

Torbay Health and Wellbeing Board - South LCP Update

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Devon

What is the role of Care Partnerships?

Devon LCPs have broadly set out what we believe the role of our LCPs is, but this is largely reflective of current practice / projects. Do we think this is correct or does this need to be revised based on current thinking?

Prevention and Health Inequalities

Champion health and well-being as a real priority, placing a much greater emphasis on prevention and levelling up health outcomes.

| Community Care | Urgent Care Pathways | Acute Pathways | Mental Health | Children's Services |
|---|--|--|--|--|
| Majority of services where there is integration with Primary and Community Services, Adult Social Care and Public Health (e.g. long term condition management) | LCPs have key role in bringing local system partners together to improve Urgent Care Pathways and performance as this requires a coordinated local response | LCPs involved in providing more care out of hospital and in the community . This includes service improvement of pathways into, and out of hospital (Diagnostic Services, Therapies and Outpatients). Examples include admission avoidance, frequent attenders etc. | LCPs should work with the MHLDN Provider Collaborative to develop and implement model for CMHF and also coordinate LTC management for Dementia patients – linking with Care in the Community | LCPs should be involved in developing a collaboration for Children's Services with support from the ICB. This will be led by DCSs in local authorities, building on the Devon C&FHP. Specific objectives will be set for this programme of work |

Key Actions

1. South LCP continues to develop its programme delivery structure to progress the implementation of the Joint Forward Plan.
 2. Currently delivery and pace of LCP development is in the context of Urgent and Emergency Care, Winter Pressures and system financial pressures.
 3. South Unscheduled Programme Board is focusing on a range a priorities to alleviate UEC pressures, for example; high intensity users of ED, discharge delays, admission avoidance, co-ordination of care, falls and frailty, urgent community response and end of life
 4. Population Health remains a key focus working with Public Health to:
 - build on the JSNA and One Devon Data Set to better understand the South Population to support the identification of priorities
 - Launch and fund organisations to focus on population health and prevention needs
 - Developing support for individuals waiting for surgery who are most impacted by health inequalities and wider determinants
 - Understanding and learning from the impact of actions taken, in order to plan future work
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Population Health and Prevention

South Population Health Profile

- A South Population Health profile has been developed. Led by Public Health this builds on intelligence from the Joint Needs Assessment to better understand population needs and guide the work of the LCP.
- Key areas of focus are healthy ageing, with associate Dementia and Mental Health needs

South Health Inequalities Strategy

- A strategy to tackle health inequalities in South LCP is being drafted. This early version sets out what is known and invites more knowledge across sectors on the range of work already underway.
- A key lens to focus attention through is the [NHS England Core20+5](#) approach to inform action. It purposefully selects population and clinical areas that need additional help and improvement.
- Next steps are to review what is known and codesign ways forward to collaboratively address health inequalities.
- The Health and Wellbeing Board is invited to feed back on the developing strategy and approach - *at Dec meeting?*

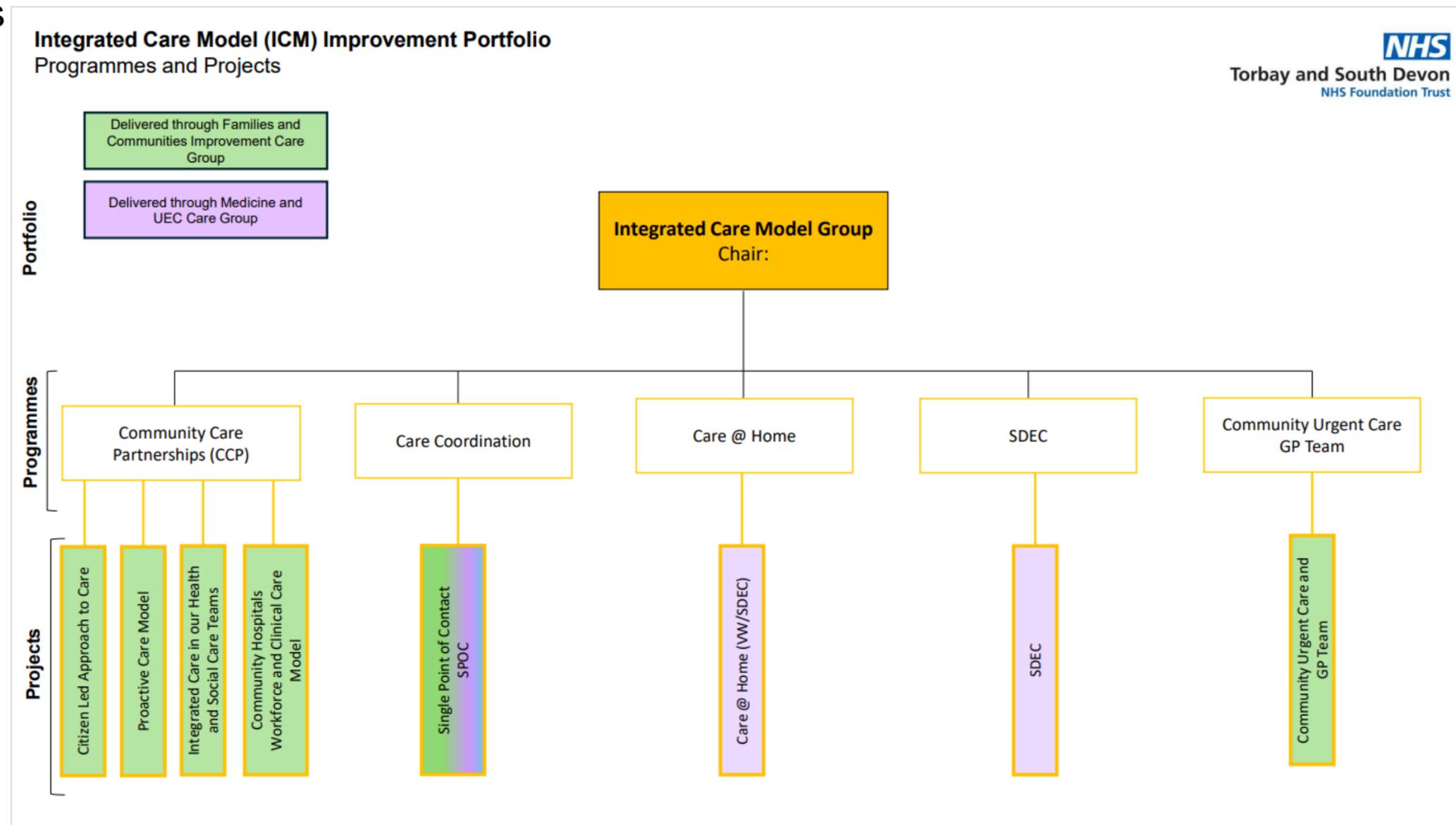
Population Health and Prevention

Population Health Funds

- Post Implementation Reviews have been undertaken for all Short-term population health funded initiatives from 2024/24.
- Intelligence from the reviews along with priority areas identified from the South Population Health profile and urgent system pressures have focused investment
- £242,000 has been allocated to South locality for 2024/25. Three
 1. Prevention – Development of multi-disciplinary team approach. VCSE sector working closely with PCN's to identify patients most at risk of admission to ED in the next 12 months. Address wider social-determinants of health via, joint delivery of “packages of care”
 2. Staying well in the community – Extension of Falls and Management Exercise (Strength and Balance classes) to delivery national model of 24 weeks evidence-based programmes.
 3. Urgent and Emergency Care – High Intensity Users of Emergency Department.
- All investments will be reviewed Q4, 2024/25 to inform investment for 2025/26.

Integrated Care Model

- A key focus of the South LCP is the development / re-imagining of a South Integrated Care Model
 1. ICM Co-development group – responsible for co-development of the Integrated Care Model, design work to be undertaken between September and December 2024
 2. ICM Delivery Group – delivery of a series of programmes and projects that will support the transformation of services



South Engagement sub-group

Purpose and success measures

To raise the profile of the public voice in our health and care system and to improve effectiveness and efficiency of LCP engagement activities

Public voice has a higher profile in local organisations

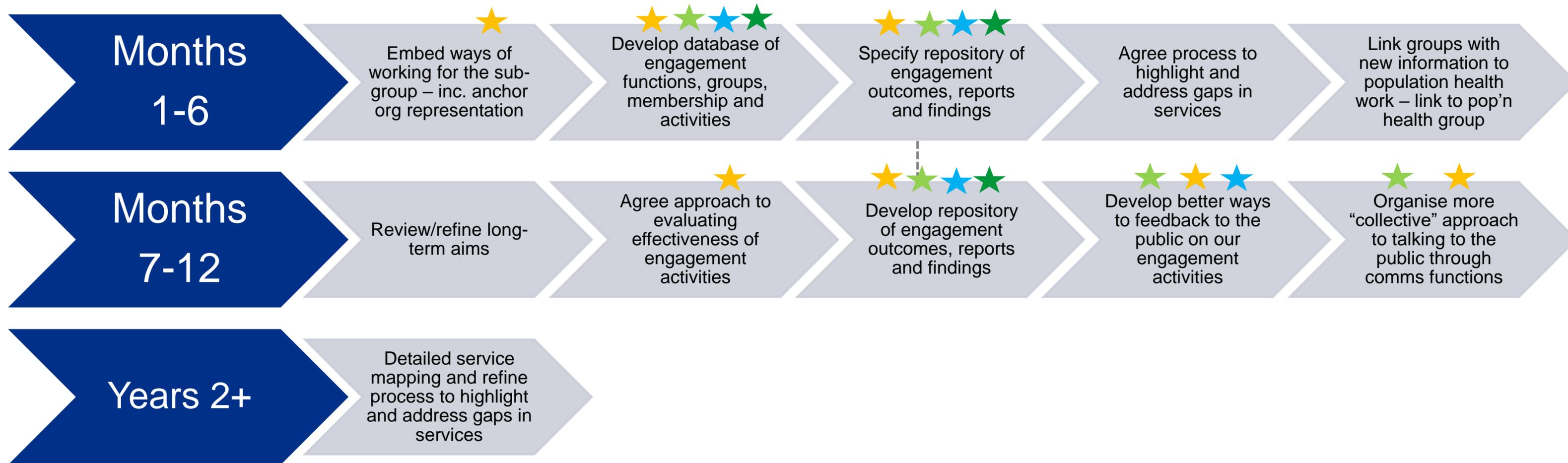
LCP has good understanding of people's needs and preferences with respect to health and wellbeing services, and how they access them

People feel as involved in their services as they choose to be

Reduced barriers to public involvement

Minimal duplication of involvement activities, and less unnecessary engagement activities for the public

Draft work plan



Requirements for success:

- | | | | |
|---------------------------------|---|------------------------------------|---|
| <i>Investment</i> | ★ | <i>Engagement function support</i> | ★ |
| <i>Organisational ownership</i> | ★ | <i>Project management support</i> | ★ |
| <i>IT/systems support</i> | ★ | ... | ★ |