

Working Together for Better Health and Wellbeing

Partnership and Governance Arrangements

This paper is about how people can work together to improve the health and wellbeing of everyone in Leeds.

The Leeds Initiative and Healthy Leeds partners, including Leeds PCT, Leeds City Council and Leeds Voice, have begun to develop ideas about how to improve on our existing partnership arrangements. This paper shares our thinking to date and invites others to contribute their ideas.

We hope that the ideas in the paper are a useful starting point for discussion. They are not set in stone and there is a lot of detail which still needs to be worked through. We would very much welcome comments on the overall approach and contributions to the development of the detail.

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1 Why we need partnership arrangements

Working together to improve the health and wellbeing of everyone in Leeds includes ensuring that high quality health and social care services are available when and where they are needed and that we tackle inequalities in health.

People – whether as individuals or in teams, groups and organisations – work together every day in lots of different ways. Many of these are not part of any formal partnership arrangements. But Leeds is a large city and the issues we need to address to improve people’s health and reduce health inequalities are complex, involving many different organisations across the public, private and voluntary, community and faith sectors.

There are very few – if any – priorities that can be delivered by one organisation working alone. Some more formal groups and meetings are therefore inevitable if we want to make sure that everyone can have their say and make their contribution to improving health and wellbeing. The important thing is to make sure that the various groups we put in place – our partnership arrangements for health and wellbeing – are able to do their job well.

The right arrangements can make it much easier for people to work together to deliver improvements. On the other hand, the wrong groups – or the wrong terms of reference – can hold back much needed improvements, consume people’s time and energy for little or no benefit and be hugely frustrating for everyone involved.

In response to wide ranging national consultation, the government has set a reform agenda for health and social care services which demonstrates a number of consistent themes. There is a strong message from the public that they want to see services that are working together, towards a common set of outcomes.

The outcomes that people identify at a local level include improvements to their quality of life, the ability to live independently, greater choice and services that are more accessible. Our consultation has confirmed the view that effective partnership working is the key to success in delivering these outcomes for the people of Leeds.

2 Where we are starting from

Current partnership arrangements largely separate out health and social care services from broader work to improve health and reduce health inequalities. Groups have developed and evolved over a number of years. These include the Healthy Leeds Partnership and linked groups focussing on health and wellbeing and the Modernisation Executive, Modernisation Teams and the Making Leeds Better Board and Executive focussing mainly on health and social care.

In the meantime, there have been some changes that affect how we work together. These include:

- The creation of a single Leeds Primary Care Trust and the development of practice-based commissioning.
- Changes to the Leeds City Council structure including Children’s Services and Adult Social Services and the move to commissioning.

- The new Children's Trust arrangements, including Children Leeds Partnership, Children's Integrated Strategic Commissioning Board and Leeds Safeguarding Board.
- National policy such as the Health White Papers – *Choosing Health* and *Our Health Our Care Our Say* – and the recent local government White Paper – *Strong and Prosperous Communities* – and *Every Child Matters*.
- Changes to the role and scope of the Local Area Agreement.
- The increasingly important role of the voluntary, community and faith sector in delivering the health improvement and health service agenda.
- Proposed changes to involvement structures including Local Involvement Networks.
- Legislation that will bring together health and social care regulation under one body.

In the light of these changes, the Leeds Initiative and Healthy Leeds partners including Leeds PCT, Leeds City Council and Leeds Voice have begun to develop ideas about how to improve on the current partnership arrangements. Our starting point is that we do not want to disrupt the good partnership work that is already happening, but want to strengthen it. In looking at arrangements for adult health and wellbeing, we have also learnt from the experience of the new Children's Trust partnership arrangements, particularly the Children's Integrated Strategic Commissioning Board.

3 Our ideas for the future

Our overall aim is to deliver demonstrably improved outcomes in health and wellbeing for the people of Leeds. We already have our sustainable community strategy, the *Vision for Leeds 2004 to 2020*, which includes this theme. Work in the city is identifying the targets and outcomes which will be included in the new Local Area Agreement for 2008 -2011. For example, we propose to give people greater choice and control by increasing the number of people receiving a Direct Payment and we aim to improve overall health of the community by supporting more people to stop smoking and encourage more participation in physical activity. To achieve these challenging targets, the partners need to find different ways to commission and deliver programmes and services that will make a real difference.

The ideas outlined in this paper start from a commissioning perspective. This is based on the broad definition in the Department of Health's *Commissioning Framework for Health and Wellbeing* which states that: "commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- deliver the best possible health and well-being outcomes, including promoting equality
- provide the best possible health and social care provision
- achieve this within the best use of available resources."

Although formal responsibility for commissioning sits with the City Council and the Primary Care Trust (including practice-based commissioners), the process of commissioning relies on effective engagement and involvement – including constructive relationships with providers of services (including the voluntary, community and faith sector) as well as with service users and carers and the wider public. This inclusive approach underpins the ideas in this paper.

There are five key principles that have informed our ideas, and that we feel should be the test of any new partnership arrangements.

Key principles to test new partnership arrangements

1. Do they place people and service users at the heart of shaping the outcomes and service improvement priorities for the city?
2. Do they enable the right people to be engaged and involved?
3. Are accountability, governance and decision-making processes clear and appropriate and accessible to all?
4. Do they help us to deal with strategic commissioning issues, including analysing needs both now and in the future, balancing competing priorities and ensuring that there are sufficient service providers who can deliver to the required standards in health and social care?
5. Do they provide a framework which enables detailed commissioning, whether on a city-wide basis or at a more local level, to succeed?

Our initial thinking about new partnership arrangements is centred on five main elements:

- **The Healthy Leeds Partnership**

One of the eight strategy and development groups within the new Leeds Initiative structure. Responsible for developing and driving forward the health and wellbeing theme of the Vision for Leeds and overseeing the Local Area Agreement.

- **A Healthy Leeds Strategic Commissioning Executive**

Responsible for strategic leadership and coordination of commissioning for health and wellbeing. Would focus on delivery of strategy, agree priorities, align resources and hold to account (via commissioning sub-groups) programme teams responsible for delivery.

- **Commissioning Sub-Groups**

The breadth of the health and wellbeing agenda is too large for the Strategic Commissioning Executive to have a detailed understanding of each area together with the capacity to performance manage delivery. The agenda would be divided into manageable groupings, each under the auspices of a commissioning sub-group.

- **Programme Teams**

Responsible for delivery of the strategy for specific client groups or health and wellbeing issues. Programme teams would also influence overall strategy and develop detailed implementation plans.

- **Networks**

Enable effective involvement to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services. Include representatives of the public, service users and carers, the voluntary, community and faith sector, clinicians and other health and social care professionals

Diagram 1 overleaf shows how the different parts of the partnership arrangements might link together, set in the wider context of the people of Leeds.

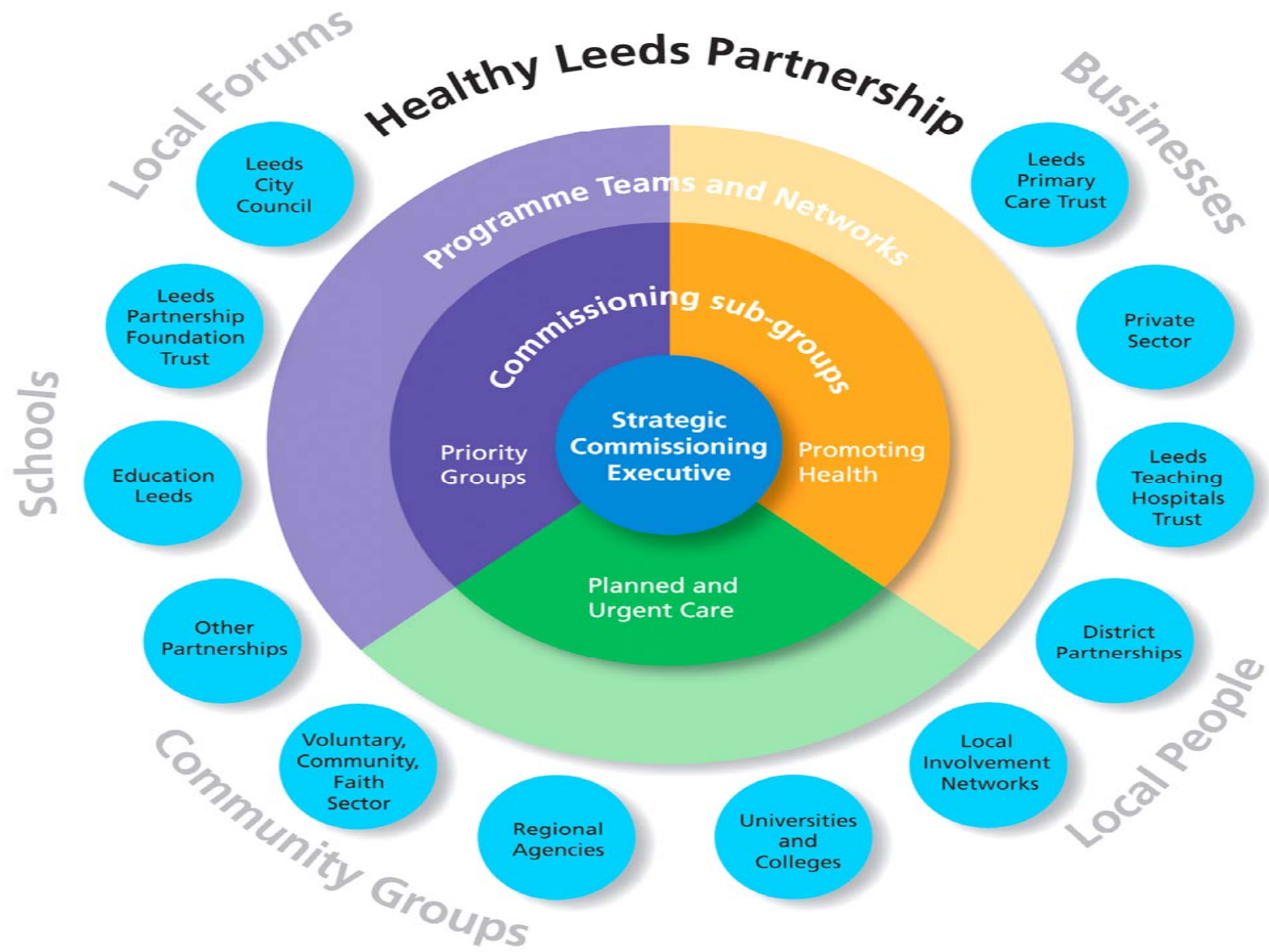


Diagram 1

4 Healthy Leeds Partnership

The Healthy Leeds Partnership is the over-arching strategy and development partnership of the Leeds Initiative (the Local Strategic Partnership). It is the mechanism for developing and driving forward the health and wellbeing theme of the Vision for Leeds 2004 to 2020 (the community strategy). It is one of eight strategy groups within the new Leeds Initiative structure.

In the new arrangements, the Healthy Leeds Partnership will provide the city-wide leadership and strategic direction for the Healthier Communities and Older People's theme of the Local Area Agreement (LAA) and monitor performance in achieving the outcomes. It will work closely with the other strategy groups especially those that link to the LAA: Children Leeds, Neighbourhoods Policy, Safer Leeds, Economy and Skills. It will also provide the link between city-wide strategy and delivery at a local level through district partnerships and other locality forums and partnerships.

As a strategy and development partnership, it does not hold executive powers or authority – these remain with the partners. Decision making will be on strategic direction rather than operational details. The partnership will provide advocacy and challenge to secure improved outcomes across the whole city on health and wellbeing issues. Its main focus is addressing health inequalities between different parts of the city, between different groups of people and between Leeds and the rest of the country. It brings together a wide range of partners to consult and contribute on key issues, strategies and developments. It will develop ways of working that enable full participation in discussions and making recommendations. This may involve developing open forum events at citywide or local level.

Health Leeds Partnership proposed terms of reference

- Provide city-wide leadership on health and wellbeing issues, including adult health and social care services.
- Provide advocacy and challenge to secure improved outcomes across the whole city on health and wellbeing issues.
- Advise the Healthy Leeds Strategic Commissioning Executive and influence partner organisations.
- Be responsible for the strategic direction and performance management of the healthier communities and older people's theme of the local area agreement and influence the other LAA themes where they have an impact on health and wellbeing.
- Monitor and support the implementation the health and well-being theme of Vision for Leeds 2004 to 2020.
- Act as a forum for key partnership groups to raise issues which require partnership action.
- Link city-wide strategic direction and local implementation through district partnerships.

The Healthy Leeds Partnership would remain accountable to the Leeds Initiative Board (currently through the Narrowing the Gap and Going up a League Executives) and to the public of Leeds. Progress would be reported regularly to partners through their representatives and wider stakeholder events such as open forums.

Involvement and inclusion are central to the health and wellbeing agenda. As is currently the case, the group would therefore include senior level representatives from all of the agencies and sectors who contribute to this agenda. The Leeds City Council Executive Member for Health would lead the partnership, in line with the Government's White Paper commitment, and a representative of the main opposition party will also be included in the membership.

Healthy Leeds Partnership proposed core membership

- Leeds Primary Care Trust, including practice based commissioners
- Leeds Partnerships Foundation NHS Trust
- Leeds Teaching Hospital NHS Trust
- Leeds City Council
- Education Leeds
- Leeds Colleges
- Leeds Metropolitan University
- University of Leeds
- Leeds Voice Health Forum
- Local Involvement Network (when established)
- Private sector
- Leeds Initiative (including representatives of the other 3 LAA themes (Safer and Stronger Communities, Children, Economic Development and Enterprise)
- District Partnerships
- Government Office for Yorkshire and the Humber / Strategic Health Authority

5 Healthy Leeds Strategic Commissioning Executive

With the Healthy Leeds Partnership responsible for setting the overall strategic **direction** for health and wellbeing, the role of the Healthy Leeds Strategic Commissioning Executive would focus much more closely on ensuring the **delivery** of the strategy through commissioning for health and wellbeing outcomes.

As outlined in the *Commissioning Framework for Health and Wellbeing*, this includes the commissioning of health and social care services. Within this remit, the scope of the Strategic Commissioning Executive would be defined as any issue for which more than one agency has a vested interest. This would include:

- Promoting health eg sexual health, alcohol, tobacco, food, physical activity, self care.
- Tackling health inequalities – both geographical and population groups.
- Health and social care services eg older people, disabled people, mental health, urgent care, planned care, long term conditions, cancer, palliative care.

The Healthy Leeds Strategic Commissioning Executive would advise and influence the PCT and the City Council but could not require either organisation to follow a particular course of action. However, the Strategic Commissioning Executive would be able to take decisions within the limits of responsibility delegated to PCT and City Council representatives by their organisations.

Although the main focus of the Strategic Commissioning Executive would be to align rather than to pool individual partners' resources, this would not preclude it from taking on responsibility for managing existing or new pooled budgets in the future, through formal governance arrangements established using Health Act Flexibilities or through responsibility for funding streams associated with, for example, the Local Area Agreement.

In the first instance, groups managing existing pooled budgets (eg learning disability services and equipment services) would report to the Strategic Commissioning Executive but remain formally accountable to the relevant statutory organisations.

To facilitate shared ownership and a partnership approach, we propose that the Strategic Commissioning Executive should be jointly chaired by the PCT Chief Executive and Leeds City Council's Director of Adult Social Services.

Although led by the City Council and the Primary Care Trust as the organisations with a strategic commissioning responsibility for Health and Wellbeing, core membership of the Strategic Commissioning Executive would include practice-based commissioning groups and major service providers. This reflects the importance of constructive relationships with major providers of services to the commissioning process.

Although major providers and practice-based commissioning groups would play a key role in informing the commissioning process, the responsibility to take strategic commissioning decisions would rest with the PCT and the City Council (for PCT and LCC budgets) rather than the Strategic Commissioning Executive as a whole.

Strategic Commissioning Executive proposed terms of reference

- Promote co-operation between partners to improve adult health and wellbeing and reduce health inequalities.
- Ensure that arrangements are in place for consultation and meaningful involvement of the public in the planning, delivery and monitoring of joint commissioning for health and social care.
- Promote integrated strategic commissioning of services and ensure this is informed by needs assessment.
- Inform, advise and influence individual organisational priorities and policies.
- Agree a commissioning plan to deliver the Local Area Agreement, Local Delivery Plan and other strategies in relation to health and wellbeing and health and social care services.
- Performance manage delivery of the commissioning plan for health and wellbeing.
- Fulfil the "duty to cooperate" in relation to strategic commissioning for health and wellbeing as set out in the Local Government White Paper.
- Influence the other LAA themes to commission to improve health and wellbeing and contribute to the delivery of the Healthy Communities and Older People theme of the LAA.
- Oversee the use of resources and promote more effective use and redirection of resources.

Strategic Commissioning Executive proposed core membership

- Chief Executive, Leeds PCT (Joint Chair)
- Director of Adult Social Services, Leeds City Council (Joint Chair)
- Director of Environment and Neighbourhoods, Leeds City Council
- Director of Strategic Development, Leeds PCT
- Director of Public Health, Leeds PCT
- Director of Commissioning, Leeds PCT
- Chief Officer Social Care Commissioning, Leeds City Council
- Director of Care Services, Leeds PCT
- Chief Executive and/or senior director Leeds Teaching Hospitals Trust
- Chief Executive and/or senior director Leeds Partnership Foundation Trust
- Practice Based Commissioning representative(s)
- Voluntary, Community and Faith Sector representative

6 Commissioning Sub-Groups

The breadth of the health and wellbeing agenda is too large for a Strategic Commissioning Executive to have a detailed understanding of each area together with the capacity to performance manage delivery. It is therefore proposed that the agenda should be divided up into manageable groupings such as “Priority Groups” or “Promoting Health”, each under the auspices of a Commissioning Sub-Group.

Commissioning Sub-Groups would be part of the Healthy Leeds Strategic Commissioning Executive, rather than a separate layer in the structure. In practice this would mean that each sub-group would be chaired by a member of the Commissioning Executive to ensure that the Executive could guide and keep in touch with the Sub-Groups without relying solely on papers or presentations.

In programme management terms, each Sub-Group chair would be the senior responsible officer for each of the programmes covered by their Sub-Group. The terms of reference for Commissioning Sub-Groups would be similar to those of the Healthy Leeds Strategic Commissioning Executive, but limited to the specific issues or services within each particular Sub-Group’s remit.

7 Programme Teams and Networks

This section considers what should replace Modernisation Teams or their equivalent. As well as ensuring that there are effective mechanisms for engagement and involvement, it is also important to be clear where responsibility lies for delivery and implementation.

A Programme Team as a subset of a wider Network. Each Team is responsible for delivery of the strategy for specific client groups or health and wellbeing issues, and would also influence overall strategy and develop detailed implementation plans.

Networks are the main vehicle for effective involvement of the public, service users and carers, the voluntary, community and faith sector, clinicians and other health and social

care professionals. Their role is to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services.

Proposed terms of reference

Programme Team

The precise terms of reference would need to be tailored to the circumstances of each particular programme team but would broadly reflect the role of the Commissioning Executive and its sub-groups. They would, however, be focussed on the particular issues/services/client groups within each Team's remit. For all programme teams there would be a clear focus on delivery. They would also have a key role in the development of strategic plans for the client groups/conditions/ issues within the group's remit.

Network

The primary role of networks is to enable effective engagement and involvement in work to plan and deliver improvements in health and wellbeing, including the availability of high quality health and social care services.

Programme Teams would normally be chaired by a commissioner but could be chaired by a provider where appropriate. The Programme Team chair would sit on the relevant Commissioning Sub-Group. The Programme Team would include commissioners and service providers, the precise mix and membership being tailored to reflect the specific focus of the group.

The following list gives a broad indication of the organisations/groups that would normally be included within a Programme Team and its associated broader network. This is not intended to be comprehensive or prescriptive – each group will have its own specific focus and this will need to be reflected in its membership.

Proposed membership

Programme Team

- PCT
- Adult Social Services
- Other Leeds City Council departments as appropriate
- Representatives of main service provider(s) as appropriate including the VCF sector
- Practice Based Commissioning representative(s)

Network

- Programme Team members
- Service users and carers
- Other clinicians and health and social care professionals
- Relevant voluntary, community and faith sector groups

A Programme Team may be supported by one or more Networks. Similarly, a Network may support one or more Programme Teams.

8 Public and service user and carer engagement

Involvement of the public and service users and carers is important at all levels in health and wellbeing: individual, locality, citywide and national. Within the Leeds Initiative structure, District Partnerships have the responsibility to co-ordinate community involvement between the agencies at a local level

The City Council have a key role, with democratically elected members, in representing local communities; this is strengthened in the recent White Paper. The Area Committees have Community Forums which involve local residents. The City Council has a responsibility for the well-being of local people and has a statutory responsibility to scrutinise the NHS through an Overview and Scrutiny Committee.

PCTs carry out annual patient surveys and the results are reported annually in a Patient Prospectus. PCT patient and public involvement leads includes a range of activities to involve local people in their work. This function is now part of the PCT's Directorate of Communication and Corporate Affairs.

Citywide, many of the Modernisation Teams have established reference groups of service users and carers to involve them in the planning of services. Also since the establishment of the Making Leeds Better programme, patients and the public have been involved as board members, through involvement in individual care pathways and through engagement of communities of interest. The health impact assessment work has also involved community groups and individuals.

By mid 2008, Local Authorities will commission independent host organisations to set up and maintain Local Involvement Networks (LINKs). These will replace the Patient and Public Involvement Forums and will cover social care as well as health services. The new Leeds LINK will promote and support the involvement of people in the commissioning, provision and scrutiny of health services and social services. It will obtain the views of people about their needs for, and experiences of, local care services. It will also enable people to become involved in monitoring the commissioning and provision of care services and to make the views and concerns of local people known to service commissioners, providers and scrutiny systems.

At present there are a range of methods for involving service users, carers and the general public in health in Leeds. This includes interactive websites, citizen's panel, community forums, focus groups, feedback from complaints and Patient Advice and Liaison Services, surveys, etc.

One of the main organisations working directly with service users and carers is Leeds Involvement Project and it focuses on those who use adult social services or long term health care who may be disabled (physical or sensory impairment, learning difficulty or mental health services users) or older people. Their aims are to enable service users and carers to take control over their own health and social care needs and to promote their involvement in the commissioning, planning and development of health and social care services. They also provide support to a range of interest and locality groups.

There are several other voluntary sector agencies in Leeds that support involvement work in particular:

- Leeds Advocacy Network which provides a link between individual advocacy services and provides support and training.
- Healthy Living Centres and Health For All Projects have developed community partnerships with active involvement of local people in deprived communities or with disadvantaged groups of people.
- Voluntary Sector Forums around Older People, Mental Health, Learning Disability and Physical and Sensory Disability
- Womens Health Matters – involvement of women in health issues and maternity service involvement
- Connecting Communities – working with BME (black and minority ethnic) groups.

Many other voluntary, community and faith sector organisations do work with and involve a wide range of local people including those that are from disadvantaged communities or socially excluded groups.

The partnership arrangements need to take account of the most effective ways of involving the people of Leeds in shaping the work we do. This will require further discussion as the LINKs proposals develop.

9 Voluntary, Community and Faith sector engagement

The core business of Leeds Voice is to engage the voluntary, community and faith sectors in consultation, strategic decision making and programme delivery and design. The Local Area Agreement for Leeds 2005 – 2009 includes a cross cutting theme of ‘empowering local people and building the role of the voluntary, community and faith sectors’. Leeds Initiative partners have agreed that they are committed to valuing and strengthening the three distinctive but inter-dependent and overlapping contributions of the voluntary, community and faith sector. These are:

- Representation both at strategic level in governance and decision-making bodies and of service users and residents participating in local forums or District Partnerships.
- Service delivery in terms of winning contracts or partnering with statutory agencies to deliver, monitor or review services, also through funding or self help groups to deliver specific activities.
- Capacity building through activities that build skills, create social inclusion and encourage community cohesion and good relationships between diverse groups.

Leeds VOICE has established a Health Forum to enable better communication on the broad issues affecting health as well as services. The Leeds Voice Health Forum aims to contribute towards narrowing the gap of health inequalities in Leeds by facilitating a network that enables the voluntary, community and faith sectors (VCFS) to play a meaningful role in strategic decision-making and delivery of health services. The co-ordinator facilitates an interactive and thriving network of nearly 300 health related voluntary, community and faith sector organisations and groups.

The table below outlines a possible approach to the involvement of the voluntary, community and faith sector but will need elaboration as the LINK is developed. In particular, there may need to be a firmer distinction between the advocacy/monitoring role and the provider function

Group	Background/experience needed	Representative role
Networks	<ul style="list-style-type: none"> ▪ Relevant knowledge of topic or client group ▪ Experience of working with specific communities or disadvantaged groups ▪ Grassroots knowledge and challenge 	<ul style="list-style-type: none"> ▪ VCFS members representing their own experience and not wider sector but would be expected to feed back when appropriate
Programme Teams	<ul style="list-style-type: none"> ▪ Experience of service delivery or specific activities ▪ Links to related VCF sector organisations 	<ul style="list-style-type: none"> ▪ VCFS representative to provide link to and represent Voice Health Forum
Strategic Commissioning Executive and Commissioning Sub-Groups	<ul style="list-style-type: none"> ▪ VCF sector to be drawn from Leeds Voice Health Forum ▪ Representation of local community interests and wider sector ▪ understanding of the overarching strategies and plans which is additional to the implications for the VCFS ▪ commitment to devising and implementing / having implemented the most effective plans and strategies 	<ul style="list-style-type: none"> ▪ Formal representation of VHF. ▪ Representatives are not on commissioning sub-groups as individual providers
Healthy Leeds Partnership	<ul style="list-style-type: none"> ▪ VCFS implications of health and wellbeing strategies ▪ understanding of the overarching strategies and plans which is additional to the implications for the VCFS ▪ commitment to devising and implementing / having implemented the most effective plans and strategies 	<ul style="list-style-type: none"> ▪ Formal representation of VCF sector through Leeds Voice Health Forum

10 Clinical and staff engagement

Appropriate engagement of clinicians and other health and social care professionals is crucial to the success of any new partnership arrangements for health and wellbeing. Different groups within the partnership arrangements have different jobs to do – for example, the role of the Healthy Leeds Strategic Commissioning Executive is not the same as that of a Programme Team or Network.

Although the involvement of clinicians and other professionals is important for all the groups, the way in which this happens and the role which individuals have will vary. This

will depend on the purpose of the group and the capacity in which an individual clinical or other professional is involved.

The table below outlines a possible approach to the involvement of clinicians and other professionals.

Group	Background/experience needed	Representative role
Networks	<ul style="list-style-type: none"> ▪ Relevant clinical expertise ▪ Current knowledge of best practice, NICE guidance etc ▪ Need for a balance of clinicians/professionals across elements of care pathways <p>Also need a mixture of:</p> <ul style="list-style-type: none"> ▪ Critical friends with high level of expertise <u>and</u> ▪ Clinical/professional champions for change, respected by colleagues and able to work within a broader network of champions 	<ul style="list-style-type: none"> ▪ No need for clinicians or other professionals to formally represent organisation/constituency (eg practice-based commissioning) but would be expected to feedback where appropriate
Programme Teams	<ul style="list-style-type: none"> ▪ Include some clinicians from relevant networks – individuals with a broader focus to work at Programme Team level ▪ Practice-Based Commissioning perspective essential eg PBC consortia leads ▪ Membership to include a PEC member ▪ Linkage to regional/national groups desirable ▪ Individuals to bring in other expertise where needed eg interest in information systems 	<ul style="list-style-type: none"> ▪ PBC clinicians need to be able to represent formally practice based commissioning consortia (eg via PBC Forum). ▪ PEC member to provide formal link to and represent PEC
Strategic Commissioning Executive and Commissioning Sub-Groups	<p>PCT Clinicians on Commissioning Executive and Sub-Groups to be drawn from:</p> <ul style="list-style-type: none"> ▪ PEC members ▪ PBC clinical Leads on behalf of PBC Forum 	<ul style="list-style-type: none"> ▪ Formal representation of PEC and/or PBC Forum. Clinicians are on Commissioning Sub-Groups as commissioners not providers
Healthy Leads Partnership	<ul style="list-style-type: none"> ▪ Staff and workforce implications of health and wellbeing strategies ▪ Engagement through unions or staff organisations 	<ul style="list-style-type: none"> ▪ Formal representation from medical and staff organisations involved in health and wellbeing

11 Locality arrangements

The partnerships suggested in this paper have a city-wide focus and remit. This reflects the importance of agreeing an overall strategic approach for the city to address the major issues affecting health and wellbeing, including the overall direction of travel for health and social care services.

However, detailed changes and improvements often need to be implemented at a much more local level to allow room for local expertise and innovation and so that improvements can be tailored to local circumstances. It is also important that the development of city-wide strategies and plans is informed by more local views about what is needed in particular parts of the city or to reflect the needs of particular communities of interest.

Local aspects of the health and wellbeing partnership arrangements are crucial given the importance of making a difference and having an impact on those services which affect outcomes for individuals. Currently there is a review of the five District Partnerships and this will be completed in September. The health sub-groups of these partnerships have provided an important function in relation to local action plans. The links to the Council's area committees and practice based commissioning will also be important at this level. There are also the links to the new locality enablers and cluster arrangements developing for children's services.

Developing effective partnership working at local level and making links between groups needs further discussion as well as the relationship to the city-wide partnership arrangements. It is at this level that effective participation of local people can play an important role in how services are developed and delivered. Establishing a consistent and effective approach to involvement is a key challenge for future work.

12 Governance Principles

Good governance arrangements will enable partners to know whether partnerships are providing value for money or added value. It also includes how the partnership relates to the local community.

Six principles for good governance (taken from the Council's governance framework)

1. Focus on purpose and community needs.
2. Having clear responsibilities and arrangements for accountability.
3. Good conduct and behaviour.
4. Informed, transparent decision-making and managing risk.
5. Developing skills and capacity.
6. Engaging stakeholders.

Partners will need to ensure that the partnership arrangements operate within their own corporate governance requirements. We need to learn and develop by regularly evaluating the effectiveness of our partnership arrangements against the above principles.

13 Issues for further discussion

There are several areas where further discussions need to take place. In particular in relation to:

- Maternity services – secondary and tertiary commissioning and gynaecology and how this relates to the Children’s Integrated Strategic Commissioning Board
- Joint working with other partnerships e.g. alcohol (joint board with Safer Leeds) sexual health and obesity (with Children Leeds) incapacity benefit due to mental health or musculo-skeletal problems (with Enterprise and Economy) and the Drugs joint commissioning group of Safer Leeds
- The review and development of locality partnership arrangements and commissioning at neighbourhood and individual levels
- How to address the cross-cutting issues of: estates, workforce, IT and transport

14 Next steps

Until the new structure is agreed and implemented, current arrangements will continue through joint working of the senior officers to take this forward. They will have a role within their own organisations and as part of the task group who have developed these proposals with the Healthy Leeds Partnership. There are also several issues that will require further work and discussion.

Timescales	Actions
April to August 07	Engagement of partners in discussions to develop proposals
September to November 07	Consultation on the proposals
December to March 08	Approval and implementation of new arrangements
October 07 to March 08	Procurement of a host for the Leeds LINK, followed by the setting up of the LINK

15 Having your say

We hope that the ideas in the paper are a useful starting point for discussion. They are not set in stone and there is a lot of detail which still needs to be worked through. We would very much welcome comments on the overall approach and contributions to the development of the detail.

We will be meeting groups and organisations during our consultation on these proposals from September to November. If you would like to send comments to us, please write to christine.farrar@leeds.gov.uk.