

Eastern Locality Local Care Partnership

Emerging Partnerships for Collaborative Working



November 2021

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The NHS in Devon

- Demand is growing
- Constraints on NHS funding
- Capacity of social care
- Some services under pressure - diagnostics
- Recruitment and retention issues
- Recovery and waiting list
- Persistent inequalities leading to unacceptable health outcomes
- Not enough progress on integration
- Level 4 system support

People's experience

- Disjointed care
- Lack of coordination and signage
- Gaps in care affecting vulnerable
- Mental health remains a big issue
- Long waiting lists and backlog
- Issues which cause ill health not adequately addressed
- More to be done to keep people well and supported in their place
- A number of specific issues impacting on the eastern locality

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Devon's Integrated Care System is a partnership of health and social care organisations working together with local communities. Our partnerships do not end at our borders.

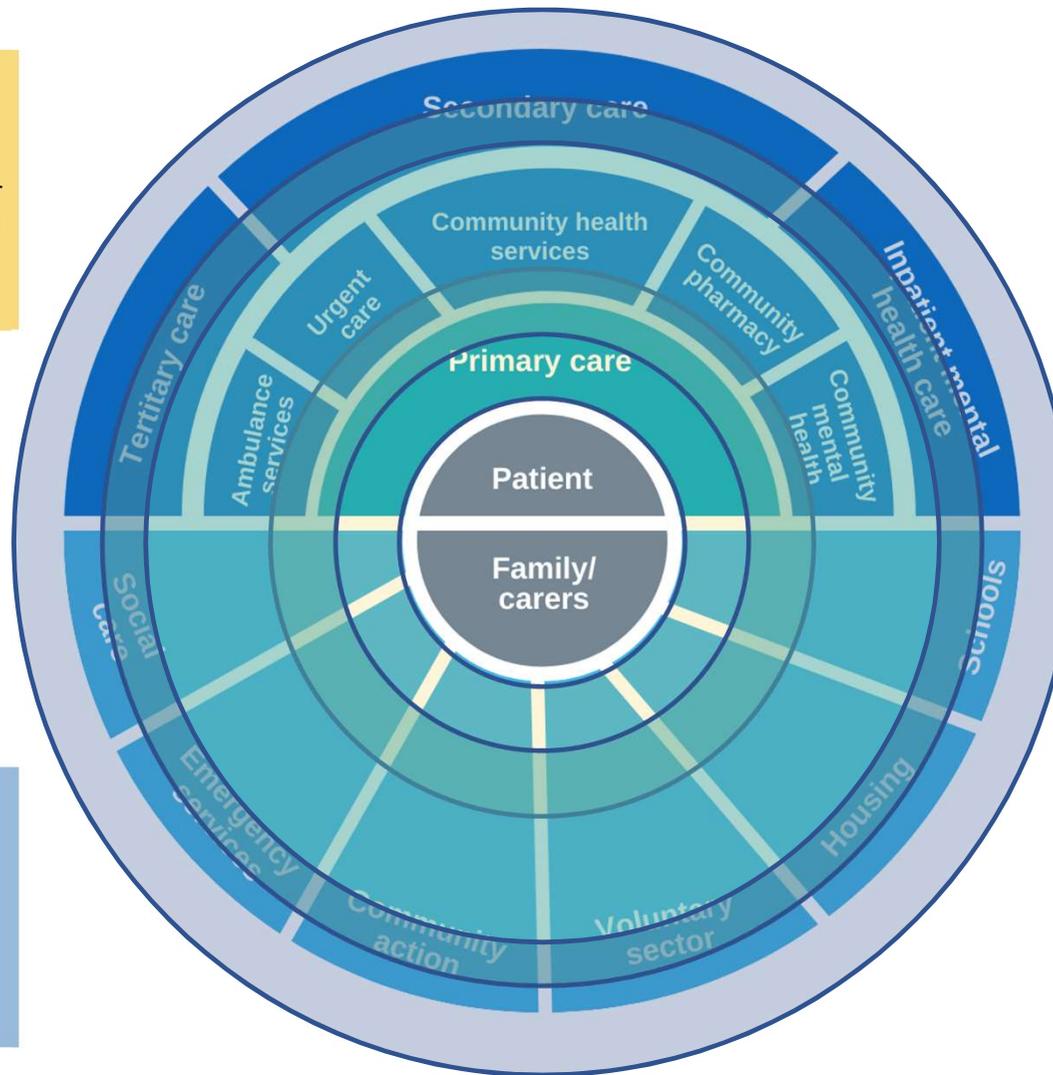
1.2 million people	Eight District, borough & city councils	Three Upper tier local authorities and health and wellbeing boards
One CCG	Four acute hospitals	31 primary care networks
Two mental health providers	One ambulance service	Six local care partnerships (LCPs)*
Voluntary, Community & Social Enterprise Sector organisations		



*Five geographical LCPs and one for Mental Health, Learning Disabilities and Autism.

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Neighbourhoods (populations circa 30,000 to 50,000 people) - served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.



Places (populations circa 250,000 to 500,000 people) - served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.

Systems (populations circa 1 million to 3 million people) - in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

- Principle of subsidiarity
- Ownership at place
- Doing things at the lowest level possible



What?

- Improve health and wellbeing outcomes for the local population
- Reduce inequalities
- Improve people's experience of care
- Improve the sustainability of the health and care system

How?

- Working in partnership to better join up health and care and break down barriers
- Developing a more holistic approach so we do more to tackle the wider determinants of ill health and persistent health inequalities
- Focusing on prevention and population health management
- Building on the assets and strengths in our communities and hand in hand with the VCSE community

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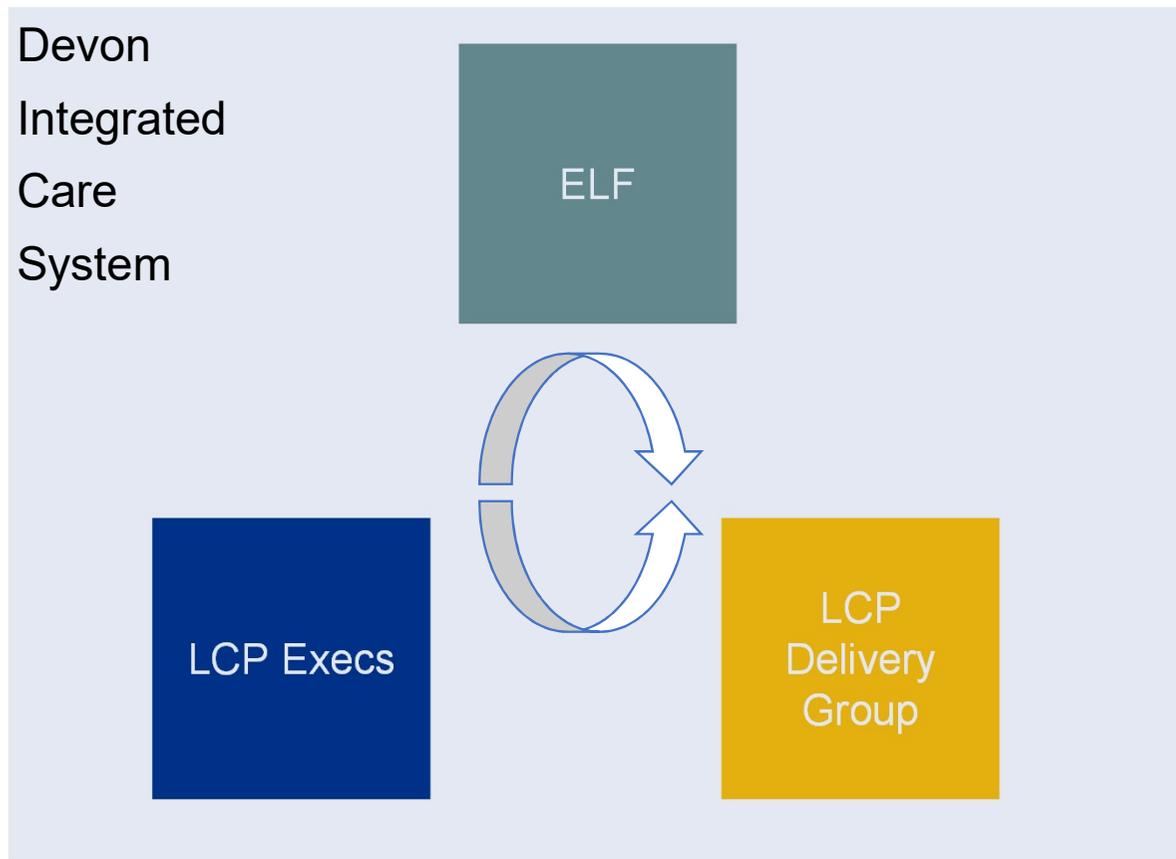
“At the heart of this work has to be the recognition that the voices of people and communities matter and need to be heard. Done well, this work can bring partners together around a shared purpose, one that is set by the people and communities they serve. It can be used to measure progress towards that purpose and offer real clarity and insight on what is needed to get there. It won’t always be easy. There is no perfect way of doing this work and it will require partners to learn together about what works. It also requires partners to listen to people and communities together rather than in silos. Joined-up care will only happen if there is joined-up listening.”

Kings Fund, 2021

The partnership will seek to:

- a) Support work to **promote enhanced health and wellbeing and social connectivity**
- b) Work together on a small number of **prevention themes**
- c) Identify ways of **learning lessons and applying good practice** across the locality.
- d) Continue to listen to and **engage with the wider community**
- e) Specific efforts will be made to **reach out to those underrepresented communities/ unheard**





Eastern Locality Forum (ELF)

- Working collaboratively on wider determinants of health and wellbeing
- Ensuring eastern system participation and contribution
- Agreeing strategic health and wellbeing priorities reflecting local priorities based on local needs analysis
- Leading on engagement for the population including links to health and wellbeing
- Membership: RDE; DPT; DCC; ECC; EDDC; MDDC; WDDC; Primary care; VCSE; Healthwatch; H&WB Board
- Over time include wider membership including: police; care providers; fire service; LEPs etc



A Good Place: working together to improve health and wellbeing and tackle health inequalities in Eastern Devon and Exeter

Friday 26 November 2021

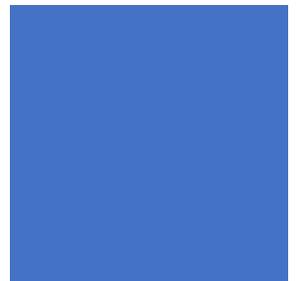
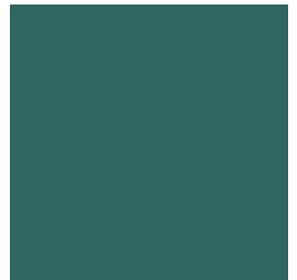
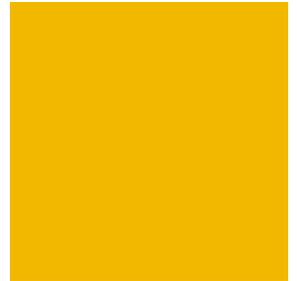
Virtual

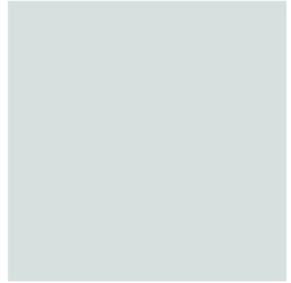
100 delegates (50:50 split statutory and VCSE)

Conference will include:

- Keynote local speakers
- User/patient stories
- Marketplace to showcase the amazing work of communities
- Facilitated planning discussions on key priorities
- Opportunities to network and build on existing and new relationships

Outcome: develop a shared common cause based on an agreed vision and an initial road map to take forward identified key priorities





Discussion

