An Introduction to Local Care Partnerships (LCPs)

#MakingStuffBetter for people in Leeds

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About the session

- Who's it for?

- What are Local Care Partnerships (LCPs)?

- Where are the LCPs?

- What happens within the LCPs?

- Tips on how to choose the right LCP for you.

…. What else?
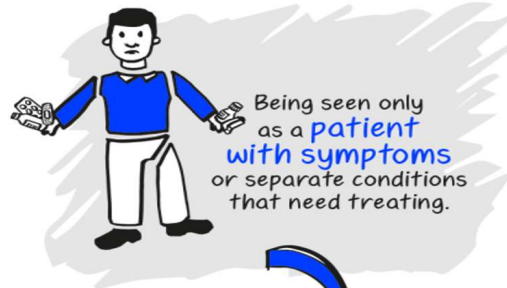
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Some useful terms to know

- **Local Care Partnerships (LCPs) -** The model of joined-up team working adopted in Leeds to improve health and care delivery to local people

- **Assets** - Things (like skills, knowledge, capacity, resources, experience or enthusiasm) that individuals and communities have which can help to strengthen and improve things locally.

- **HATCH** – An LCP area covering Chapeltown, Harehills, Richmond Hill & Burmantofts

- **Personalised Care** – A shift in relationships between health and care professionals and people

- **Population Health Management (PHM)** - Data driven planning and delivery of care to achieve maximum impact.

- **Primary Care Network (PCN) -** General practices brought together to work at scale

https://forumcentral.org.uk/glossary/

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The NHS Long Term Plan

- Improving population health

- Improving care outside of hospitals (primary and community services)

- 'fully integrated community-based health care' to meet the needs of a changing population
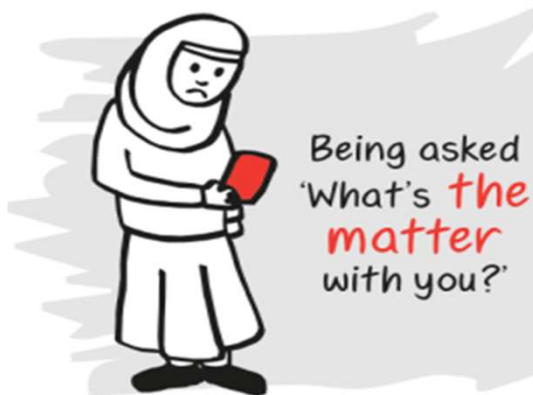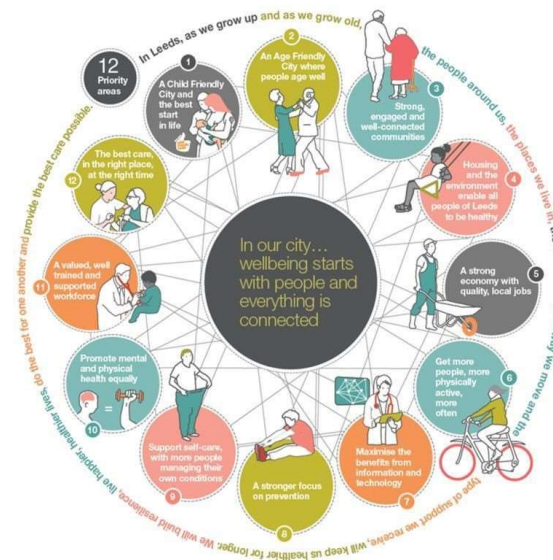
'shared responsibility for health'

Being seen only as a **patient with symptoms** or separate conditions that need treating.

SHIFTS TO...

Being seen as a **whole person** with skills, strengths and attributes as well as needs to be met.

Personalised Care: A shift in relationship between health and care professionals and people.

Being asked 'What's **the matter** with you?'

SHIFTS TO...

Being asked 'What **matters** to you?'

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Leeds Approach: Local Care Partnerships
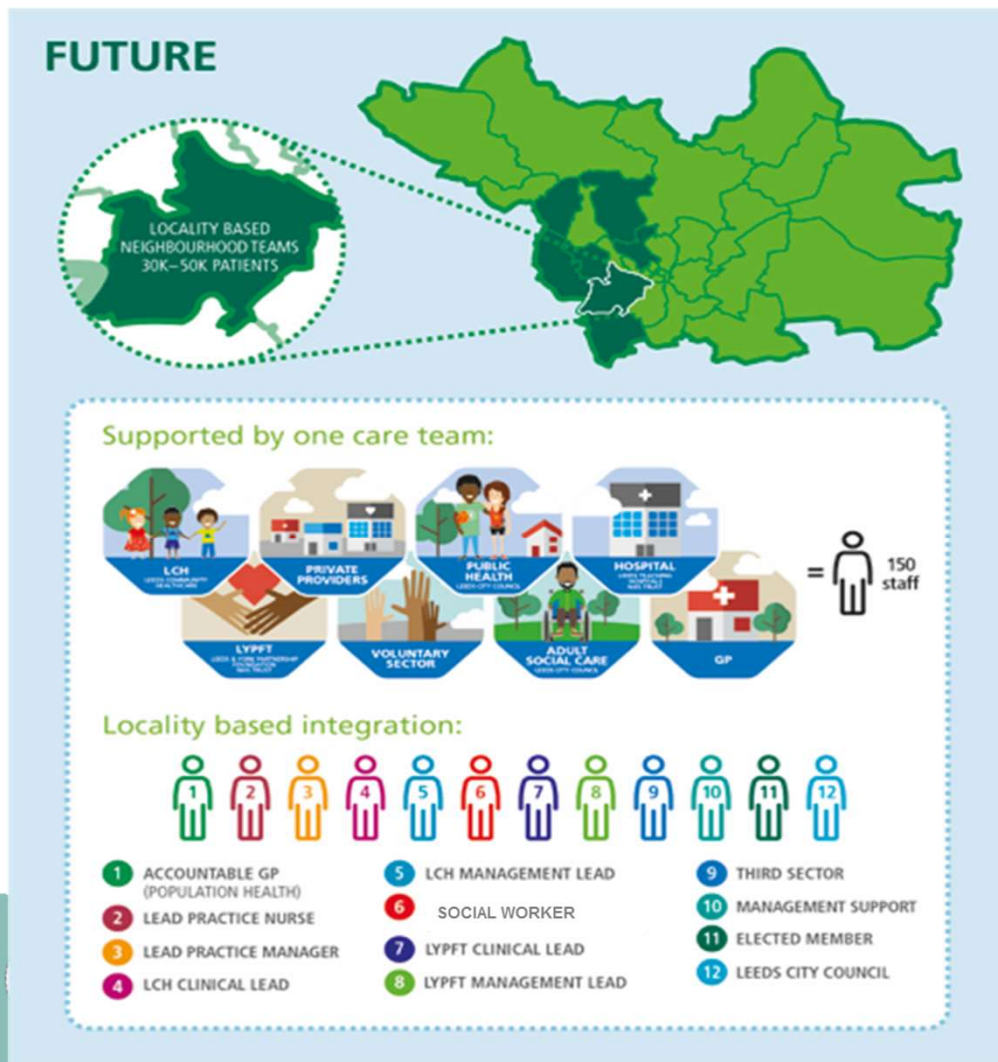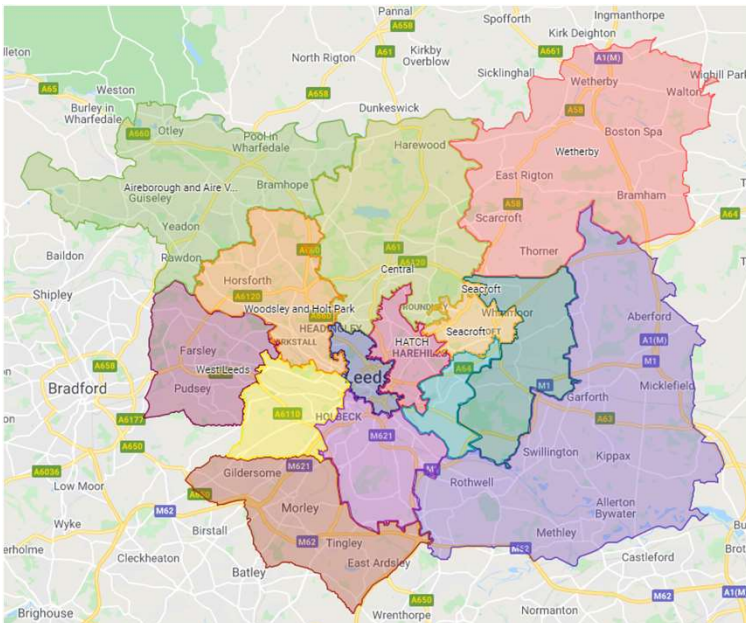

- Leadership
- Citizen involvement
- Social movement
- (see link for more)

What are Local Care Partnerships?

The model of joined-up team working adopted in Leeds to improve health and care delivery to local people

• Geography based (share a footprint with the Primary Care Networks)

• Networks of services that cover 30-75k population.

• Joined up partnership working

• Focus on the wider determinants of health at scale.

• Address the shortfall of the traditional medical model.

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Partners involved in an LCP may include:

- Primary Care
- Secondary Care
- Public Health
- Social Care
- Third sector
- Social Prescribing
- Healthwatch
- Housing
- Elected members
- Employment services
+ LCP development team

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Place

Relationships

ASSETS

Systems & Structures

Place

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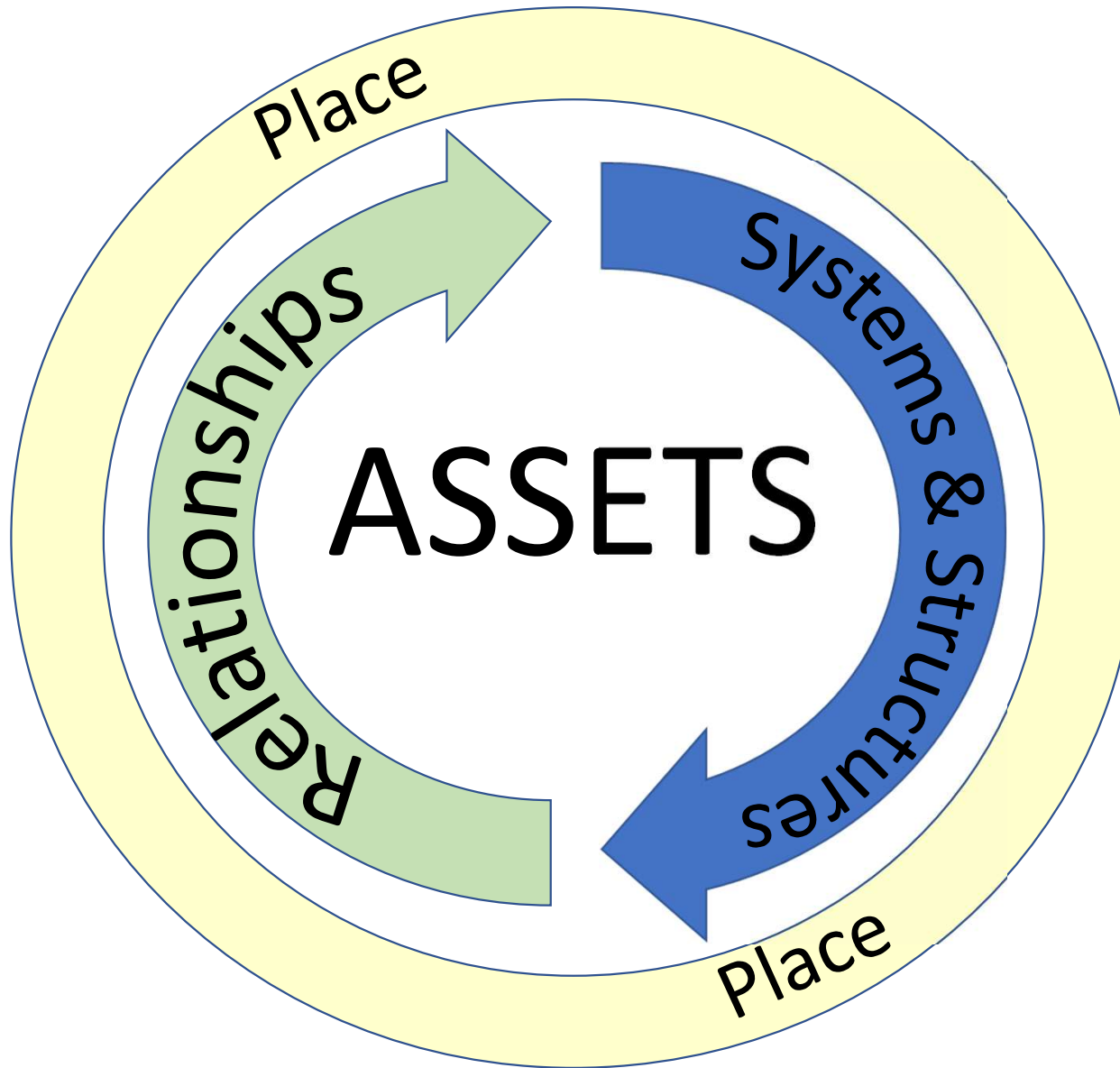
Where are the Local Care Partnerships?
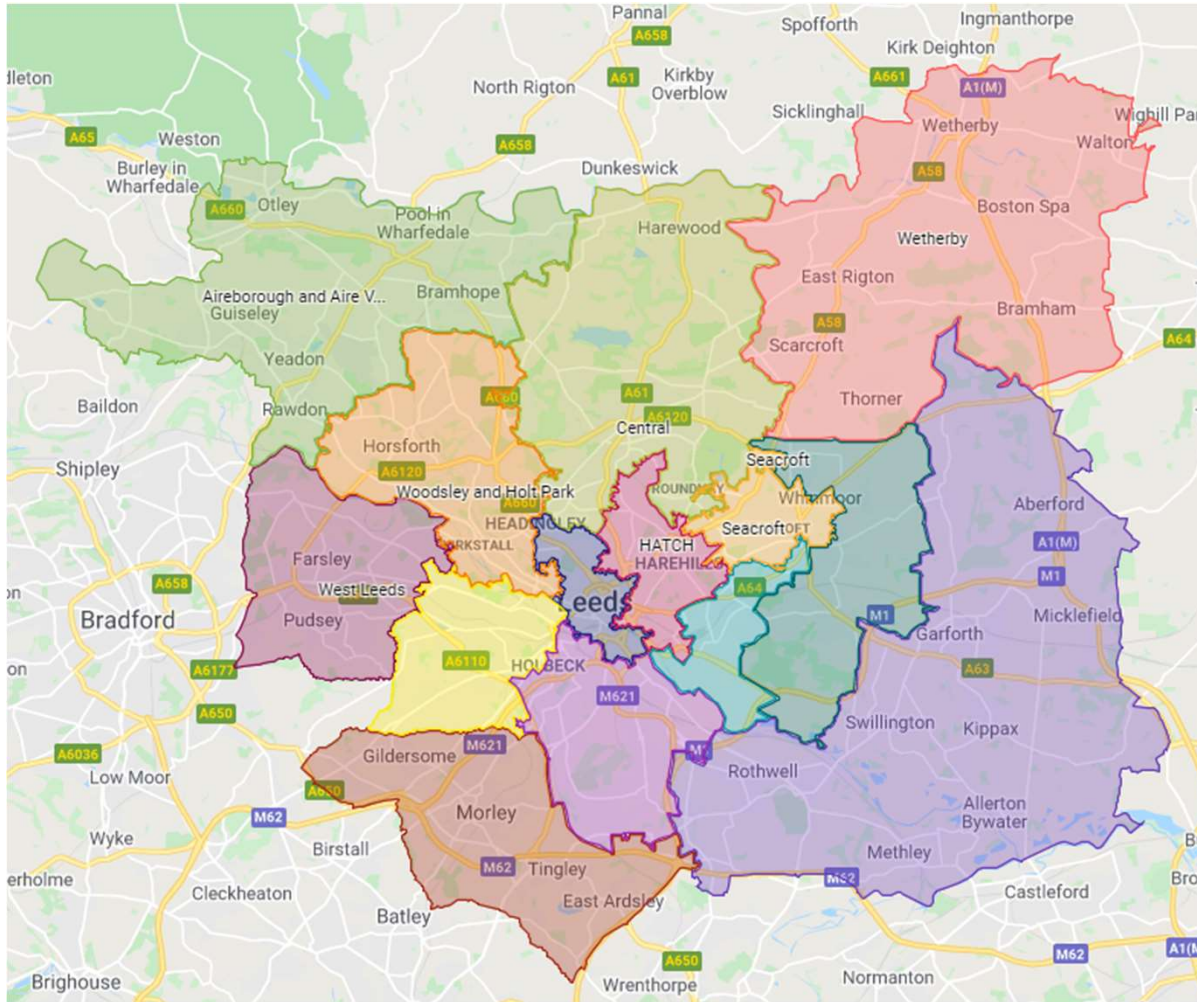
- Armley
- Beeston & Middleton
- Bramley, Wortley & Middleton
- Central
- Cross Gates
- HATCH
- Leeds Student Medical Practice & The Light
- LS25/26
- Morley
- Otley & Aireborough
- Seacroft
- West Leeds
- Wetherby
- Woodsley & Holt Park
- York Road

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PAUSE…

FOR THOUGHT

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Leeds Health and Care Partnership
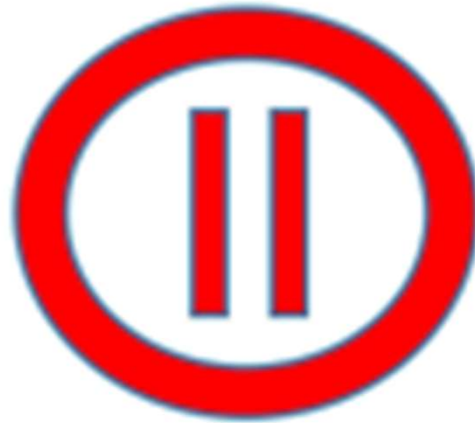
Our bold ambition: Leeds will be the best city for health and wellbeing

Our clear vision: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

Partnership Plans & Strategies
- Leeds Health and Wellbeing Strategy 2016-2021
- West Yorkshire & Harrogate Health and Care Partnership and Next Steps
- Leeds Health and Care Plan
- Leeds Digital Roadmap
- Leeds Inclusive Growth Strategy 2018-2023
- Best Council Plan
- Leeds JSNA
- Leeds Pharmaceutical Needs Assessment
- Children & Young People's Plan
- Leeds Best Start Plan 2015-2019
- Leeds GP Five Year Forward View
- Making Leeds the Best City to Grow Old in
- Transforming Care Plan
- Learning Disability 'Being Me' Strategy
- Leeds Commitment to Carers
- Leeds Dementia Strategy
- Leeds Autism Strategy
- Leeds Cancer Strategy

Locality Working
- Neighbourhood Networks
- 13 Neighbourhood Teams
- Extended Primary Care Teams

Universities
- University of Leeds
- Leeds Beckett University
- Leeds Trinity University

Commissioners
- NHS Leeds CCG
- Leeds City Council

Providers
- Leeds Community Healthcare
- Leeds Teaching Hospitals NHS Trust
- Leeds & York Partnership NHS Trust
- Leeds GP Confederation
- Leeds City Council
- Third Sector

National & local health & care assets:
- Leeds Institute for Quality Healthcare
- Data Mill North
- NHS Leadership Academy
- NHS Health Education England
- NHS Digital
- NHS Employers
- NHS Confederation
- NHS England
- NHS Improvement
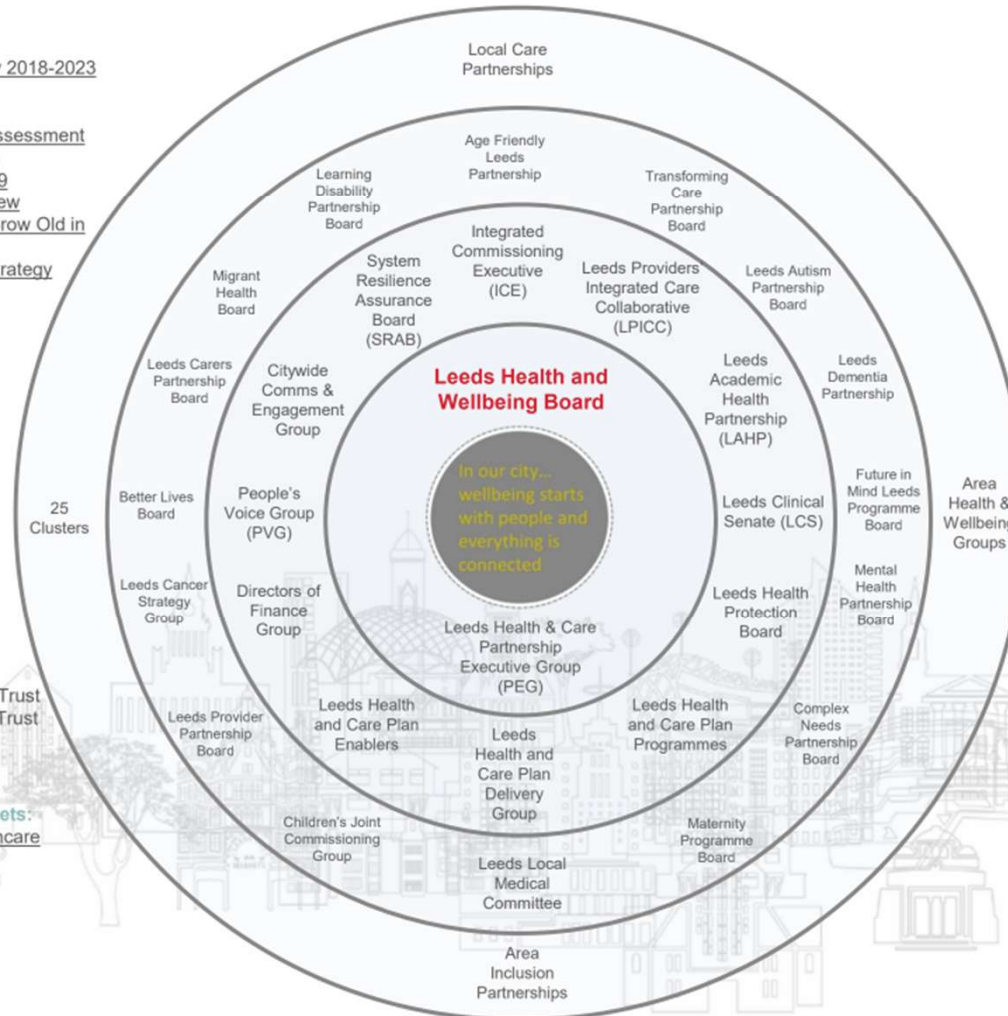
Leeds Elected Member Engagement
- Leeds City Council Full Council
- Scrutiny Board (Adults, Health & Active Lifestyles)
- Scrutiny Board (Children & Families)
- Community Committees

WY Elected Member Engagement
- West Yorkshire Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority

Regional Strategic Partnership Boards
- WY&H HCP System Leadership Executive
- WY&H CCGs Joint Committee
- West Yorkshire Association of Acute Trusts (WYAAT)
- West Yorkshire Health and Wellbeing Board Chairs

Leeds Strategic Partnership Boards
- Children & Families Trust Board
- Safer Leeds
- Communities Board
- Sustainable Economy and Culture Partnership Board
- Housing and Regeneration Board

Leeds Safeguarding Arrangements
- LSCP and LSAB

Leeds Healthwatch
- Youthwatch

Third Sector Networks/ Support
- Forum Central
- Voluntary Action Leeds
- Third Sector Leeds
- Third Sector Partnership

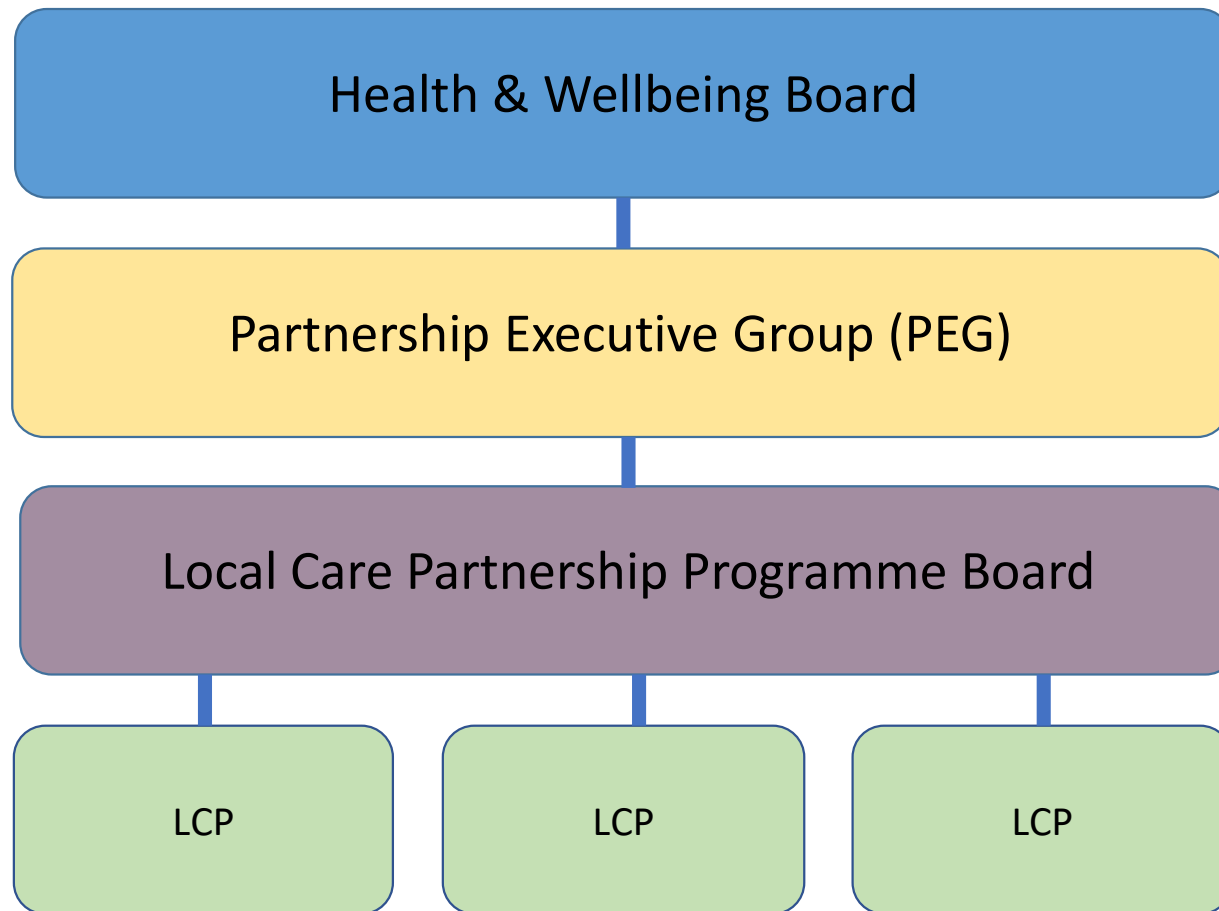**Citizen Engagement**
- Leeds Involving People (LIP)
- GP practice patient participation
- NHS Leeds CCG Patient Assurance Groups (PAGs)
- Leeds Citizen's Panel
- Leeds Youth Council
- Have a Voice Council
- Leeds Care Leavers Council
- Leeds Junior Safeguarding Board

Diagram (concentric circles):

- **Leeds Health and Wellbeing Board** (centre)
- In our city... wellbeing starts with people and everything is connected

Inner groups:
- Leeds Health & Care Partnership Executive Group (PEG)
- Integrated Commissioning Executive (ICE)
- Leeds Providers Integrated Care Collaborative (LPICC)
- System Resilience Assurance Board (SRAB)
- Citywide Comms & Engagement Group
- People's Voice Group (PVG)
- Directors of Finance Group
- Leeds Academic Health Partnership (LAHP)
- Leeds Clinical Senate (LCS)
- Leeds Health Protection Board
- Leeds Health and Care Plan Enablers
- Leeds Health and Care Plan Delivery Group
- Leeds Health and Care Plan Programmes

Outer groups:
- Local Care Partnerships
- Age Friendly Leeds Partnership
- Learning Disability Partnership Board
- Transforming Care Partnership Board
- Migrant Health Board
- Leeds Autism Partnership Board
- Leeds Carers Partnership Board
- Leeds Dementia Partnership
- Better Lives Board
- Future in Mind Leeds Programme Board
- Area Health & Wellbeing Groups
- Leeds Cancer Strategy Group
- Mental Health Partnership Board
- Leeds Provider Partnership Board
- Complex Needs Partnership Board
- Children's Joint Commissioning Group
- Maternity Programme Board
- Leeds Local Medical Committee
- Area Inclusion Partnerships
- 25 Clusters
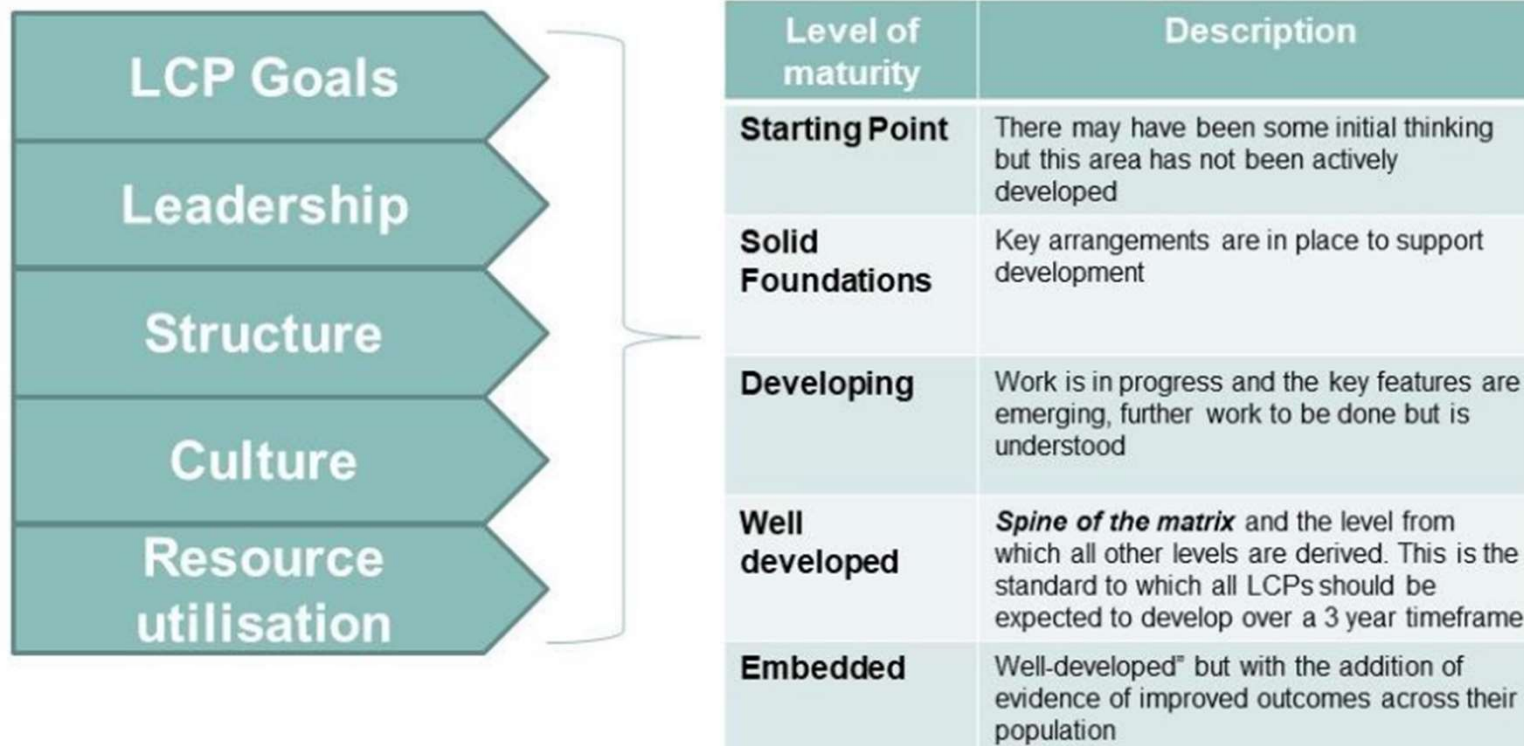
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LCP Governance

What does a good LCP look like?

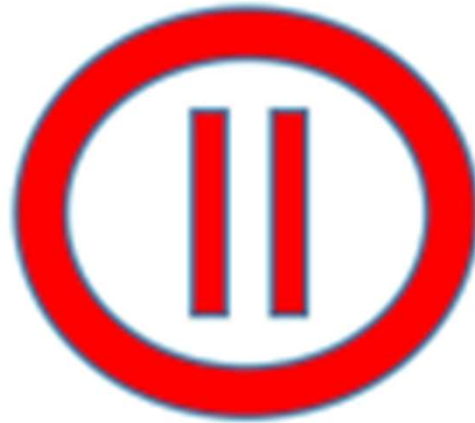| Level of maturity	Description
Starting Point	There may have been some initial thinking but this area has not been actively developed
Solid Foundations	Key arrangements are in place to support development
Developing	Work is in progress and the key features are emerging, further work to be done but is understood
Well developed	*Spine of the matrix* and the level from which all other levels are derived. This is the standard to which all LCPs should be expected to develop over a 3 year timeframe
Embedded	Well-developed" but with the addition of evidence of improved outcomes across their population

LCP Goals
Leadership
Structure
Culture
Resource utilisation

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What does a good LCP look like?

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Great local relationships delivering meaningful, joined-up work to improve health and care delivery to local people

- Make best use of all our community assets
- People at the heart of decision making
- Inclusive and co-supportive ways of working

- Shared, action focussed agendas
- Commitment to shared principles and values
- Effective, shared information & communication systems
- Shared roles and resources

How does it work in practice?
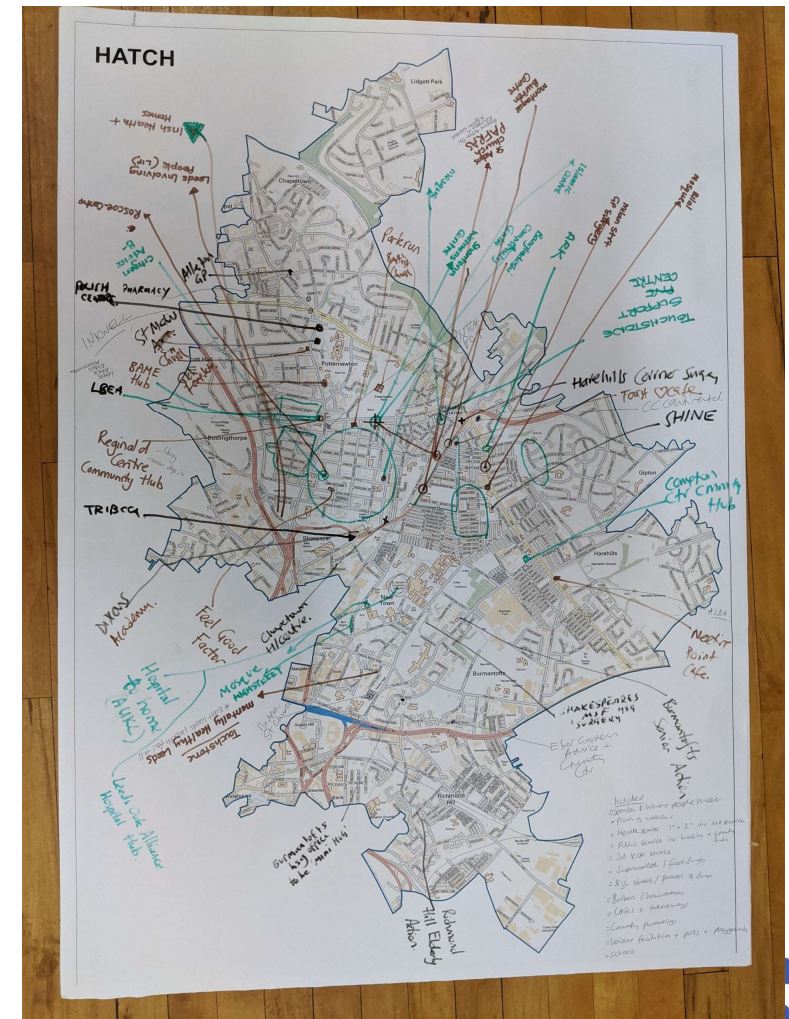
What happens in the LCPs?

- Asset mapping
- Relationship building
- Bidding
- Sharing of data and Intelligence
- Intervention design
- Case management

How have the LCPs functioned during Covid-19?

- Some were formed

- Some paused activity

- Many refocussed on information sharing and peer-support

- All are now active online

- Some planning face to face working
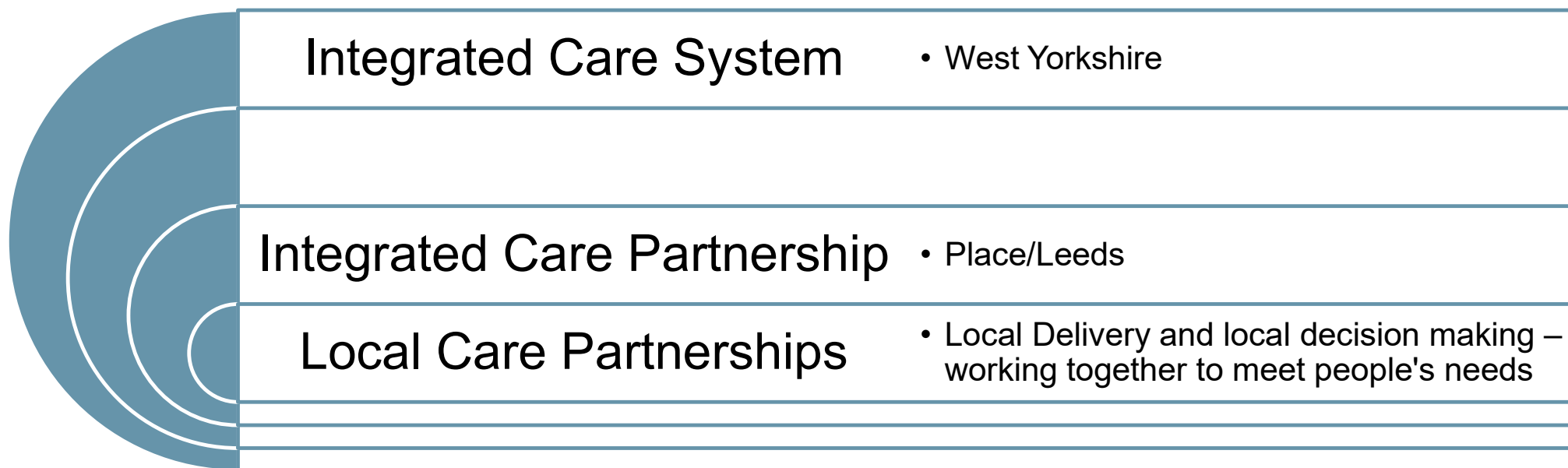

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What have the LCPs achieved so far?

- Brought different parts of the system together
- Relationship building and peer support
- Shared roles – Care Coordinators in HATCH, Seacroft and LS25/26
- Joint Bidding – including successful bids lead by Third Sector Partners
- Delivery of the Population Health Management Programme
- Delivery workshops (e.g. winter planning, covid inequalities)

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The Future of the LCPs?

Integrated Care System	• West Yorkshire
Integrated Care Partnership	• Place/Leeds
Local Care Partnerships	• Local Delivery and local decision making – working together to meet people's needs

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Aspirations for the Local Care Partnerships: 'Making it easy to do the right thing'

- Partnerships with communities

- Holistic, person centred, integrated care delivery

- Broad range of partners working together to tackle health inequalities in line with health and wellbeing strategy

- Local priorities flow from the ICS and ICP priorities with data and local intelligence informing local focus and delivery (top down meets bottom up)

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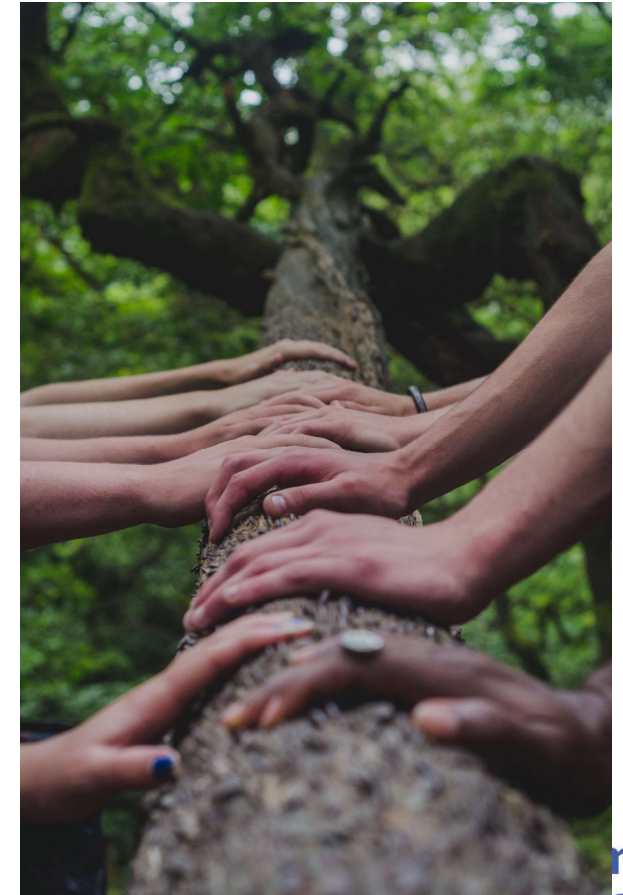
Principles of working

- Flexibility within a framework
- One team ethos at LCP level (e.g. #TeamCrossGates, #TeamWetherby, #TeamB&M)
- Making effective use of our shared resources
- Impact for local people (and whether they think we are making a difference) part of how we evaluate success
- Mental health and public health hardwired into the approach as threads that run throughout

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A step change in LCP development

- Governance structures that support and enable decision making

- Totality of local resource understood and partners using this resource differently to reduce duplication and ensure that the right person provides the right support

- Strengths and asset-based approaches see all partners make left shift – all providers start with what can people and communities do for themselves

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How this might it look in practice
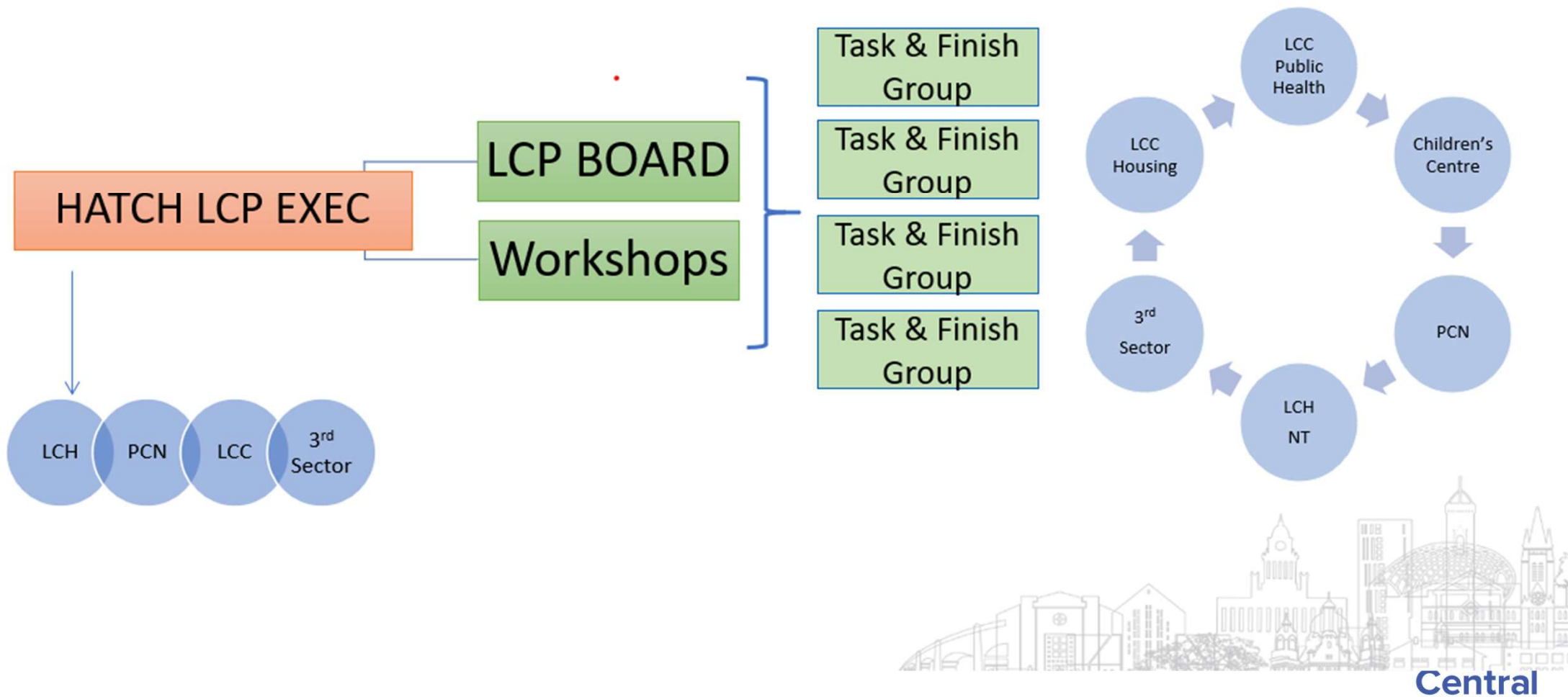
Challenges, Opportunities & Considerations

- Do we (as a system) understand how to work together?

- How can partners serve the citizens within LCPs and not the other way around?

- How can the third sector work within the LCPs when organisations can't always be present?

- Where is the funding? Do they need funding?

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Which LCP should I connect with?

Considerations when choosing an LCP:

- Is your work focused around a geographical community?

- Does your work connect with the priorities of an LCP?

- Do you feel comfortable in the group?

- Do you feel like you can contribute to the LCP?

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Other structures you may wish to connect with...

- **Neighbourhood Network Schemes (NNS)** - Community based, locally led organisations that help older people to live independently.

- **Community Care Volunteering Hubs -** A network of third sector organisations working as 'Community Hubs' in each ward of Leeds to deploy volunteers, to support to those in greatest need.

- **Forums, Networks & Equality Hubs -** Citywide Networks for conversations about specific groups & specialisms facilitated by Forum Central and Voluntary Action Leeds.

What Next?

- Check out the LCP website

- Contact the LCP development team

lcht.lcpdevelopment@nhs.net

@LcpDevelopment
@karlrwitty

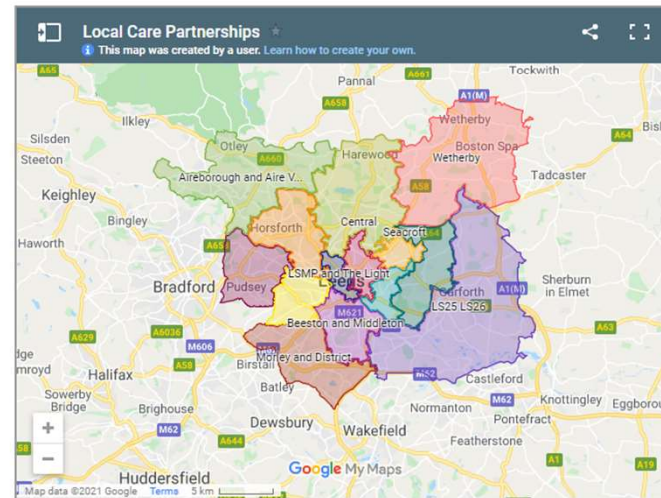Do you have any Questions?

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THANK YOU!

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What is Population Health Management?

….improves population health by data driven planning and delivery of care to achieve maximum impact.

It includes: segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

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Frailty Deficits Mix – Moderate Frailty
B,W & M Comparison to Leeds

B,W & M: Deficits Prevalence & Leeds Comparison - Moderate Frailty

Deficit	Prevalence
Anaemia & Haematinic Deficiency	84.6%
Hypertension	73.2%
Arthritis	58.0%
Chronic Kidney Disease	57.5%
Respiratory Disease	56.9%
Urinary System Disease	55.4%
Dyspnoea	49.3%
Ischaemic Heart Disease	48.0%
Visual Impairment	44.5%
Thyroid Disease	44.4%
Diabetes	42.7%
Hearing Impairment	32.1%
Social Vulnerability	30.0%
Housebound	28.9%
Dizziness	28.7%
Memory & Cognitive Problems	26.2%
Falls	25.8%
Urinary Incontinence	19.9%
Hypotension syncope	19.6%
Cerebrovascular Disease	18.8%
Atrial Fibrillation	18.7%
Sleep Disturbance	18.6%
Osteoporosis	18.2%
Fragility Fracture	15.6%
Peripheral Vascular Disease	14.1%
Requirement for care	13.6%
Heart Failure	11.6%
Mobility & Transfer Problems	11.4%
Weight Loss & Anorexia	10.2%
Peptic Ulcer	9.4%
Skin Ulcer	8.1%
Foot Problems	8.0%
Activity Limitation	3.1%
Heart Valve Disease	2.7%
Parkinsonism & Tremor	2.0%
Polypharmacy	0.3%

Moderate Cohort Total	764

LCP Dashboard
Wave 3 LCP's – Frailty Cohort

Dashboard view of estimated spend, service activity and condition prevalence by LCP, ordered by total estimated spend.

LCP Frailty Dashboard	Bramley, Wortley and Middleton	Otley	Yeadon	Wetherby	Morley and District	Leeds
Population	999	983	1,109	2,118	1,848	27,008
Average Age	75	83	81	81	80	79
Average LTCs	5.2	5.2	5.1	4.8	5.2	5.1
Average Frailty Deficits	11.2	11.3	11.3	11.7	11.3	11.4
Average Deprivation Decile	3.0	7.1	7.4	8.3	5.3	4.9
Spend - Total	£3.5m	£3.8m	£3.8m	£6.5m	£7.2m	£100.8m
Spend PPPY - Total	£3,525	£3,849	£3,445	£3,087	£3,897	£3,733
Spend PPPY - Acute Elective	£1,043	£915	£914	£979	£927	£918
Spend PPPY - Acute Non-Elective	£1,728	£2,077	£1,803	£1,460	£2,054	£1,971
Spend PPPY - Community	£556	£660	£495	£381	£750	£622
Spend PPPY - GP	£194	£194	£234	£268	£167	£220
Activity PPPY - Inpatients	1.3	1.1	1.1	1.1	1.2	1.2
Activity PPPY - Urgent Care	1.7	2.1	1.7	1.4	1.9	1.9
Activity PPPY - GP	10.8	9.5	11.4	11.8	9.8	11.6
Prevalence - Physical Health						
Asthma	31.2%	17.7%	19.0%	18.2%	23.1%	22.5%
Cancer	19.9%	18.8%	20.7%	20.7%	18.3%	18.8%
CKD	51.0%	39.0%	42.3%	40.3%	41.8%	38.9%
COPD	27.6%	20.0%	17.7%	14.4%	24.0%	22.8%
Diabetes	45.9%	37.0%	38.4%	32.1%	45.5%	43.6%
Heart Failure	20.4%	27.6%	27.2%	16.9%	24.2%	22.3%
Ischemic Heart Disease	35.2%	39.4%	39.8%	39.3%	42.7%	40.0%
Osteoporosis	15.1%	22.3%	23.7%	19.8%	18.2%	18.1%
Stroke	14.1%	15.8%	16.9%	12.7%	14.9%	14.9%
Prevalence - Mental Health						
Dementia	8.9%	18.7%	15.3%	10.6%	14.0%	14.9%
Depression	41.0%	32.1%	27.9%	27.9%	34.5%	31.9%
Learning Difficulties	1.3%	1.0%	0.4%	0.9%	1.1%	1.1%
Other Mental Health	3.9%	2.0%	2.8%	2.5%	2.5%	3.4%
Frailty Deficits						
Falls	32.2%	33.4%	36.4%	39.4%	28.9%	33.9%
Housebound	35.7%	31.4%	25.1%	14.9%	40.5%	35.8%
Memory & Cognitive Problems	30.6%	26.3%	28.0%	24.7%	28.5%	29.1%
Mobility & Transfer Problems	16.5%	24.9%	19.9%	35.1%	23.1%	24.9%
Requirement For Care	18.0%	25.2%	13.8%	9.4%	20.9%	19.9%
Social Vulnerability	32.1%	20.4%	13.0%	25.7%	15.7%	16.8%