

Report of the Chief Officer (Democratic and Central Services)

Report to North East (Outer) Area Committee

Date: 24th October 2011

Subject: Local Authority Appointments to Outside Bodies – Progress Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Wetherby; Alwoodley and Harewood	<input checked="" type="checkbox"/> Yes	<input 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

1. This report updates the Committee on an outstanding vacancy in relation to the Area Health and Wellbeing Partnership and requests Members to give consideration to the proposals outlined in paragraph 4.1 of the report.

Recommendations

1. The Area Committee is asked to note the report and consider the following proposals:-
 - give further consideration to the outstanding vacancy in relation to the Area Health and Wellbeing Partnership

1 Purpose of this report

- 1.1 This report updates the Committee on an outstanding vacancy in relation to the Health and Wellbeing Partnership and requests Members to give consideration to the proposals outlined in paragraph 4.1 of the report.

2 Background information

- 2.0 At the previous meeting held on 4th July 2011, Members considered a report outlining the procedures for Council Appointments to outside bodies, and made appointments to various Organisations.
- 2.1 The vacancy on the Area Health and Wellbeing Partnership was not filled, neither was it filled when the paper came back to the Area Committee on the 19th September 2011.

3 Main issues

3.1 District or Area – Based Partnerships

In November 2008, the Council's Member Management Committee agreed that Member appointments to District and Area – based Partnerships should be categorised under the Appointments to Outside Bodies Procedure Rules (see Appendix 1) as 'Community and Local Engagement' appointments, to be made by the relevant Area Committee. For governance and administration purposes, it has been decided to review these appointments annually, and details of this Committee's current appointments are set out later in the report.

At present, there are a number of area based partnership groups established as part of Leeds Initiative – the local strategic partnership. These are:

- Divisional Community Safety Partnerships
- Area Children's Partnerships
- Area Health & Social Care Partnerships
- Area Employment Enterprise and Training Partnerships

There are three of each of these theme based district partnership groups for the City, all broadly co-terminus with the three Area Management wedges of Leeds City Council. The exception to this is the Area Children's Partnerships, where there are to be five, corresponding to the former five Area Management wedges across the City.

These partnership groups have requested that each Area Committee in their patch nominate a local elected Member representative (or 'champion') to participate in the work of the partnership and act as the link between the partnership and the Area Committee.

Local, area - based partnerships make an important contribution in determining the local actions that can be taken to support the delivery of the strategic outcomes and improvement priorities set out in the Leeds Strategic Plan. The broad commitments and actions of these local partnerships are captured in each Area Committee's Area

Delivery Plan (ADP), and they are accountable to the Area Committees for these commitments. The accountability and feedback to Area Committees will be through the regular monitoring reports on each ADP and through an annual report from the partnership group to each Area Committee. The Area Management Teams will support local Member involvement and facilitate Member representatives to raise any issues at their Area Committee as appropriate. It is further proposed that the minutes of all such partnership meetings are available to all Area Committee Members.

There is an expectation that Area Committee representatives will share their knowledge and intelligence of the area, to help shape and determine the priorities and action plans of the partnerships, ensuring they are complimentary and supportive of the Area Committees' ADPs. Direct participation by elected Members on these local partnerships will strengthen the role of Members and their voice as 'community champions' within our partner agencies, and overcome any perceived 'democratic deficit' there may have been. Elected Members participation will also help build the links between local partnership working and the work of the Council through the Area Committees.

The Committee's current designated partnership representatives, or 'champions', are as follows :-

- Divisional Community Safety Partnership – **Councillor A Lamb**
- Area Children's Partnership – **Councillor A Lamb**
- Area Health and wellbeing Partnership – **Vacancy**
- Area Employment, Enterprise and Training Partnership – **Councillor M Robinson**

3.2 Further information on the Health and Wellbeing Partnership is provided in terms of a briefing note at Appendix 1, the Terms of Reference at Appendix 2 and a list of current members at Appendix 3. This was also sent round to members for consideration prior to the meeting.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Not applicable under this section.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Not applicable under this section.

4.3 Council Policies and City Priorities

4.3.1 Not applicable under this section.

4.4 Resources and Value for Money

4.4.1 Not applicable under this section.

4.5 Legal Implications, Access to Information and Call In

4.5.1 Not applicable under this section.

4.6 Risk Management

4.6.1 Not applicable under this section.

5 Conclusions

5.1.1. Not applicable under this section.

6 Recommendations

6.1 The Area Committee is asked to note the report and consider the following proposals:-

- give further consideration to the outstanding vacancy in relation to the Area Health and Wellbeing Partnership

7 Background documents

7.1 Local Authority Appointments to Outside Bodies – Report of the Chief Officer (Democratic and Central Services) – North East (Outer) Area Committee – 4th July 2011.

Briefing for Outer North East Councillors around role of Health Champion on the Health and Wellbeing Partnerships

Briefing prepared by: Liz Bailey, Health and Wellbeing Improvement Manager (East North East Area)

1. Introduction

The East North East Partnership is the local strategic health leadership forum which brings together representatives from organisations which have an influence on the health and wellbeing of the people for the local area. Its main focus is on improving health outcomes and reducing health inequalities as evidenced in the Joint Strategic Needs Assessment.

2. Reducing Health Inequalities

The partnership recognises the need to improve the health of the poorest the fastest through integrated work focusing on the most deprived areas and population groups. It has a key role in identifying key local health and wellbeing issues and reporting to the Health and Wellbeing Board on these.

3. Priority Setting

Priorities are determined by:

- Robust area data (quantitative, qualitative intelligence)
- Meaningful community engagement
- Citywide priorities
- Partners priorities
- Available resources.

4. The importance of a partnership approach

Effective, multi agency partnership working is an appropriate way to address many of the present day public health challenges, the origins of which often lie outside the remit of the NHS. For example, in terms of obesity prevention, which in turn leads to serious medical conditions such as heart disease, diabetes and certain cancers, it is imperative that action to encourage individuals to eat more healthily and take appropriate physical activity, are backed up by measures to tackle factors in the wider environment, such as scrutinising the proliferation of fast food environments, ensuring easily accessible green-space and affordable leisure opportunities for all, as well as discouraging excessive alcohol consumption by education and pricing and point of sale mechanisms.

Alcohol use impacts across the health, crime and families agenda and as such requires a comprehensive approach requiring input from a wide range of individuals, especially councillors. The Health and Wellbeing partnership brings together the relevant partners to recognise and embed this thinking across organisations, including the Local Authority and within communities themselves.

5. Achievements so far

In terms of achievements for the Outer East area so far, the East North East Health and Wellbeing Partnership has influenced practice in leisure centres to enable greater accessibility for disabled people, opened up more affordable leisure opportunities for carers and contributed to the development of a web based portal, which enables local people to identify the health promotion opportunities in their area. A number of nine recently trained health walk leaders are now using their skills to provide local disadvantaged or disabled groups with free healthy activities.

In terms of Alwoodley schools, joint working with Space2, a community organisation has resulted in 26 vulnerable children and young people and 50 Alwoodley parents receiving health messages and input through a dance and arts performance at the Yorkshire Playhouse in July 2011.

3 boys have signed up to attend Saturday Boys Contemporary Dance Class at Northern School of Contemporary Dance and this work, including the input from health professionals around stop smoking and inhaler technique checks, will be built upon for next year.

The efforts of partners has resulted in development and implementation of a wide range of activities aimed at encouraging greater take up of free school meals, including developing and introducing a game which is now used within all school health challenge events run by NHS colleagues.

The Health and Wellbeing partnership has a strong relationship with Calibre Clinical Commissioning group and is chaired by Paul Storey from that group. Work is developing with both Calibre and Leodis CCG, as well as the Stop Smoking Service around prevention, early identification, diagnosis and management of Chronic Obstructive Pulmonary Disease. Work is also beginning to develop around integrated health and social care teams, patient self care and the role of the wider community support mechanisms.

A new priority for 2011 is addressing the challenges of families with complex needs and an outcome based accountability session for the partnership and wider colleagues on 7th October 2011 is the first step in drawing up an action plan which will require the efforts of all partners and action that is replicable across the whole of the East North East Area.

6. The Health Champion Role

The Area Committee Health Champion role provides an opportunity for a Councillor from Outer East Area Committee to play an active role in shaping the health of his/her community. It also provides an opportunity to influence the provision of services through clinical commissioning groups, other NHS providers and Third sector providers of services. Importantly the Health champion role can bring a unique community perspective to enable the value of quantitative data to be maximised so that resources can be targeted to make the biggest impact.

There is an expectation that Area Committee representatives will share their knowledge and intelligence of the area, to help shape and determine the priorities and actions of the partnerships, ensuring they are reflected in the Area Committees' Area Delivery Plans. Direct participation by elected Members on these local partnerships strengthens the role of

Members and their voice as 'community champions' within partner agencies, and overcome any perceived 'democratic deficit' there may have been. Elected Members participation will also help build the links between local partnership working and the work of the Council through the Area Committees.

TERMS OF REFERENCE FOR LOCAL HEALTH AND WELLBEING PARTNERSHIPS

1. Introduction

The (ENE/SE/WNW) Health and Wellbeing Partnership is the local element of the Leeds Initiative partnership arrangements. It is the mechanism for delivering and driving forward the health and wellbeing theme of the City Priority Plan. It also has a role in feeding in the local perspective to influence the strategic direction of city wide plans

The locality partnership is to hold some executive delegated decision making powers and/or authority. These will be decided by the Health and Wellbeing Board and will be introduced in an incremental way to ensure smooth implementation.

Partners will actively participate and represent their organisation / sector, mobilising resources and efforts where appropriate.

2. Aims

The Partnership is the strategic leadership forum which brings together representatives from organisations which have an influence on the health and wellbeing of the people for the local area. Its main focus is on improving health outcomes and reducing health inequalities as evidenced in the JSNA between different neighbourhoods and between different groups of people. To improve the health of the poorest the fastest through integrated work focusing on the most deprived areas and population groups. To identify key local issues and report to Health and Wellbeing Board on these.

Priorities will be determined by:

- Robust area data (quantitative, qualitative intelligence)
- Meaningful community engagement
- Citywide priorities
- Partners priorities
- Available resources.

3. Principles

The Partnership will:

- 3.1 Use a social model of health and wellbeing as a basis for its work
- 3.2 Be inclusive
- 3.3 Promote best practice in partnership working, health improvement and public involvement
- 3.4 Identify shared resources and activity to improve local health and wellbeing Outcomes.

4. Functions

The Local Health and wellbeing partnership will:

- 4.1 Provide local leadership on health and wellbeing issues;
- 4.2 Review evidence on local health needs and determine the issues that need addressing;
- 4.3 Monitor and support the local implementation of the citywide health and well-being partnership plan;
- 4.4 To influence the commissioning process and support intelligent commissioning decisions for the local area
- 4.5 Raise awareness of and tackle health inequalities in the local area including reporting regularly to area committees;
- 4.6 Improve communication on health and wellbeing between agencies;
- 4.7 Act as a forum for key partners to raise issues which require partnership action and problem solve;
- 4.8 Influence city-wide strategic direction through the Healthy Leeds Partnership;
- 4.9 Maximise opportunities for joint working and integration of services and make the best use of existing opportunities and processes to prevent duplication or gaps
- 4.10 Focus on how best to secure the required outcomes by determining what works best for a given area.

5. Ways of working

5.1 Co-ordination

The Health Improvement Manager will support and develop the health and wellbeing partnership and work with all service providers and commissioners to ensure that local need is being met in ways that are cost effective and high quality. They will develop clear leadership for the health and well-being theme of the Leeds Strategic Plan at the area level. They will develop links in the local area to inform and build relationships in order to ensure a joined up approach to commissioning and service delivery at the local level, within the context of the city-wide strategy.

They will work closely with all partners to create a model of service provision that is needs-led and focused on delivering improved outcomes for local people. They will ensure that the delivery of work programmes and services in support of health and well being are appropriately integrated at the area and locality level to avoid duplication and ensure effective of use of resources.

The Health & Wellbeing Improvement Managers will work closely with Area Leadership Teams, including attendance when deemed appropriate at Area Leadership and Area Committee Meetings, to ensuring regular communication and joined up working to improve outcomes for people in the local area.

5.2 Health and Wellbeing Partnership meetings

The partnership will decide the frequency of its meeting and this will depend on the action it is planning to deliver. The partnership will elect the chair and vice chair. The chair, supported by the Health Improvement Manager, will be responsible for finalising the agenda of meetings and liaison between full meetings of the partnership where this is necessary. Administrative support will be provided to service the partnership.

Any delegated decisions to be undertaken by the partnership ensuring quorate (at least 50% of core membership).

Declaration of interest - where relevant members of the partnership to ensure they declare any conflict of interest.

Key issues will be considered including progress on the local delivery of the Health and Wellbeing Plan, effectiveness of partnership activities and innovative ways forward.

5.3 Task Groups

Once the priorities for the partnership are identified, much of the work will be taken forward through time limited task groups or joint groups with other local partnerships as appropriate.

6. Reporting arrangements

To the Leeds Initiative

The Local Health and Wellbeing Partnership will report to the Health and Wellbeing Board through:

- Delegated commissioning functions
- Contribution of key local priorities for Leeds Citywide Priorities Plan.

To the public

The Partnership will provide information to the public through:

- Area committees (local governance) as and when appropriate.

Annual report to be produced by the locality partnerships – tbc.

7. Membership

The group will include senior level representatives from all of the agencies and sectors who contribute to this agenda locally. Membership will be reviewed continuously and partners may nominate substitutes in the event of their member being unavailable. Individuals can be co-opted for specific issues and expertise.

The core membership is:

Health:

Public Health Directorate,
Clinical Commissioning groups (locality commissioner)
Leeds Community Health Care NHS Trust (locality provider).

LPFT/LTHT:

As appropriate.

Leeds City Council:

Councillors (Health Champion per area committee)

Area Leader

Adult Social Care (locality provider / locality commissioner)

Children's services

Environment and neighbourhoods (Housing, Environment, Leisure etc as appropriate to local priorities)

City Development services (as appropriate to local priorities).

Voluntary & Community

Leeds Third Sector Health and Wellbeing Network representative.

Public and Service users and carers

Healthwatch representative.

Others

As relevant to local area e.g. prisons, universities, etc.

8. Coordination and consistency

All 3 locality partnership chairs and Health & Wellbeing Improvement Managers to meet on ad-hoc basis as required to ensure consistent ways of working and where appropriate to inform citywide processes.

Membership
East North East Leeds Health & Wellbeing Partnership

Name	Organisation
Chris Reid	Leodis - CCG
Councillor Ronald Grahame	Leeds City Council, Inner East Health Champion
Councillor Sharon Hamilton	Leeds City Council, Inner North East Health Champion
Diane Jackson	NHS Leeds Community Healthcare
John Woolmer	LCC Environments and Neighbourhoods
Julia Suddick	Leeds City Council, Adult Social Care
Julie Mountain	NHS Community Healthcare
Ken Morton	Leeds City Council Children's Services
Liz Bailey	Leeds City Council, Adult Social Care
Lucy Jackson	NHS Public Health
Mark Ireland	Environment & Neighbourhoods
Mark Phillott	Commissioning Manager
Paul Storey	Calibre - Practice Based Commissioning
Razwanah Alam	Leeds VOICE
Rory Barke	East Area Leader
Rosemary Young	LINK/ LIP/ Carers Leeds
Ruth Middleton	Leodis CCG
Sue Cassidy	Leeds City Council Children's Services
Vacant	Leeds City Council, Outer North East Health Champion