

# Public Document Pack

## **Adults, Health and Active Lifestyles Scrutiny Board**

**2nd April 2019**

Supplementary Information

Item 11 – Leeds Health and Care Plan Update  
Local Care Partnerships: A Model for Leeds

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# Local Care Partnerships A model for Leeds



## Update to Scrutiny Board



2<sup>nd</sup> April 2019

*Becky Barwick | Head of Programme Delivery – System Integration*

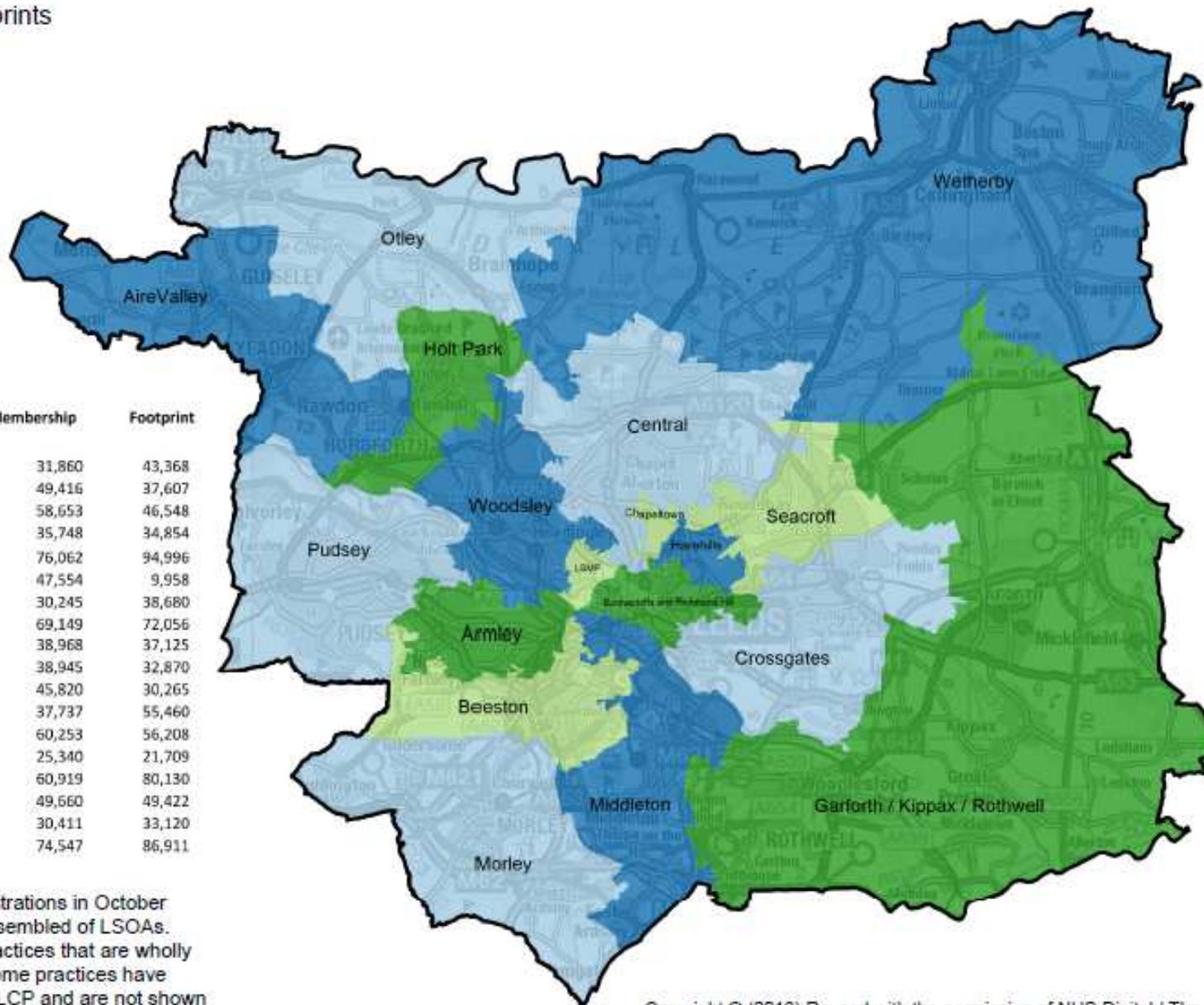


# Local Care Partnerships

- Local Care Partnership is the term adopted in Leeds to describe the model of joined-up working with teams delivering **‘local care for local people’**; **‘working in and with local communities’**.
- Building on a history of joined-up working (integrated neighbourhood teams across community health and adult social care), and taking account of what our workforce and people in Leeds have told us.



LCP2019 / PCN footprints



LCP	Membership	Footprint
Aire Valley	31,860	43,368
Armley	49,416	37,607
Beeston	58,653	46,548
Burmantofts & Richmond Hill	35,748	34,854
Central	76,062	94,996
Chapelton	47,554	9,958
Crossgates	30,245	38,680
Garforth/Kippax/Rothwell	69,149	72,056
Harehills	38,968	37,125
Holt Park	38,945	32,870
LSMP	45,820	30,265
Middleton	37,737	55,460
Morley	60,253	56,208
Otley	25,340	21,709
Pudsey	60,919	80,130
Seacroft	49,660	49,422
Wetherby	30,411	33,120
Woodsley	74,547	86,911

Population source: GP registrations in October 2018. LCP footprints are assembled of LSOAs. Table only lists counts of practices that are wholly within LCP membership - some practices have branches in more than one LCP and are not shown here.

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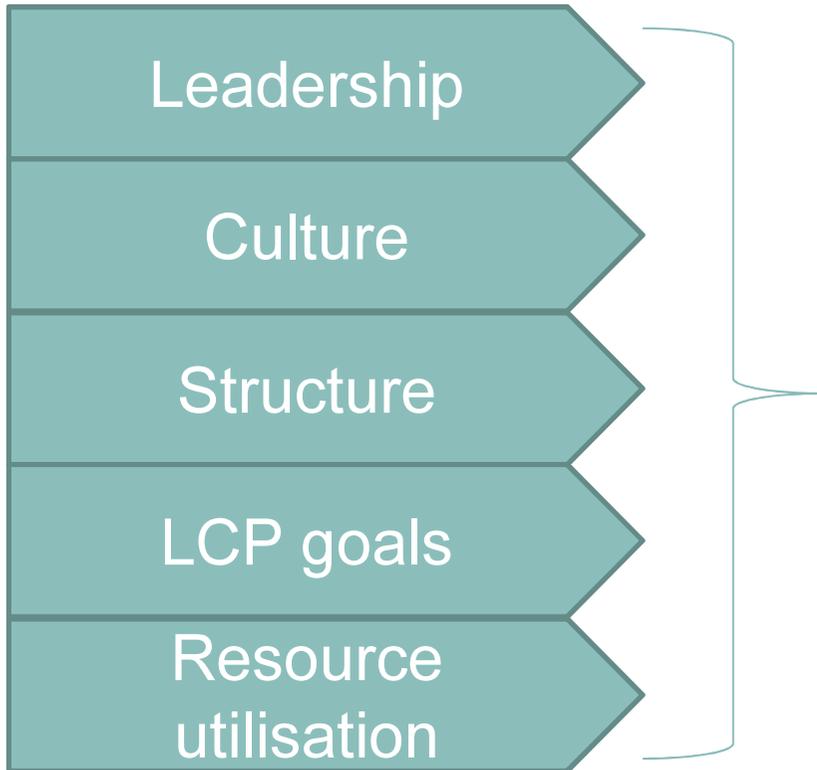
# In Leeds we need to describe and deliver on two fronts

- **Primary Care Networks (PCNs)** formalising the established collaborations between local practices across 18 geographical localities in Leeds delivering integrated community and primary care services. Through the PCNs we are developing models to deliver clinical pharmacy; MSK first contact practitioners; social prescribing; and IAPT.
- **Local Care Partnerships (LCPs)** forming around the PCNs bringing together leaders from statutory health and care services with third sector; housing; employment; planners; elected representatives; and local people to deliver the ambition of the Leeds Health and Wellbeing Strategy.



# What does good look like?

## LCP Maturity Framework



Level of maturity	Description
<b>Basics in place</b>	Limited progress to date but some key arrangements are in place
<b>Developing</b>	Work is in progress and the key features are emerging, further work to be done but is understood
<b>Well developed</b>	<b><i>Spine of the matrix</i></b> 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 <b>3 year</b> timeframe
<b>Excellent</b>	Well-developed but with the addition of evidence of improved outcomes across their population

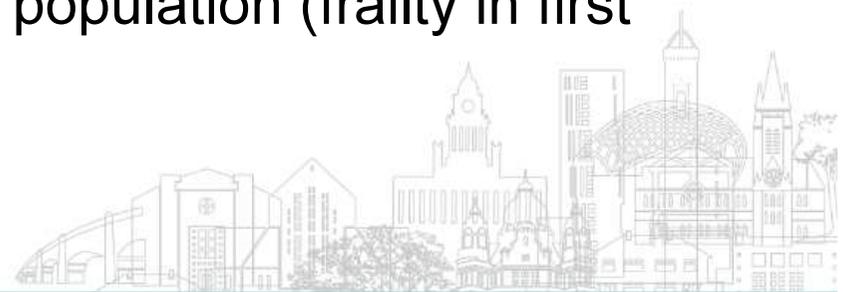


# What's the ask?

Year 1: LCPs to focus on 2 priorities:

- Frailty
- A priority to be locally determined

\* Close alignment with PHM programmes – a data driven approach to enable LCPs to identify and test the interventions that are likely to have the greatest impact on improving health outcomes for segments of their local population (frailty in first instance)



# Programme offer

- Two year funded programme
- **Purpose:** to accelerate development of LCPs across Leeds, through programme structure and dedicated resource
- **Offer** needs to have a dual focus:
  - (i) Accelerate development of LCPs – measured by an increase in maturity (Maturity framework)
  - (ii) Create capability within LCPs to ensure their sustainability for the longer term
- Key **alignment** with Frailty and Population Health Management Programmes



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