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## Report of the Director of Adult Social Services

### Executive Board

Date: 8 February 2008

Subject: Health and Well-Being Partnership Arrangements

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#### Electoral Wards Affected:

All Wards

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

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## EXECUTIVE SUMMARY

1. In April 2007 a process began, led by the Healthy Leeds Partnership, to review whether the current partnership arrangements for health and well-being were sufficiently robust to meet the national policy agenda, as set out in the White Paper, Our Health, Our Care, Our Say and local delivery priorities identified through the Local Area Agreement and other local strategies and delivery plans. Members of the partnership noted gaps in the current arrangement, including a lack of cohesion of partnership working in the area of health and social care, the absence of a direct link between the Healthy Leeds Partnership and service delivery, particularly in the area of health and social care, and finally the need to improve the links between the Partnership and commissioning decisions. The proposed changes to the partnership arrangements are designed to strengthen the way that the key organisations work together to deliver the city's priorities for health and wellbeing. They do not propose changes to the authority of any of the statutory bodies making up the partnership in reaching decisions, for example service priorities and resource allocation, independently of the partnership.
2. Subsequently proposals were drawn together by a small group representing Leeds City Council, Leeds PCT and Leeds Initiative and during the autumn these proposals have been widely consulted on. This report summarises the key points that have been made during the consultation. The Executive Board is asked to support the proposed new partnership framework for the Healthy Leeds Partnership, whilst acknowledging that other key partners including Leeds PCT Board and the Leeds Voice Health Forum are also required to approve these proposals.

## **1.0 Purpose Of This Report**

- 1.1 This report provides an outline of the proposed changes to the functions and partnership structure, under the Healthy Leeds Partnership, the consultation process, which has been undertaken, and the response to the key points that have emerged from this consultation. As one of the key partners, the Executive Board is asked to give its approval to the proposed changes to the Healthy Leeds Partnership.

## **2.0 Background Information**

- 2.1 The Healthy Leeds Partnership held an initial workshop in April 2007, which started to look at the impact of local and national changes on our health and well-being partnership structures in Leeds.
- 2.2 A small task group met together to develop proposals for wider consultation. These included discussions between senior managers from the PCT and Adult Social Services and a focus group of Leeds Voice Health forum members. In August a paper and presentation were produced describing the proposals which were used throughout an extensive consultation process.

## **3.0 An Outline of the Proposals**

- 3.1 The Local Government and Public Involvement in Health Act places a new statutory duty on health service organisations to work in partnership with local authorities. This legislative change combined with significant organisational changes in the NHS within Leeds, presented the opportunity to re-appraise present partnership and joint working arrangements. Led by the Healthy Leeds Partnership, a workshop involving key stakeholders agreed a series of key principles for future partnership arrangements. These included:

- All health, social care and wellbeing partnership groups to work within the Leeds Initiative framework.
- The Healthy Leeds Partnership to include within its remit all health and social care provision as well as responsibility for improving health and tackling health inequalities.
- The Healthy Leeds Partnership to influence and strengthen joint commissioning arrangements for health and social care in the city.
- Improved governance arrangements within the Healthy Leeds Partnership, with a strengthened Executive and focus on delivering improved health and wellbeing outcomes for patients and the public.
- Strengthening the arrangements for involving key stakeholders, in particular the public and service users and carers, clinicians and the community and voluntary sectors.
- Further work to build a locality focus for health and wellbeing across the city through closer links with Area Committees, District Partnerships and Practice Based Commissioning Groups.

The full consultation document containing all the proposals for revised partnership arrangements is attached at appendix 1.

## **4.0 Consultation**

- 4.1 The consultation took place from September to December and has included discussions with existing partnership groups, special events for the voluntary community and faith sector and service users and carers and information on the Healthy Leeds pages of the Leeds

Initiative website. At the October meeting of the Healthy Leeds Partnership members were requested to take the proposals back to their own organisations and submit responses by the end of November. A form was drawn up to enable people to focus their response on a number of key consultation questions. The Scrutiny Board for Adult Health and Social Care received a presentation on the proposals at its November meeting and whilst welcoming the overall direction of travel Members made a number of important points relating to locality arrangements, ensuring that resources are available to enable participation by local community groups and connecting with those policies and services which make an important impact on health, for example access to green space and playing fields. Within the City Council presentations have been made or offered to all political groups and information has been circulated to each of the Directorates and through Area Managers for the attention of Area Committees.

4.2 Where possible, the consultation was linked to the consultation on the Leeds Strategic Plan draft outcomes and the developing PCT strategic objectives. It is important to ensure that our future partnership structures help the partners deliver on the strategic outcomes we want for Leeds.

## **5.0 Feedback from the Consultation**

5.1 All respondents to the consultation have expressed their support for the proposals, whilst making many observations and comments on the detail and areas which they would like to see emphasised in the future. This more detailed feedback falls into four main themes.

- Governance
- Relationships with other Partnerships
- Locality working
- Involvement

### **5.2 Governance**

Respondents stressed the importance of communication and accountability between the different layers within the proposed partnership structure. Some wanted clarity on whether the Executive would be able to exercise real power or whether decisions would sit with individual organisations. The statutory role of Elected Members and non-executive directors of NHS organisations was highlighted, to ensure that there were robust mechanisms for their consultation and involvement as the new partnership arrangements become established. Many people commented that they wanted the partners to ensure that these new arrangements are action orientated rather than creating different 'talking shops'. Comments also reflected views on the accountability of individuals involved in the partnership arrangements as well as the sector or agency that they represent.

### **5.3 Relationship with other Partnerships**

Many respondents felt that there are significant strengths in the present partnership arrangements for health and social care and that these should not be lost in the new arrangements. Attention was drawn to what the Healthy Leeds Partnership can learn from other partnerships, and in particular the arrangements for children and young people. Modernisation Teams, which are the current health and social care service delivery partnerships, have a good track record of involving service users through effective reference groups, and this is expertise that needs to be retained. Respondents stressed the importance of cross-cutting issues, for example transport, and asked how the new partnership arrangements intended to address such issues in the future. From the Health and Adult Social Care Scrutiny Board, there were comments on how issues such as the planning process and the Local Development Framework have an impact on health. For example, the link between childhood obesity and the access to green space and playing fields. The partnerships need to be able to influence the processes that have an impact on the wider determinants of health.

#### 5.4 Locality Working

The importance of a locality focus was emphasised by many respondents. In particular the need for the Healthy Leeds Partnership to work with Practice Based Commissioners, and that these groups or consortia need to have representation in the new arrangements. Elected Members made the point that there needs to be a clear connection between the work of the partnership and area based plans, whilst others drew attention to the role of area committees, their knowledge of local services and the health and social care issues facing local people, particularly their ability to access services at a local level. Further comments from Scrutiny Board Members, emphasised the need to motivate local involvement. To secure local ownership would need local participation in local issues. Identifying the resources to support the involvement of local action groups and the community health development work is important.

#### 5.5 Involvement

Not surprisingly, the issue of involvement, particularly by the voluntary and community sector and service users and carers as well as the wider public, has been emphasised in many of the comments received. Whilst some respondents want to see a reduction in the number of groups meeting and a greater focus on agreed priorities, service users and carers in particular are concerned that the proposals do not give them a strong enough voice. Whilst the proposals seek to strengthen involvement by all stakeholders and the changes introduced by the Local Government and Public Involvement in Health Act place involvement of people in health and social care services on a firmer footing, some groups remain to be convinced by these commitments.

### **6.0 Implications for Council Policy and Governance**

6.1 The Healthy Leeds Partnership has already been registered as a significant partnership within the Council's governance framework. The City Council's Legal Service will be involved in drawing up an appropriate governing document which addresses the partnership's role and function, decision making framework and dispute resolution arrangements.

6.2 Other than the general statutory duty to work in partnership that applies to both the local authority and now the PCT and other key public sector bodies, the Healthy Leeds Partnership and its sub-groups do not have any specific statutory powers. Therefore, the decisions arising from the partnership arrangements are the responsibility of the key agencies to approve within their current constitutional framework.

6.3 The Narrowing the Gap Executive with the Healthy Leeds Partnership will have responsibility for overseeing the production of a Joint Strategic Needs Assessment for Health and Wellbeing, a statutory plan which will form part of the Council's policy framework, as required by the Local Government and Public Involvement in Health Act 2007.

### **7.0 Legal and Resource Implications**

7.1 Specific legal responsibilities under the Local Government and Public Involvement in Health Act are highlighted elsewhere in this report.

7.2 Key partners recognise that to be successful these partnership arrangements require appropriate resources to support the work of the partnership groups, and the Executive. There are existing resources allocated for this purpose, but it is likely that they will not provide all the support that is required. The City Council and Leeds PCT have agreed to undertake an audit of the existing resource and will work together to agree any future additional resources required in support of the partnership arrangements.

## **8.0 Summary**

- 8.1 Overall the response to the consultation has demonstrated positive support for the proposals. Whilst it was acknowledged in the consultation document that there is more work to be done in some key areas, the positive comments received provide a framework as well as indications for specific actions that now need to be addressed. To take the proposals forward to the next stage a workshop will be held on the 4<sup>th</sup> February, involving key stakeholders, with a second planned for March when a wider group of people, currently involved in health and social care partnership groups, will be invited.
- 8.2 These proposals do not imply the delegation of statutory duties to the Healthy Leeds Partnership on behalf of any of the partners.
- 8.3 If the proposals for health and wellbeing partnership arrangements are agreed by the key partners on the Healthy Leeds Partnership during February, it is anticipated that the Healthy Leeds Partnership will formally adopt these new arrangements at its meeting in March. This is the first meeting that Councillor Lancaster will preside as the new Chair of the Healthy Leeds Partnership.

## **9.0 Recommendations**

- 9.1 The Executive Board is asked:
- (a) To note the summary of comments received through the consultation on revised partnership arrangements for health and wellbeing.
  - (b) To support the proposals contained in the consultation document on health and wellbeing partnership arrangements.
  - (c) To agree that the support for these partnership proposals by Leeds City Council be reported to the Healthy Leeds Partnership at its next scheduled meeting on 10 March 2008