

Approval of West Yorkshire Health and Care Partnership Board as a joint committee of Leeds City Council, Council appointments and Terms of Reference

Date: 18th October 2023

Report of: The Director of Adults and Health

Report to: General Purposes Committee

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- The purpose of this report is to recommend to General Purposes Committee:
 - That the Council establishes a joint committee (an integrated care partnership) called the West Yorkshire Health and Care Partnership Board for the area of the Integrated Care Board (ICB) together with the ICB and the other responsible local authorities in the ICB's area.
 - That the Council approves the proposed Terms of Reference (attached as Appendix 1) of the West Yorkshire Health and Care Partnership Board (the "Partnership Board")
 - That GPC appoints one member of the Partnership Board, namely the Council Leader Cllr James Lewis;
 - That the Council notes the appointment of the Chair of the Health and Wellbeing Board Cllr Fiona Venner, and the Council Chief Executive Tom Riordan as members of the Partnership Board, by the Partnership Board.
 - that the necessary changes be made to the Council's constitution.
- The Health and Care Act 2022 mandated that existing Integrated Care Systems become statutory partnerships, comprised of an Integrated Care Board organisation (ICB) and an Integrated Care Partnership (ICP).
- The Integrated Care Partnership (ICP) is a statutory joint committee, established by the Integrated Care Board and the local authorities with social care responsibilities within the Integrated Care System (ICS). Leeds is one of six local authority areas within the West Yorkshire ICS footprint. The others are Bradford, Calderdale, Kirklees, Wakefield and Craven excluding LSOAs: E01027558, E01027559, and E01027570.

- Building on existing successful arrangements, the current inclusive, non-statutory Partnership Board (established in 2019) transferred to being the statutory ICP for the West Yorkshire ICS (known as “West Yorkshire Health and Care Partnership (WYHCP)”). It will continue its role as a key element of the leadership and governance arrangements for the West Yorkshire Health and Care Partnership and provide the formal leadership. It will be responsible for setting strategic direction and providing strategic oversight for all WYHCP business. It will make joint decisions and recommendations on matters which do not impact on the statutory responsibilities of individual organisations.
- The Terms of Reference formally describe the scope, functions and ways of working for the Partnership Board. They have been revised to reflect its status as a statutory committee of NHS West Yorkshire Integrated Care Board and the responsible local authorities in the Integrated Care System (ICS) area.
- Leeds’s membership of the Partnership Board strengthens the opportunity to tackle health inequalities at regional level, in line with our Best City ambition to “be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest”. The Partnership Board is now responsible for agreeing an integrated care strategy to address the broad health and social care needs of the population of the ICB’s area, including wider determinants of health such as employment and housing issues. The Leeds Health and Wellbeing Strategy aligns to the regional strategy; both documents will influence decision making, and commissioning and delivery of services in the city in order to get the best outcomes for the people of Leeds and the wider region.

Recommendations

That GPC recommends to Council that

1. (i) It establishes a joint committee (an integrated care partnership) called the West Yorkshire Health and Care Partnership Board for the area of the Integrated Care Board (ICB) together with the ICB and the other responsible local authorities in the ICB’s area.
 - a. (ii) It approves the proposed Terms of Reference (attached as Appendix 1) of the West Yorkshire Health and Care Partnership Board (the “Partnership Board”)
 - b. (iii) It notes the separate appointment of the Chair of the Health and Wellbeing Board Cllr Fiona Venner, and the Council Chief Executive Tom Riordan as members of the Partnership Board, by the Partnership Board.
 - (iv) that the necessary changes be made to the Council’s constitution;

That GPC resolves

2, that the West Yorkshire Health and Care Partnership Board is a strategic and key appointment in the context of the Appointments to Outside Body Procedure Rules;

3 Appoints one member of the Partnership Board, namely the Council Leader Cllr James Lewis, subject to Council resolving to approve recommendations 1 (i) – (iv) above.

Why is the proposal being put forward?

- 1 The Health and Care Act 2022 mandated that existing Integrated Care Systems become statutory partnerships, comprised of an Integrated Care Board organisation (ICB) and an Integrated Care Partnership (ICP). The Integrated Care Partnership (ICP) is a statutory joint committee, established by the Integrated Care Board and the local authorities with social care responsibilities within the Integrated Care System (ICS). Leeds is one of six local authority areas within the West Yorkshire ICS footprint. The others are Bradford, Calderdale, Kirklees, Wakefield and Craven excluding LSOAs: E01027558, E01027559, and E01027570
- 2 A non-statutory Partnership Board made up of health and care bodies operating across the footprint described above has been in place since 2019.
- 3 Building on existing successful arrangements, the current inclusive, non-statutory Partnership Board (established in 2019 and of which Leeds City Council is already a member) will become the statutory ICP for West Yorkshire ICS. It will continue its role as a key element of the leadership and governance arrangements for the West Yorkshire Health and Care Partnership (the name of our regional ICS). This role is strengthened through the 2022 legislation which states ICPs will provide 'formal leadership'. It will be responsible for setting strategic direction and providing strategic oversight for all Partnership business. In particular, the Board must prepare an integrated care strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, NHS England or the responsible local authorities in its area. It will make joint decisions and recommendations on matters which do not impact on the statutory responsibilities of individual organisations.
- 4 The Terms of Reference (ToR) for the Partnership Board have been revised to reflect its status as a statutory committee of NHS West Yorkshire Integrated Care Board and the responsible local authorities in the ICS. Key elements of the ToR include setting out how partners across the WYHCP will work together; the vision and purpose of the WYCHP, shared principles, value and behaviours; roles and responsibilities; membership and accountability.

What impact will this proposal have?

Wards Affected:

Have ward members been consulted? Yes No

- 5 The proposal strengthens existing regional partnership working arrangements that are already working well. The refreshed ToR confirm the shared vision for improving health and care across West Yorkshire that all strategies and plans at regional and local level must take into consideration:
 - *Places will be healthy - you will have the best start in life, so you can live and age well*
 - *If you have long term health conditions, you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine*
 - *If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations*
 - *If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible*

- *Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health*
- *All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example, community and hospital care working together*
- *Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.*

The Partnership Board will set strategic direction and make joint decisions and recommendations on matters which do not impact on the statutory responsibilities of individual member organisations. The roles and responsibilities set out in the revised ToR capture some areas of positive impact in terms of the formal leadership role of the Partnership Board, which will be felt at both regional and local level. Responsibilities include:

- agree the West Yorkshire Integrated Care Strategy and the broad objectives for the Partnership;
- consider recommendations from Partnership forums such as the System Leadership Executive Group and make recommendations on:
 - The objectives of priority Partnership work programmes and workstreams
 - The apportionment of transformation monies from national bodies
 - Common actions when systems become distressed
- ensure the voice of the patients, service users and citizens is heard and reflected in all plans
- act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities;
- provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale;
- support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;
- ensure that, through partnership working in each place and across West Yorkshire, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings;
- oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action in relation to managing

collective performance, resources and the totality of population health;

- adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership.

What consultation and engagement has taken place?

- 6 There is no statutory or legal requirement to carry out consultation on the revised Terms of Reference to the Partnership Board.

What are the resource implications?

- 7 There are no direct resource implications for Leeds City Council related to the recommendations made in this report.
- 8 The Terms of Reference have been revised to reflect the status of the Partnership Board as a statutory committee of NHS West Yorkshire Integrated Care Board and the responsible local authorities in the Integrated Care System (ICS) area. Accordingly, the existing approach to supporting the Partnership Board will continue to be from NHS West Yorkshire Integrated Care Board.
- 9 Further, the recommended LCC appointees have been active and influential members of the Partnership Board since its inception in 2019. No further resourcing is required to execute statutory membership.

What are the legal implications?

- 14 Under Section 116ZA of the Local Government and Public Involvement in Health Act 2007, an ICB and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an ICP). The ICP for an area must consist of one member appointed by the ICB, one member appointed by each of the responsible local authorities, and any members appointed by the ICP itself. An ICP may determine its own procedure, including quorum. An ICP must prepare an integrated care strategy setting out how the assessed needs for its area are to be met by the exercise of functions by the ICB, NHS England or the responsible local authorities in its area. There is no statutory requirement or provision for the delegation of any functions by the Council to the ICP, therefore the Council will continue to take formal decisions in the usual way in relation to the exercise of any Council functions which may be identified in the integrated care strategy.
- 15 The establishment of the Partnership is considered to meet the definition of a Strategic and Key Partnership for the purposes of the Appointment to Outside Bodies Procedure Rules as its participation contributes to the Council's strategic functions, priorities and community leadership role.
- 16 General Purposes Committee has delegated Authority to appoint Members to Outside Bodies in accordance with the Appointment to Outside Bodies Procedure Rules.

What are the key risks and how are they being managed?

- 17 The approval of the revised Terms of Reference, the appointment of the Partnership Board as a committee and the appointment of the Partnership Board members referred to above does not present any immediate risks. These actions capture and formalise the successful approach to partnership working around health and care at regional level that are already in place.

18 There is no information governance risk or processing of personal data as a result of approving the recommendations made in this report.

Does this proposal support the council's 3 Key Pillars?

Inclusive Growth

Health and Wellbeing

Zero Carbon

19 The proposals made in this report are unequivocally focussed on being a key part of the regional health and care system response to the improving health and wellbeing and tackling health inequalities. It will support implementation of Leeds Health and Wellbeing Strategy which sets out the strategic priorities to tackle inequalities in Leeds and the Healthy Leeds Plan, the Leeds Health and Care Partnership response to the Health and Wellbeing Strategy.

20 Further, the Partnership Board has a focus on the wider determinants of health and thus will support the WYHCP response to climate change and inclusive growth.

Options, timescales and measuring success

a) What other options were considered?

21 None – statutory requirement of the 2022 Health and Care Act.

b) How will success be measured?

22 The West Yorkshire Partnership Board will measure its success on its ability to deliver closer, more effective, and more collaborative delivery of health and care for the people of West Yorkshire. Measured publicly by progress on the over-arching 10 Big Ambitions for the Partnership, published in the West Yorkshire Integrated Care Strategy and summarised here: [Our 10 big ambitions :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/our-10-big-ambitions). These 10 big ambitions are a mix of clinical improvements, reductions in health inequalities, improvements in the wider determinants of health and maxing the best use of local economic and human resources for the population's wellbeing.

23 What is the timetable for implementation?

24 The statutory requirement to have an Integrated Care Partnership as part of an Integrated Care System came into effect from 1 July 2022.

25 The revised Terms of Reference were supported by the Partnership Board (West Yorkshire's ICP) on 6 September 2022.

Appendices

26 West Yorkshire Partnership Board Terms of Reference

27 Equality, Cohesion, Diversity and Integration screening

Background papers

35 None

