



## Appendix 2 – Draft Local Care Partnerships Maturity Framework description of a strong LCP

	What would be expected as the evidence of a strong LCP
1: Leadership	There is a <b>leadership team</b> in place drawn from a <b>wide range</b> of local organisations from the statutory, voluntary and independent sectors with a <b>named leader</b> , strong interpersonal <b>relationships</b> , and who are <b>known</b> by local employees and interested members of the local population. All local councillors report being <b>actively</b> engaged. Roles and responsibilities of the leadership team and individuals including councillors are described. Leadership <b>development and succession planning</b> is in place.
2: Culture – person centred single team	Leadership, partner employees and the local population describe <b>a one team approach</b> with conversations/relationships valued above referral processes and an <b>integrated physical/pyscho/social</b> approach to care. Employees describe working for <b>a place team</b> ahead of working for a specific organisation
– Community Driven	People living in the locality <b>recognise</b> the local partnership, are <b>actively involved in decision making</b> and can <b>describe the improvements</b> in services and their lives that have resulted
– Strength Based	Plans and approaches consistently look to build on the <b>assets</b> of the local <b>community, employees, wider partners</b> and the <b>individuals</b> in contact with services
– Evidence Based Decision Making	Plans and day-to-day operational decisions are informed by data through robust <b>population health management</b> including <b>segmentation and risk stratification</b> , in-depth <b>understanding of local communities</b> and <b>best practice</b> evidence.
– Quality Improvement	Partner <b>employees all</b> articulate a <b>commitment</b> to continual quality improvement within their roles and have been <b>equipped</b> and are <b>routinely</b> utilising the approach.
3: Structure	There will be <b>fully integrated community-based health care</b> comprised of expanded multi-disciplinary teams including social care aligned to primary care networks of neighbouring GP practices supported by a <b>single fund</b> through which network resources are directed ( <b>In line with separate PCN framework</b> )
4: LCP Goals	There is a clear set of <b>short</b> and <b>long-term goals</b> developed by the LCP with their local <b>population</b> and supported by <b>evidence</b> that reflect: <ul style="list-style-type: none"> <li>- <b>city-wide</b> priorities (as set out in the Health &amp; Wellbeing strategy and Leeds Plan) <u>and</u> <b>local</b> priorities,</li> <li>- the need to address <b>health inequalities</b></li> <li>- regulatory <b>constraints</b>,</li> <li>- <b>needs of the whole population</b>,</li> <li>- <b>adoption</b> of agreed city-wide pathways,</li> </ul>
5: Resource Utilisation	Partner <b>resources are flexibly distributed</b> in the LCP in line with these plans