinking. Not just what the end result is but why it was caused in the first place.
- That the system continues to support and facilitate the LCPs and promotes an ethos that is inclusive, and welcoming, enabling positive contributions across all sectors/communities
- Clarity on what the System wants/expects of LCPs
- To go back to basics and start with what a true partnership between all sectors and the community would look like and decide priorities that meet community needs from that basis. (The opposite of deciding as health what the priority is and then inviting other organisations in to be part of solving that.)
- That people and projects are properly resourced (financially) - We have taken on a lot of work as loss leaders in the knowledge that it strengthens relationships with partners but unsure how long that could go on for without destabilising our organisation. A small bit of backfill goes a long way.
- Transformation work takes resource and capacity to design and develop, it is this bit that would need resourcing for the PCN to play a significant role.
- To leave the LCP to get on with their work but to be there to unlock any challenges. Don't micro-manage.
- To facilitate the right people to be there, to provide right information at the right time and to provide us with people that could help operationalise the services needed for the population.
- Shorten the length of decision making to enable faster movement to action of priorities
- Stop duplicating roles
- Thinking of the potential for the greatest impact – data, appropriate access and sharing.
- There just needs to be a commitment – meaningful commitment to a shared purpose and the rest will follow.

Asks of our own organisations

Asks of our own organisations were more consistent. Most people that responded to this question wanted to feel that they and colleagues had the time that was needed to engage with Local Care Partnerships and try different ways of working. Partners from across sectors felt that Local Care Partnerships ran on goodwill and a desire for change but that this would not be sufficient to make transformational change.

- Of my own organisation it would be to engage with the meetings more, and showing that we have good precedent to be there.
- Better engagement
- Time within my (already pressurised) role to properly engage and make change happen