



Report of: Thea Stein (Chief Executive, Leeds Community Healthcare and SRO, LCP Development)

Report to: Leeds Health and Wellbeing Board

Date: 11 December 2019

Subject: Priority 3: Strong, engaged and well-connected communities – Developing our Local Care Partnerships

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- Local Care Partnerships is the term adopted in Leeds to describe a model of joined-up working across health and care with teams delivering ‘local care for local people’ ‘working in and for’ local communities.
- Leeds has 19 Local Care Partnerships, providing coverage across Leeds. They bring together health and care leaders from the local area to plan and deliver support services for the local population.
- Local Care Partnerships are a new initiative but based on previously established relationships in many areas. This means that different partnerships are at different stages of maturity.
- The ambition for Local Care Partnerships is to develop a broad partnership of local leaders that goes beyond providers of health and care services, enabling leaders to work together with local people to address the wider determinants of health.

- Population Health Management, a method of using local data to target interventions at people who would benefit most, is being used to test out how local solutions can be developed and delivered by Local Care Partnerships, with an initial focus on achieving the outcomes set for people living with frailty. Interventions are multi-disciplinary and include the Third Sector as a key delivery partner.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the work being undertaken to develop Local Care Partnerships.
- Understand that success is dependent on strong relationships fostered through working together on shared priorities with appropriate support to make this happen.
- Support the principle of prioritising time to foster the right culture to make lasting change happen.

1 Purpose of this report

- 1.1 The purpose of this report is to provide an overview of Local Care Partnerships to Health and Wellbeing Board. The paper will describe why Leeds health and care system is developing Local Care Partnerships, how they fit with other activity in Leeds, and the current stage of development.

2 Background information

- 2.1 **Local Care Partnerships** is the term adopted in Leeds to describe a model of joined-up working with teams delivering 'local health, wellbeing and care for local people' 'working in and for' local communities. Each Local Care Partnership has a board which meets approximately monthly. Make-up of the board differs from one Local Care Partnership to another, but typically includes representatives from all statutory health and care providers, local councillor, public health and third sector. Many have housing and community pharmacy and some have representative(s) from the local community.
- 2.2 Local Care Partnerships build on a history of joined up working between primary care, community healthcare services and Adult Social Care which resulted in the formation of Neighbourhood Teams. They also build on collaborative working across a range of partners in Children's services including Children and Family Hubs and school clusters. Neighbourhood Teams sought to improve care delivery by bringing together providers of health and care services in an integrated team. Local Care Partnerships aspire to improve upon this model by:
- being inclusive of all ages
 - putting people at the heart of the Local Care Partnership – ensuring support and services are appropriate to the population by working with local people
 - promoting a culture which builds on the strengths of individuals and assets of locally communities
 - bringing together leaders from statutory health and care services with Third Sector and community groups, housing, employment, planners, elected representatives and local people to address wider determinants of health inequality
 - planning together how available resources can best be used to meet local need
- 2.3 Local Care Partnerships differ from Neighbourhood Teams in that, whilst they are concerned with ensuring that care and support is joined up, they also have a broader remit in addressing health inequalities and tackling the wider determinants of health. In this way they have a key role in delivery of both the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan.
- 2.4 Local Care Partnerships are being developed at a time when there is a lot of other change being progressed across the city. Some of this is locally driven through the Leeds Health and Care Plan whilst other change is nationally mandated. Local Care Partnership development needs to integrate with all of this change. However, there are two specific developments that are central to the development

of Local Care Partnerships – establishment of Primary Care Networks and the use of Population Health Management.

- 2.5 **Primary Care Networks** sit as a key strand of the national NHS Long Term Plan. This describes a model of multidisciplinary integration. Primary Care Networks are described as expanded primary care teams based on neighbouring GP practices that work together with integrated community health services; typically covering 30-50,000 population.
- 2.6 These expanded community multidisciplinary locality-based teams comprise of a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and allied health professionals (AHPs) such as physiotherapists and social prescribing link workers, working in partnership with social care and the Third Sector. The ambition is to deliver fully integrated community-based health care for the first time since the NHS was created.
- 2.7 In Leeds, we recognise the impact that delivering in this way would have on the way people access and experience care outside of hospital. We have been working with locality based networks of general practice for some time. Primary Care Networks formalise the established collaborations between local GP practices across 19 geographical localities; together with work already being progressed to integrate community and primary care services. Primary Care Networks are central to the vision of Local Care Partnerships but do not replace them. Local Care Partnerships seek to actively engage as partners, services which do not deliver care services but are well placed to have a positive impact on the wellbeing of local people. In this way their remit expands beyond that of the Primary Care Network supporting delivery of our Leeds Health and Wellbeing Strategy.
- 2.8 There are 19 Primary Care Networks and Local Care Partnerships mirror this footprint. However, in practice, a number of Primary Care Networks meet together as Local Care Partnerships so the number of Local Care Partnership meetings is currently 14.
- 2.9 **Population Health Management** is described as a collective understanding, across organisations, of the needs and behaviours of the defined population they are responsible for. It uses data to understand where the greatest opportunities to improve health outcomes, value and patient experience can be made; and then using available resources to plan, design and deliver proactive, person centred care solutions to achieve better outcomes for the defined population. Population Health Management focuses on the widest description of health and wellbeing incorporating physical and mental health outcomes, social determinants and looks to reduce health inequalities across a population.
- 2.10 There are five overall aims of Population Health Management:
- Improve the health and wellbeing of each of the population segments
 - Enhance experience of care and support
 - Reduce per capita cost of care and improve productivity
 - Increase the wellbeing and engagement of the workforce
 - Address health and care inequalities

- 2.11 In Leeds, the Population Health Management approach is being tested within Local Care Partnerships on a 'frailty' cohort. Frailty was chosen as the city has a combined data set (drawing from a range of health and care providers) and model of good practice for working with this cohort. Four Local Care Partnerships embarked upon this approach to test new ways of working at the start of the year. Seven 'wave two' sites commenced in October and the remaining Local Care Partnerships will join the programme early next year. Population Health Management is one of the transformational changes in the NHS Long Term Plan and all Primary Care Networks need to develop their capabilities around this.

3 Main issues

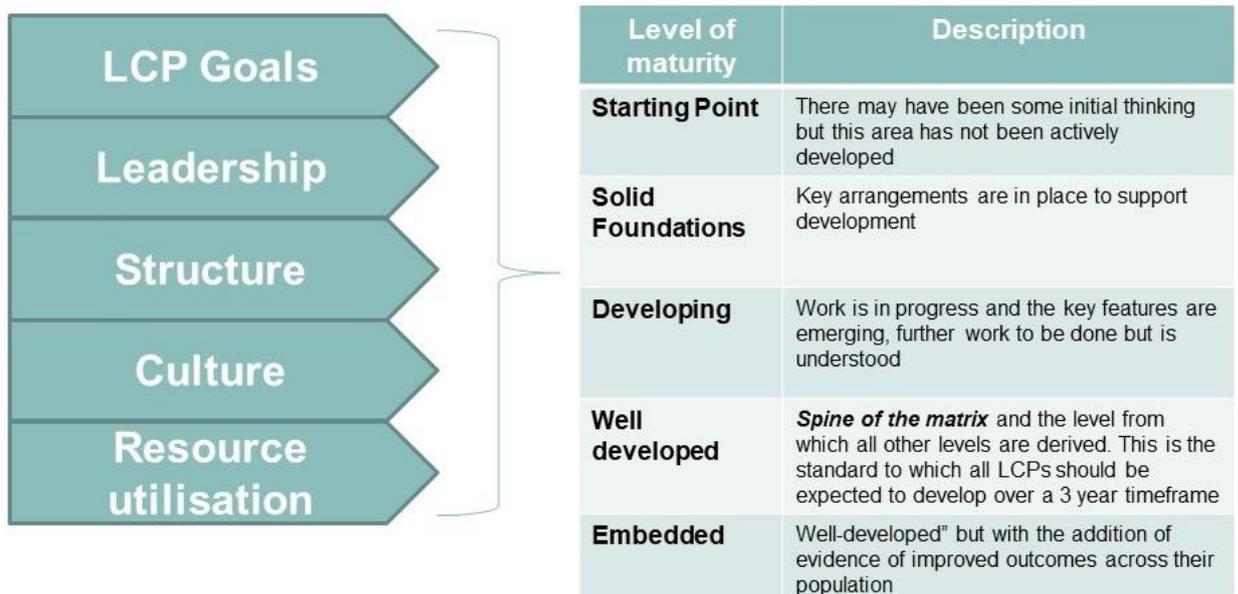
- 3.1 Whilst the term Local Care Partnership is relatively new, the concept of developing multi-disciplinary leadership teams to address health and social care priorities has been in place in parts of Leeds for a number of years. When Leeds operated with three Clinical Commissioning Groups (CCGs), West Leeds CCG supported the development of Community Wellbeing Leadership Teams. These brought together at a neighbourhood level NHS and Social Care managers with GPs, practice nurses and practice managers to form a 'core' leadership team. These local leaders were joined by the Third Sector, Leeds City Council managers from across other directorates and elected member representatives. At the same time GP practices within Harehills, Richmond Hill & Burmantofts and Chapeltown brought together a broad range of partners working in the Chapeltown Neighbourhood Team area to build relationships and foster a culture of one workforce with shared priorities.
- 3.2 These forerunners of Local Care Partnerships helped to strengthen local relationships, build understanding of one another's roles and start to tackle local problems together. They also highlighted some of the challenges of trying to work differently at a local level with multiple services each with their own priorities to deliver. A strategic approach to establishing Local Care Partnerships ensures each partnership is supported to work collaboratively, that issues that cannot be resolved locally can be escalated, and that success can be shared widely so that Local Care Partnerships can learn from one another.
- 3.3 Developing the Local Care Partnership Model. A dedicated programme, funded by the Integrated Care System arrangements for West Yorkshire has been provided for two years (up until 31 January 2021) to accelerate the development of Local Care Partnerships across Leeds. The programme is hosted by Leeds Community Healthcare NHS Trust on behalf of health and care partners across the city. Thea Stein (Chief Executive, Leeds Community Healthcare) is the Senior Responsible Officer (SRO) for Local Care Partnerships. A programme team drawn from the Third Sector, Leeds City Council and NHS organisations is now in place to support local development.
- 3.4 A programme board, chaired by Thea Stein as SRO, provides programme governance. Through the SRO this board reports to the Leeds Health and Care Partnership Executive Group and the Leeds Health and Wellbeing Board. All health and care partners in Leeds are represented at the programme board including the Third Sector through Forum Central and citizen voice through Healthwatch Leeds. Programme board members are tasked with considering

changes needed within their own organisations to enable a systems approach to local working. Organisations are expected to explore collaborative ways of working and sharing of resource where it is identified that this best meets the needs of the local population.

3.5 Success of Local Care Partnerships relies heavily on forging strong relationships and developing a culture which supports new ways of working. There is good international evidence that this sort of way of working has impact and does work but it takes time and determination. In first year of the programme the LCP Development Team have been tasked with:

- Baselining the current position of each Local Care Partnership and identifying development support required.
- Supporting Local Care Partnerships to engage with Population Health Management, working with a cohort of local people living with frailty.
- Supporting each Local Care Partnership to progress a locally identified priority.

3.6 Local Care Partnership Maturity Framework. To support initial benchmarking discussions and to track progress of Local Care Partnerships a Maturity Framework has been developed.



3.7 The maturity framework consists of five key elements that together capture the aspects of an effective Local Care Partnership – goals, leadership, structure, culture and resource utilisation. Leadership describes the way in which local leaders interact and work together to define and deliver on shared goals. Structure describes the extent to which local and citywide services and community groups work effectively at a local level to deliver these goals. Culture is further divided into four aspects – community driven, a strengths based approach, evidence based decision making and a focus on making things better (quality improvement).

3.8 Each Local Care Partnership is asked to rate their level of maturity for each area of the framework. The model is flexible and changes over time may not be linear. For example, a Local Care Partnership could have spent a lot of time building local relationships and a strong leadership team so may rate themselves as 'well developed' on this dimension but may have spent less time engaging with the local population so may rate themselves as having 'solid foundations' for Community Driven Culture. Below is an example summary from a Local Care Partnership.



3.9 Continuing with the example of the LCP which rated themselves as 'well developed' on leadership, a change of local leaders could mean that they would no longer rate themselves at this level as they need to regroup and establish new relationships. In practice, Local Care Partnerships are at very different stages of development to one another. Some have been meeting in one form or another for a number of years and others have just started to meet.

3.10 The maturity framework is designed to be a supportive tool that enables development which is responsive to the local context whilst ensuring an element of consistency of approach. It is currently being introduced to Local Care Partnerships and the development team are employing a number of different methods to identify how to make it useful and practical to local teams in considering their development needs.

3.11 Population Health Management. As mentioned in para. 2.9, one of the activities which all Local Care Partnerships are being asked to be part of this year is Population Health Management with a focus on people living with frailty.

3.12 Each Local Care Partnership followed an intensive 20 week programme to identify – from local population data – a cohort of individuals to work with that will have the biggest value and achieve the outcome of 'what matters to people'. They then worked together to design an intervention to be tested. This programme brought together a group of individuals from NHS, local authority and Third Sector organisations to form a team. The main aim of the programme was to provide local teams with a mechanism for using data specific to their local population to plan services and interventions that provide proactive support to achieve the agreed outcomes.

- 3.13 Four Local Care Partnerships embarked on this programme as part of wave one at the beginning of 2019. Three of these Local Care Partnerships (Seacroft, Woodsley and Pudsey) focused on what good care co-ordination would look like in a cohort of individuals with moderate levels of frailty. The fourth Local Care Partnership (LS25/26) focused on Advanced Care Planning in a cohort with severe levels of frailty. Interventions are currently underway so it is too early to know the impact of these initiatives for local people. Leeds is acting as a national exemplar for this work. However, early case studies report positive experiences for people who were living with frailty but not actively engaged with health and care services.
- 3.14 Initial benefits of participating in this programme have been identified for Local Care Partnerships. All participants reported that the programme brought them closer together as a local team and helped them understand one another's roles. It also helped them to see the potential of working together as a Local Care Partnership across a range of agendas. Designing new approaches enabled multi-disciplinary teams to think differently about how they used collective resources and who might have appropriate skills. Being able to see how the local population compared to the Leeds average also tested assumptions made by health and care teams. This led to teams focusing on members of the local community that they may not otherwise have targeted through a frailty initiative.
- 3.15 The second wave of Local Care Partnerships started on the Population Health Management programme in October with a focus on areas experiencing higher levels of deprivation in Leeds. These Local Care Partnerships are currently using data to identify a 'cohort' to work with and will then design interventions to test. In recognition of the different demographics and taking learning from wave one, the teams taking part this time include a broader range of Third Sector partners and colleagues from Housing and Community Pharmacy.
- 3.16 A number of Local Care Partnerships in wave two have identified as an important outcome that they want the people identified as the 'cohort' to shape the intervention, testing the role of Local Care Partnerships in truly personalised care planning. This will include a focus on an individual's goals and a commitment to looking at wider determinants of health.
- 3.17 Identification of local priorities. In addition to supporting Local Care Partnerships to engage in Population Health Management, the development team have been asked to support partnerships to work on a locally identified priority. The priority could be support to progress work on a local health or wellbeing priority or it could be something relating to the partnership, such as building a local leadership team.
- 3.18 A number of the Local Care Partnerships have been meeting for some time and have already identified health priorities that they want to focus on together. The development team are working with these partnerships to help them translate priorities into tangible goals that they can work on together.
- 3.19 Other LCPs have been focused on relationship building and understanding the assets that are in their local area. Some of these LCPs are in the October intake to the Population Health Management programme. Activity through the summer and in early Autumn focused on ensuring their leadership teams have the right

members and are organised appropriately to support intensive project activity. The development team are supporting these partnerships to look at governance, membership and exploring a model that they believe will work for all partners.

- 3.20 In addition to the activity outlined above there are a number of Leeds priorities that are being piloted in one or two Local Care Partnership areas. The Local Care Partnership leadership team in these areas provides a forum to discuss these initiatives and ensure that they are appropriately tailored to local need.
- 3.21 Elected member involvement in LCPs. Local elected member involvement is key to achieving the aspiration that Local Care Partnerships maintain a focus on improving health and care which is based in local communities. Elected members' roles in Local Care Partnerships will develop as Local Care Partnerships mature but will include help in shaping and influencing local services to address local needs in addition to city priorities. It is envisaged that elected members may use their wider links and influence to improve the wider determinants of health and wellbeing.
- 3.22 Planned activity around Local Care Partnership development. Recognising that each Local Care Partnership is unique, it is expected that partnerships will develop at different rates. Priority will be given to supporting Local Care Partnerships to establish regular meetings and develop governance structures that enable shared decision making at a local level.
- 3.23 As partnerships identify local goals the development team will support them in ensuring that goals are shaped into actions and that the right representatives are involved. Health and care services are often organised into services for the adult population and services for children and young people. Local Care Partnerships offer an opportunity to work together on the wider determinants of health that impact on the whole family through a Think Family approach. To work effectively on a shared agenda people need time to establish relationships and understand one another's roles. Therefore another important strand of the work over coming months will be establishment of a shared culture.
- 3.24 It is also important that Local Care Partnerships deliver change, starting to do things differently together for the benefit of local people. Population Health Management provides a mechanism to enable this change. Early feedback from the wave one sites indicate that having a shared focus and shared activity to engage in can support the development of relationships and establishment of a shared culture. For this reason a key aspect of the planned activity over the coming six to nine months will be support to this programme.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 There is a long history of working collaboratively together across health and care services in Leeds. The aspiration within Local Care Partnerships is to build a broader partnership encompassing partners that are not directly involved in health and care provision but have an important role to play in supporting the broader

health and wellbeing of the local population. At the same time there is also a desire to ensure that local people are at the heart of planning for local services.

- 4.1.2 There is a lot of good practice that can be built upon to achieve this aspiration but it must also be recognised that some Local Care Partnerships are relatively new and need some time to establish relationships across health and care providers and to understand local priorities. Whether trying to engage new partners, or involving local residents, the Local Care Partnership needs a clear identity and a solid understanding of their role locally. There is a significant amount of work needed from all partners if we are to achieve this goal. However, there is also real enthusiasm to see this become a reality.
- 4.1.3 During Big Leeds Chat week the Local Care Partnership Development team supported a number of Local Care Partnerships to organise their own local 'chat'. Using the same questions as the main Big Leeds Chat event this gave local leaders the opportunity to hear the voices of local people and their opinions on health and wellbeing (see appendix). Some Local Care Partnerships have a Patient Participation Group representative working with them as a member of either the board or a working group (such as the Population Health Management group). Others have organised events in their local area to gather opinions before identifying priorities to work on together.
- 4.1.4 Healthwatch Leeds are a member of the Local Care Partnership Programme Board. The Local Care Partnership development team are linking with Healthwatch and other organisations involved in citizen participation to make sure that Local Care Partnerships can take advantage of existing mechanisms for citizen engagement. They are also considering how to make effective use of communication to ensure that all Leeds residents understand what a Local Care Partnership is and how they can engage with their local partnership.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Local Care Partnerships offer an opportunity to be locally responsive and ensure that people are supported to manage their health and care needs in a way that is appropriate to them. An integrated approach to both planning and delivery of services offers the opportunity for a holistic response to need.
- 4.2.2 At the same time it is recognised that some minority groups are dispersed across Leeds and that for these groups local planning and delivery of services could result in their needs being overlooked. Where it makes sense for service planning and delivery to operate across a broader footprint this would continue. For support which should be planned and delivered at a local level there are a number of ways to support equitable delivery. Firstly, personalised care planning puts the individual at the heart of their support planning. Secondly, the move to local planning does not negate the need for impact assessments ahead of any major change. Finally, the central development team can support Local Care Partnerships to engage with minority groups. In addition there is the opportunity to roll out good practice across all Local Care Partnerships with one setting a standard and others benefitting from the learning.

4.3 Resources and value for money

- 4.3.1 Resource utilisation is one of the five elements of the LCP maturity framework with an aspiration that partner organisations plan together to remove duplication and identify appropriate resource to meet the needs of the local population.

4.4 Legal Implications, access to information and call In

- 4.4.1 There are no legal implications, access to information or call-in requirements arising from this report.

4.5 Risk management

- 4.5.1 To ensure that all citizens of Leeds can benefit from Local Care Partnerships a dedicated programme resource has been employed to support each Local Care Partnership's development. The LCP Programme Board has been established with partner representation from all sectors of the health and care system to provide oversight, manage risks and ensure timely progress. The Local Care Partnership Programme governance structures are linked to the Health and Care Partnership Executive Group and the Health and Wellbeing Board.

5 Conclusions

- 5.1 Whilst Local Care Partnerships have been discussed for a while, they remain a new concept in parts of Leeds. In areas which have a history of partnership working some partnerships are well embedded. However, changes in key local leadership positions mean that others are now re-forming relationships and reviewing priorities. A small development team has been established to work with Local Care Partnerships, assessing the development needs of each and supporting them to take forward priorities.
- 5.2 At the same time the Local Care Partnerships will be supported to broaden their membership so that they can deliver on priorities that benefit people of all ages and they can begin to address some of the wider determinants of health and wellbeing.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the work being undertaken to develop Local Care Partnerships.
- Understand that success is dependent on strong relationships fostered through working together on shared priorities with appropriate support to make this happen.
- Support the principle of prioritising time to foster the right culture to make lasting change happen.

7 Background documents

None.

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How does this help reduce health inequalities in Leeds?

Planning at a very local level helps draw in local knowledge (including the voices of local people) to understand the particular challenges that communities face. Expanding partnerships to include local community groups, housing, employment services and a range of supports that are not always part of health and care planning allows for a broader focus on the issues that impact on an individual's health. Use of a data informed approach such as population health management allows teams to identify where they are outliers and to focus targeted initiatives on tackling these issues.

How does this help create a high quality health and care system?

Local Care Partnerships supports across the whole of the transformation agenda as described in the Leeds Health and Care Plan. Initiatives tested at a local level are measured for impact. Strengthening of local relationships improves awareness of all professionals of one another's services and allows for a more supported transition for those that use multiple services. Local people are seen as partners in their health.

How does this help to have a financially sustainable health and care system?

Third sector are an equal strategic partner and their role is valued. Local Care Partnerships are asked to look at different ways of working and opportunities to use resources differently to achieve positive outcomes for local people. Population Health Management encourages a proactive approach – reaching people earlier and intervening to slow and halt disease progression. A strengths and assets based approach is applied to avoid 'over-provision' of services and unintentional stripping of confidence and independence.

Future challenges or opportunities

It should be recognised that Local Care Partnerships are still in early stages of maturity. Their success is dependent on building of strong relationships and a change in culture but also the building of a shared culture. The ambition for partnerships is that the voice of the citizen is central to the work of the partnership and that everyone working in an area has an understanding of the local community and their strengths and assets. This takes both time and the recognition that many frontline staff are under immense pressure in their day job providing essential services. To meet challenges and achieve this ambition requires all partners to supportively challenge but to balance this with encouragement, enthusiasm and energy.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Appendix: Case Study – Local Big Leeds Chat

Morley and District Big Leeds Chat



In the first week of November, the Big Leeds Chat took place in Kirkgate Market. This is an event where leaders from the health and care system spend time chatting to members of the public who are visiting Kirkgate Market. Some Local Care Partnerships took this opportunity to organise a local 'chat'. This provided an opportunity for members of the partnership to engage with the people living in their area to find out what matters most to them about health and wellbeing.

This case study aims to capture the partnership working within the Morley and Districts LCP during their recent delivery of a local 'Big Leeds Chat'.

Background: During the Morley and District Local Care Partnership meeting (09 Oct) members of the Local Care Partnership development team introduced the community engagement initiative led by Healthwatch Leeds to take the Big Leeds Chat into local communities and ask people; what they love about where they live; what they do to keep healthy; what change would they like to see to make Leeds the best place for health and wellbeing.

Objectives: This Local Care Partnership has been spending time building relationships and understanding one another's roles and services but did not have a focused project they were working on together. They were hesitant to embark on a major project as they will be part in a frailty project (as part of the Population Health Management work) early in 2020. The partnership were really enthused about the potential of delivering a local Big Leeds Chat in Morley for two primary reasons: to find out what is important to the local community that the partnership serves; to build working relationships and a sense of identity in preparation for the frailty project.

What happened: In total, 12 partners from the Local Care Partnership (Primary Care, Adult Social Care, Community nursing, Community Pharmacists, GP pharmacist, Third Sector organisations), and two members of the Local Care Partnership Development team took to the streets of Morley alongside friends and colleagues from Healthwatch Leeds (06 Nov 2019). Photo on the previous of the start with more members arriving as the day went on.

Reflections: One of the objectives set by the partnership was to build working relationships and a sense of partnership identity in anticipation of the frailty work. The Local Care Partnership development team (in between having conversations with the people of Morley) saw partners from different organisations mixing, conversing, planning, laughing, joking, hugging (it was a particularly cold day). There was a real buzz about the time spent together, as well as some reflective moments following some sombre conversations with members of the public.

As well as the connections between partners themselves, the afternoon served to forge connections and relationships between the Local Care Partnership development team members and the Morley Local Care Partnership, adding an unintended outcome of the afternoon. This is a great example of "not everything that counts can be counted". We cannot quantify the connections made, but we believe this project will stand members in great stead for 2020. Healthwatch will be supplying the Local Care Partnership with the local 'themes' that came out of the conversations with members of the public in Morley. It is hoped that this will be ready to be delivered to the partnership in January and will form part the partnership's work to make sure they are aware of what matters to the community.

Why it matters: The Big Leeds Chat helped to make the Local Care Partnership leadership team visible to the public. Partners engage with the public within their day job all of the time but this gave people the chance to have a different type of conversation outside of organisational silos. In the early stages of development a Local Care Partnership can be seen as a meeting that happens once a month rather than the mechanism by which we deliver joined up support to meet the needs of local people. Events like this make the connection back to the community and solidify relationships of equity across partners, encouraging everyone within the partnership to voice their opinions and put people at the centre.