

Leeds Health & Wellbeing Board

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Report of: Paul Bollom (Chief Officer, Health Partnerships)

Report to: The Leeds Health and Wellbeing Board

Date: 06 September 2016

Subject: Towards Better Joint Health and Care Working – A Governance Update

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Health and Wellbeing Boards create the space for senior leaders to come together to develop strategic oversight and direction for health and care. In Leeds, the Board takes a place-based approach to tackling the priorities set out in the Leeds Health and Wellbeing Strategy 2016-21 and, through collective leadership around a shared vision, sets the direction for our city to reach its outcomes. This is in the context of a changing health and care system at local, regional and national level, continuing financial challenge, and enduring health inequalities.

Therefore, the Leeds Health and Wellbeing Board must be assured that the right partnership structures are in place and that they allow the Board influence across the partnership to help achieve our shared ambitions for Leeds.

This paper sets out the current health and care partnership for Leeds and West Yorkshire and explores the relationships between the ‘top tier’ structures and the Health and Wellbeing Board¹. It also highlights where relationships could be strengthened or shifted in order to provide the transparent and effective governance needed to achieve the outcomes of the Leeds Health and Wellbeing Strategy 2016-21.

Recommendations

The Health and Wellbeing Board is asked to:

- Agree that the right partnership structures are in place and that they help to achieve our shared ambitions for Leeds
- Consider whether the partnership structures create a space in which significant things can happen between or outside of Health and Wellbeing Board meetings (in which the Board has influence)

¹ This has been informed by the recent Price Waterhouse Cooper (PWC) governance review

- Endorse the proposals set out in section 3 of this report
- Consider whether proposals around reference/engagement groups such as the Leeds Academic Health Partnership and Leeds Clinical Senate satisfy issues around clinical voice and leadership
- Request an update on the progress of the Leeds Academic Health Partnership and Leeds Clinical Senate at a future meeting of the Board
- Request a further update and options for governance at a future meeting of the Board

1 Purpose of this report

In light of a changing health and care system at local, regional and national level, a continuing financial challenge and enduring health inequalities, this paper poses two key questions:

- Is the Board assured that the right partnership structures are in place?
- And do they allow the Board influence across the partnership to help achieve our shared ambitions for Leeds?

In order to help the Board answer these questions, this report details the Leeds health and care partnership structure and explores: purpose, role and membership of ‘top tier’ boards/groups; how they interact; their relationship with the Health and Wellbeing Board, and where relationships could be strengthened or shifted in order to provide the transparent and effective governance needed to achieve the outcomes of the Leeds Health and Wellbeing Strategy 2016-21.

All partners in the Health and Wellbeing Board have individual organisational decision making structures. This paper acknowledges that formal decision making is embedded in these structures and no changes are proposed to these functions within this paper. Engagement with wider stakeholders, including Third Sector, Healthwatch and elected members will be undertaken as appropriate and in-line with agreed processes/frameworks for any specific agenda items.

2 Background information

The national policy direction of greater collaboration, coordination and integration of health and care aims to improve health and wellbeing, improve the quality of services and ensure financially sustainable provision. This requires greater close working between partners especially, but not limited to, local government and the NHS.

Leeds has a great track record of partnership working across health and care. Our ambition is for the Leeds health and care system to act as ‘one workforce’. This requires strong leadership, the right culture, and effective governance to allow collaboration in order to ensure our ‘one workforce’ can make the differences needed so that everyone in Leeds experiences the five outcomes of the Health and Wellbeing Strategy. Working fully in partnership with the Third Sector, Healthwatch Leeds, academic colleagues, those in caring and volunteer roles, and citizens is crucial to make the most of our city wide assets. Focused action across the partnership, with measures of change to outcomes or efficiency, is needed.

A Shared Intelligence report published in March 2016 explored the notion of Health and Wellbeing Boards as a ‘hub’ and a ‘fulcrum’. The hub refers to a board’s ability to bring the right people together in order to have coherent conversations which lead to

decisions and action. Highly effective boards provide this hub function, but also act as a fulcrum around which things happen. These are boards that create a space in which significant things happen between or outside of meetings, in which the board has a pivotal influence. A key attribute of a well performing Health and Wellbeing Board is a shared understanding of how the Board fits with other structures².

Locally, a review of the health and care system governance was commissioned from the consultancy PWC in 2015. This review reflected on the complexity and embedded investment (and potential for efficiencies) in the number of partnership and meeting structures. This paper takes forward recommendations from this work in relation to the boards and structures in scope of this paper.

2.1 Good governance

The purpose of good governance in this paper relates to ensuring decisions are made and implemented effectively. The characteristics of good governance may be captured as transparency, accountability, lawfulness, decisions which are based on consensus, participatory, responsive, and supportive of equity and inclusion.

2.2 National context

The NHS Five Year Forward View (2014) sets out 'a clear direction' for a radical shift in the shape of healthcare towards enhanced community provision. It discusses the challenges facing the health and care system over the next 5 years, characterised by three 'gaps' which must be closed if the health and care system is to continue to meet the expectations of patients and the public in a sustainable way:

- the health and wellbeing gap
- the close the care and quality gap
- the finance and efficiency gap

Local authorities also face significant questions as to how they maintain and improve the wellbeing of the communities they represent in light of general reductions in funding from central government and their public health functions specifically. Demographic growth, both overall and in populations of high need, requires them to both prevent where possible needs arising and to sustainably manage services and resources where they do. To achieve this, they increasingly need to create close operational relationships and / or joint services. To ensure strong collaboration, it is also important that decision making across the partnership takes into account direction set and decisions made in the wider democratic structures and fora.

As previously noted to the Health and Wellbeing Board in January and April, NHS England has initiated a place-based health and care planning approach to closing the three gaps in the Forward View: Sustainability and Transformation Plans (STPs). This approach promotes local action and decision making in managing the significant pressures on demand led services across health and care. NHS England has mandated that Leeds is part of a West Yorkshire STP footprint; this requires consideration as to how local government and democratic accountability (as well as Third Sector and Healthwatch Leeds) support and challenge joint working within this footprint. Leeds has also developed a local STP which sits within the wider West Yorkshire plan.

² *The force begins to awaken: A third review of the state of health and wellbeing boards*, Shared Intelligence (March 2016)

Alongside the STPs, NHS England charged local areas with developing Local Digital Roadmaps, setting out plans for achieving the goal of being paper-free at the point of care by 2020. This is on a Leeds footprint and underpins delivery of the local STP through effective use of informatics and technology as well as enhancing individual organisational informatics capacity.

The Forward View also sets out key themes which influence the need to further develop partnership governance and may continue to influence organisational thinking. These include: maximising benefits from health and care technology, research and innovation; developing new models of care which may raise new questions about how Leeds commissions and contracts for services. Additionally, other national areas of interest include: the current financial incentive framework and measures taken to manage overall NHS spend by NHS England ('control totals') are being re-evaluated; the growing consideration of placed-based inspection and regulation by bodies, such as NHS Improvement, and the recent policy direction towards regional devolution including health and social care, i.e. Devo Manc.

Some Core Cities in England are exploring alternatives to governance of local health and care including most notably the devolution initiative in Manchester (as mentioned above) and the use of external chairing of executive boards (Birmingham). These approaches reflect local desire to deepen local, joint conversations and working in health and wellbeing, but it is as yet unresolved if these approaches explicitly benefit communities.

2.3 Local context

Leeds has a number of key documents which set out plans to achieve our vision for health and care through reducing health inequalities, delivering person-centred services closer to home and making best use of resources. These need to be supported through effective governance in order to ensure successful implementation.

Leeds Health and Wellbeing Strategy 2016-21 provides a framework for the partnership ambitions of the city. The Strategy is owned by the Leeds Health and Wellbeing Board, but emphasises the people of Leeds are our city's greatest asset and enablers for change.

The Strategy and work of the Board encompasses all ages, including children and families. Significant improvement in local indicators of children's wellbeing has been supported by the effective Children and Families Trust Board arrangements and Children and Young People's Plan which remain a partner to the Board in considering the health and education of children and families. This paper recognises the opportunity to ensure that the health of children and families is considered throughout partnership arrangements.

Leeds' STP arrangements (detailed in a paper also going to the Board on 6th September) emphasise the importance of working closely with citizens, communities and Third Sector partners to take a strong preventative approach and create a healthier city. Implementing the STP will require, as a minimum, joint arrangements in the city for engaging and communicating with the public, remodelling services, implementing new technology and supporting the workforce change. This paper recommends a basis for these arrangements within the resources and value for

money section in this paper and suggests further consultation with the Board as proposals become clear.

There is consensus across the partnership that a strong clinical voice is a prerequisite to Leeds arrangements and therefore there is a need to consider how this is expressed currently and may be improved further.

Finally, there is support for taking forward the recommendations of the PWC review, several of which have influenced the contents of this paper.

3 Main issues

In light of the national and local contexts set out above, there are a number of issues that could be addressed through greater transparency, clarity and good governance in our partnership structures, including:

- Understanding the Health and Wellbeing Board's relationship with other groups across the partnership
- Being clearer about how the Health and Wellbeing Board can set the strategic direction for health and care across the partnership and seek assurance on progress towards shared ambitions
- Strengthening the clinical voice and embedding clinical leadership
- Meeting the financial challenge and spending the Leeds £ wisely
- Making the best use of our city assets and opportunities to drive innovation and harness the use of technology for improved health outcomes and economic growth
- Delivering the Sustainability and Transformation Plan

LGA guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change³. The Leeds Health and Wellbeing Board has a strong reputation for collaborative relationships combined with a focus on the Leeds £. With good governance, there is an increased opportunity for the Leeds Health and Wellbeing Board to be a highly effective board that is a 'hub and fulcrum' around which things happen.

A brief summary on partnership groups is set out below to help create a shared understanding of how the Board fits with these other structures in order to achieve our shared ambitions and accommodate some of the emerging issues outlined above.

³ *Making and impact through good governance – a practical guide for Health and Wellbeing Boards*, Local Government Association (October 2014)

3.1 Health and Wellbeing Board

Leeds Health and Wellbeing Board

Role

Strategic place-based leadership to improve the health and wellbeing of people in Leeds. Operating as one organisation around a shared vision, as set out in the Leeds Health and Wellbeing Strategy 2016-21, and spending the Leeds £ wisely to drive change across the local health and care system. The Board has a relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system to help achieve our shared ambitions. This is achieved by using all resources of the Board from the statutory commissioning and delivery of services by Board members through to the broadest partnership influence on the wider determinants of health outcomes. The role includes statutory functions to assess population need in the locality through regular publication of a Joint Strategic Needs Assessment (JSNA) and an assessment of sufficiency of pharmacy provision in a locality through a pharmacy needs assessment (PNA).

Membership

The membership of the Health and Wellbeing Board is set out in statute in the Health and Social Care Act (2012). The Act provides a list of mandatory representatives to the board. There is local freedom to add to this membership and in Leeds this has been utilised to ensure that both CCG Chief Executives and Accountable Officers are represented as well as local NHS providers.

The current membership is:

- Executive Member for Health, Wellbeing and Adults, Leeds City Council (Chair)
- Executive Member for Communities, Leeds City Council
- Executive Member for Children and Families, Leeds City Council
- Elected Member, Conservative, Leeds City Council
- Elected Member, Liberal Democrat Group, Leeds City Council
- Chair, Healthwatch Leeds
- Chief Executive Officer, Healthwatch Leeds
- Third Sector Representative
- Clinical Chair, NHS Leeds North Clinical Commissioning Group
- Chief Accountable Officer, NHS Leeds North Clinical Commissioning Group
- Clinical Chair, NHS Leeds West Clinical Commissioning Group
- Chief Executive Officer, NHS Leeds West Clinical Commissioning Group
- Clinical Chief Accountable Officer, NHS Leeds South & East Clinical Commissioning Group
- Chief Operating Officer, NHS Leeds South & East Clinical Commissioning Group
- Director of Public Health, Leeds City Council
- Director of Adult Social Services, Leeds City Council
- Director of Children's Services, Leeds City Council
- Director of Commissioning Operations (Yorkshire and Humber), NHS England
- Chief Executive, Leeds and York Partnership NHS Foundation Trust
- Chief Executive, Leeds Teaching Hospitals NHS Trust
- Chief Executive, Leeds Community Healthcare NHS Trust

Proposals

1. The Board has a principle role in the oversight of the financial sustainability of the Leeds system
2. The HWB provide the strategic direction and leadership of the local STP
3. The HWB oversee the Partnership Executive Group (PEG), PEG as a meeting of the executive functions for the partnership in relation to the direct health and care system and therefore task it with implementing the Leeds STP
4. The HWB receive a quarterly report from the PEG, detailing progress on the STP. This will

include a quarterly financial health check for Leeds health and care provision, and a projection of progress in the implementing, commissioning and impact of the local STP

3.2 Leeds Health and Care Partnership Executive Group (PEG)

Leeds Health and Care Partnership Executive Group (PEG)

Role

PEG meets monthly and has agreed to work together in four ways:

- Work with people and families to enable them to take more control of their own health and care needs
- Provide high quality services in the right place, backed by excellent research, innovation and technology - including more support at home and in the community, harnessing the assets in the Third Sector, and using hospitals for specialised care
- Enable the health and care system to operate as if we were one organisation by removing barriers in order to make team working the norm across organisations and professional groups, as well as citizens, communities and Third Sector, so that people receive seamless integrated support
- Use the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city

PEG has proposed three tests as to judge its effectiveness: People are proactively supported to stay in their own home, family or community; People requiring hospital and residential nursing care will spend the minimum time possible there; the health and social care system in Leeds is financially sustainable.

Membership

The current membership is:

- Chief Executive Officer, Leeds City Council (Chair)
- Chief Accountable Officer, NHS Leeds North CCG
- Clinical Chief Accountable Officer, NHS Leeds South East CCG
- Chief Accountable Officer, NHS Leeds West CCG
- Chief Executive Officer, Leeds Community Healthcare NHS Trust
- Chief Executive Officer, Leeds Teaching Hospitals NHS Trust
- Chief Executive Officer, Leeds and York Partnership NHS Foundation Trust
- Director of Adult Social Care, Leeds City Council
- Director of Children's Services, Leeds City Council
- Director of Public Health, Leeds City Council
- Director of Commissioning Operations, Yorkshire and the Humber, NHS England
- Clinical representation appointed by the Clinical Care Senate
- GP/Primary Care Representative

Proposals

1. That PEG is tasked with providing the partnership of executives for the statutory health and care system
2. The Board ask PEG provide them with regular progress reports on the implementation of the Leeds component of the West Yorkshire STP and consider how wider West Yorkshire activity may support the city and wider locality. This is to be through a quarterly update to suit the boards meeting dates
3. That PEG should identify future challenges, changes and trends for consideration as part of the live work plan for the HWB
4. That PEG strengthen its accountability to the HWB through reporting of overall progress with

- relevant aspects of the Leeds Health and Wellbeing Strategy as requested by the HWB
5. That PEG should recommend suitable partnership structures and arrangements to HWB enable it to fulfil its role as detailed above
 6. That PEG consider where leadership or resources may be pooled, aligned or simplified to deliver the outcomes of the Health and Wellbeing Strategy

Relationship with Health and Wellbeing Board

The Health and Wellbeing Board determines the vision and outcomes for Leeds, assesses needs through a Joint Strategic Needs Assessment and sets direction through the Leeds Health and Wellbeing Strategy. PEG is tasked with putting this plan into action, working towards a health and care system which operates as one organisation. PEG is asked to provide a quarterly report to the Board and to identify future challenges and, where appropriate, suggest items for consideration as part of the HWB work plan in order for the Board to provide strategic direction.

3.3 Integrated Commissioning Executive (ICE)

Integrated Commissioning Executive (ICE)

Role

ICE provides a forum for local commissioners to act collectively to best utilise the 'Leeds £'. The role of ICE is to explore and negotiate opportunities for the joined-up commissioning of health and social care services in Leeds. By enabling joint working and unblocking system-wide barriers to integration, the ICE ensures the implementation of the Leeds Health and Wellbeing Board's long term strategy for the city and co-ordination of the partnership's commissioning actions to achieve the priorities in the Leeds Health and Wellbeing Strategy.

ICE currently has five functions:

- Supporting the delivery of the Leeds Health and Wellbeing Strategy 2016-21
- Developing an integrated commissioning strategy
- Integrating commissioning delivery
- Developing payments and incentive approaches
- Supporting innovation and enterprise

Membership

The current membership is:

- Chief Accountable Officer, NHS Leeds North CCG
- Clinical Chair, NHS Leeds North CCG (Co-Chair of ICE)
- Clinical Chief Accountable Officer, NHS Leeds South East CCG
- Associate Director of Commissioning, NHS Leeds South East CCG
- Chief Accountable Officer, NHS Leeds West CCG
- Clinical Chair, NHS Leeds West CCG
- Director of Adult Social Services, Leeds City Council (Co-Chair of ICE)
- Interim Chief Officer Commissioning, Adult Social Care, Leeds City Council
- Director of Children's Services, Leeds City Council
- Chief Officer Partnership Development and Business Support, Children's Services, Leeds City Council
- Director of Public Health, Leeds City Council
- Chief Officer Strategy and Commissioning, Public Health, Leeds City Council
- Director of Commissioning Operations, Yorkshire and the Humber, NHS England

Proposals

1. To note the current arrangements including membership and role of ICE to ensure they reflect the strategic role described
2. That at a future meeting, the HWB considers the work program of ICE in light of the Leeds

Health and Wellbeing Strategy and the commissioning implications of the Leeds and wider West Yorkshire STP

Relationship with Health and Wellbeing Board

The Board, through the Leeds Health and Wellbeing Strategy and the STP, provides the priorities for commissioning in the city. ICE supports the Board by providing the forum for strategic and operational commissioning of joint services.

3.4 Leeds Academic Health Partnership

Leeds Academic Health Partnership (LAHP)

Role

The LAHP brings together the strategic and operational health and care services alongside the city's universities and broader academic assets. The role of LAHP is to improve the health and wellbeing of the people of Leeds and reduce health inequalities by engaging the educational and research capabilities of all three universities in Leeds with the health and social care system in order to speed up the adoption of research and innovation, creating inward investment, and raising the national and international profile and reputation of the city.

LAHP has a particular focus on joint activity for health outcomes through the development of a health and care academy bringing together workforce development (including skills and supply), personalised medicine, and innovation through active research on population health. The focus on the practical impact of research (and to some extent workforce development) means that the LAHP will both work with the current operational priorities with a future view of technological horizons often spanning one to two decades ahead.

Membership

The membership of LAHP comprises the three NHS provider trusts working in Leeds, the three Leeds CCGs, the three Leeds universities and the local authority. LAHP may support other full or associate member organisations based on requests received and alignment to the Board's purpose.

The Board of LAHP therefore comprises:

- Vice Chancellor of the University of Leeds (Chair)
- Chief Executives of local NHS providers
- Chief Executive of Leeds City Council
- Accountable Officers and Clinical Chairs of Leeds CCGs
- Chair of the Clinical Senate
- Representative from Yorkshire Academic Science Network (YASN)
- Representatives from the University of Leeds
- Representative from Leeds Beckett University
- Representative from Leeds Trinity University

There is extensive overlap between the membership of this board and PEG to allow for effective alignment of purpose and progress.

Proposals

1. To provide an update on the progress of the LAHP to a future meeting of the Health and Wellbeing Board

Relationship with Health and Wellbeing Board

Through the Health and Wellbeing Strategy, the Board identifies priorities for the LAHP which it supports the Board with implementing. The LAHP has a particular role in taking forward priorities

within the LHWS for a strong economy with quality local jobs (priority 5), maximising the benefits of technology (priority 7) and a valued, well trained and supported workforce (priority 11).

3.5 The Leeds Clinical Senate (LCS)

Leeds Clinical Senate (LCS)

Role

The LCS aims to bring together senior health and care professionals across Leeds, irrespective of organisational boundaries, to take a system view of the issues and challenges faced. The LCS will support the Leeds health and social care system to make the best decisions about healthcare for our citizens by providing clinical leadership and guidance. To do this, the LCS will have three major functions:

- Reactive problem-solving: contributing to solving system-wide issues, concerns and problems brought to its attention by the HWB and the PEG by bringing together combined clinical intelligence and using academic research evidence and data
- Proactive horizon-scanning: looking ahead, with the aim of identifying research, innovation and developments which can contribute to solving the current and future challenges facing the health and social care sector and bringing these to the attention of the HWB and the PEG
- Leadership development: acting as a hub for clinical leadership development and communication across the system, overseeing the development of the Leeds Institute for Quality Healthcare, and supporting employers in their responsibilities to ensure a pipeline of future clinical leaders and clinical academics

Membership

In recognition of the LCS' functional responsibilities, the aim will be to include members from across a range of clinical professions; primarily but not exclusively medicine, nursing and social care colleagues. Members will have sufficient seniority and experience to contribute meaningfully to the LCS' functions and influence the system. Additional members will be invited depending on the work that is to be undertaken. In the first instance, it is proposed that the membership should be drawn from the three CCGs, the three NHS provider organisations and LCC. It should also include membership from the three Universities. This proposal is to be confirmed through discussions at a future LAHP Board meeting.

Proposals

1. LAHP has agreed that the Leeds Clinical Senate should come under its 'umbrella', which will provide it with administrative support.
2. The LCS would be developed to allow it to become a clinical reference/advisory group for the Leeds health and social care system (which may involve reviewing membership and structure)
3. That LAHP support the LCS to fulfil the above functions using PEG membership as a way to communicate, respond and help lead clinical conversations
4. That the HWB is provided with an update on the working and effectiveness of the LCS as part of the report on progress of the LAHP

Relationship with Health and Wellbeing Board

The Health and Wellbeing Board through the JHWS and STP provides the context for the clinical leadership provided by LCS, The Chair of the LCS as a member of PEG supports and informs the Board through this meeting.

3.6 West Yorkshire Relationships

There is a history of joint working at West Yorkshire (WY) level on specific areas, e.g. the Emergency and Urgent Care Vanguard, the 10 CC group and the West Yorkshire Alliance of Acute Trusts. Additionally, Leeds played a key role in bringing together senior health and care leaders from across West Yorkshire in early 2015 to explore opportunities to develop relationships and explore potential to work more closely together through the Collaboration of Chief Executives and the Health and Wellbeing Board Chairs group.

The West Yorkshire STP planning footprint chosen by NHS England (which initially could be viewed as challenging given the number of large organisations it involved) has provided a further opportunity to consider how West Yorkshire's NHS bodies and local authorities work together to tackle the three gaps. Senior colleagues from Leeds have taken on key roles in developing workstreams of the West Yorkshire STP. There is a recognition that delivering the West Yorkshire STP, particularly around sustainable quality secondary care and creating prevention 'at scale', will (only) be achieved with the support of quality conversations and effective governance. Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust and Senior Responsible Officer for the West Yorkshire STP, is working with local areas to develop the structure to support this, including an officer-led steering group and wider reference group. It is likely that the HWB Chairs group will also have an oversight role. The update paper in relation to the Leeds STP at this board meeting includes more details of these West Yorkshire arrangements.

It is recommended that Leeds continue to take a lead role in bringing together West Yorkshire colleagues to explore opportunities beyond the STP to work collaboratively. This may include further consideration of funding and accountability arrangements with central government for the West Yorkshire health and care system in line with recent policy direction with regard to devolution.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

This paper confirms consultations held with the partnership boards and groups referred to. It also takes forward recommendations from the PWC review of Leeds health and care partnership governance. This had broad engagement through three workshops as well as individual consultations with partnership members.

4.2 Equality and Diversity / Cohesion and Integration

This paper has no direct implications for equality and diversity. However, it is worth reiterating a key characteristic of good governance is decision making that is supportive of equity and inclusion.

4.3 Resources and value for money

The financial challenge facing Leeds is significant with the previously reported estimate of a £723m gap in the projected expenditure based on business as usual and demographic growth over the next five years. This financial challenge is also repeated across the West Yorkshire footprint.

PWC, in their review of Leeds partnership governance, highlighted the significant financial investment in the boards and structures set out in this paper. There is a need to ensure resources (both £ and senior leader time) are used wisely when it comes to partnership working.

Additionally, effective partnership boards and meetings require appropriate resources to support their working. The governance approach in this paper will comprise a significant call on system resources to ensure actions and projects are carried forward. Work is underway to identify the current partnership commitments to 'enabling' resources such as project management, business intelligence, human resources development and Health Partnerships functions and what further requirements there will be, particularly in relation to the recommendations pertaining to the role of PEG.

4.4 Legal Implications, Access to Information and Call In

There are no access to information and call-in implications arising from this report. Leeds City Council Corporate Governance has stated there are no changes required to the Council's constitution with regard to proposals set out in this paper.

4.5 Risk Management

There is a risk that without effective partnership governance, Leeds will fail to achieve its vision for health and wellbeing and not close the health, care and financial gaps that are articulated in the Leeds Health and Wellbeing Strategy and Leeds and West Yorkshire STPs. Our mitigations are to ensure top level meetings and boards regularly review their governance including role and membership and continue to evolve to ensure the city better meets need.

5 Conclusions

Leeds has a strong history of successful partnership working with effective and innovative governance to support this. The need to develop governance further to achieve our ambitions arises from a number of sources with a particular emphasis on meeting the challenge of enacting local and West Yorkshire placed-based planning to close the three gaps as well as strengthening clinical leadership and making best use of our innovation and research assets to health outcomes.

In order to further develop our governance, the paper posed two key questions: is the Board assured that the right partnership structures are in place? And do they allow the Board influence across the partnership to help achieve our shared ambitions for Leeds?

In considering these questions, this paper has highlighted:

- Firstly, that transparent executive action through PEG linked with Health and Wellbeing Board oversight provides a route to taking forward the Leeds Health and Wellbeing Strategy and delivering the STPs, whilst maintaining sovereignty of decision making in partnership organisations.
- Secondly, that the LAHP provides an appropriate forum to ensure that the city's assets, particularly the research and innovation capacity in our universities, will support the outcomes of the LHWS and STP. Further, working closely with

economic development colleagues to create job opportunities through health innovation will have a longer term role in reducing health inequalities.

- Thirdly, that the recruitment of a representative provider GP to PEG, alongside the three CCG nominations and Chair of a revised Clinical Senate, supports stronger clinical leadership.

As well as developing the partnership governance and relationships as set out above, senior colleagues must recognise a culture of joint leadership. It is therefore vital that culture, principles and behavioural expectations are understood and continue to be articulated within partnership structures.

In conclusion, the Health and Wellbeing Board should be reassured that with these partnership structures and relationships in place and through continuously developing of place-based leadership, the Board is well placed to act as a 'hub and fulcrum' with clear accountability and effective influence across the partnership. This will support us to work towards our ambition to be the Best City for Health and Wellbeing.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Agree that the right partnership structures are in place and that they help to achieve our shared ambitions for Leeds
- Consider whether the partnership structures create a space in which significant things can happen between or outside of Health and Wellbeing Board meetings (in which the Board has influence)
- Endorse the proposals set out in section 3 of this report
- Consider whether proposals around reference/engagement groups such as the Leeds Academic Health Partnership and Leeds Clinical Senate satisfy issues around clinical voice and leadership
- Request an update on the progress of the Leeds Academic Health Partnership and Leeds Clinical Senate at a future meeting of the Board
- Request a further update and options for governance at a future meeting of the Board