

**Report of** Chief Officer, Health Partnerships

**Report to** Director of Adults and Health

**Date:** 24 January 2018

**Subject:** Ensuring we have the right structure to develop and deliver the Leeds Health and Care Plan

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| Are specific electoral Wards affected?<br>If relevant, name(s) of Ward(s):   | <input type="checkbox"/> Yes            | <input checked="" 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Does the report contain confidential or exempt information?<br>If relevant, Access to Information Procedure Rule number:<br><br>Appendix 3 is exempt under rule (10.4 (1) & (2)) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

**Summary of main issues**

The Leeds health and care partnership over the last nearly two years have made significant progress in developing a Leeds Health and Care Plan (Leeds Plan) to support the delivery of significant parts of the Leeds Health and Wellbeing Strategy 2016-21.

The paper makes a number of recommendations for ensuring that the partnership has an appropriate level of resources in place to ensure the continued development and delivery of the Leeds Plan which will allow momentum to be broadened and pace increased. The report outlines details of the resources required.

The successful delivery of Leeds Plan is a critical aspect of meeting the local and national priorities around health improvement, tackling inequality and a sustainable health system that meets financial balance. The appointment of a team of key people will allow Leeds to progress our priorities further and faster in Leeds and also in relation to our leadership role across the region.

The arrangements described in this paper are part of the wider approach agreed by the Health and Care Partnership Executive (PEG) at their meeting on 6<sup>th</sup> July 2017.

A decision was taken in August 2017 to transfer the Programme Manager for the Estates and Procurement programmes agency worker from Leeds South and East Clinical Commissioning Group to Leeds City Council. The paper also seeks approval to extend the current agency worker for the Citywide Estates Programme and the Citywide Procurement Programme until the end of May 2018 to allow the recruitment process of the

roles outlined within this paper to be completed which includes recruiting to programme managers for these two programmes.

## **Recommendations**

### **The Director of Adults and Health is recommended to approve:**

- The approach taken, as outlined here and in the PEG paper.
- The creation of and recruitment to the following roles:
  - 1x Lead of Delivery Support 1, Dir 45%
  - 1x Programme Manager, Citywide Estates Programme, Dir 45%
  - 1x Programme Manager, Citywide Procurement Programme, Dir 45%
  - 2 x Partnerships Communications, Engagement and Marketing Officers, P06
  - 2x Project Managers, Citywide Workforce Programme, P06
  - 2x Project Leaders, P04
  - 4x Project Officers, S02
- Extension of the agency worker for the Citywide Estates and Citywide Procurement Programmes from February 2018 to end of May 2018 to allow for the recruitment within this paper to be completed and permanent programme managers to be appointed.

## **1 Purpose of this report**

- 1.1 This report outlines the reasons for developing a core team of people to deliver the Leeds Health and Care plan (Leeds Plan) and role to support the Chief Executive Officer (CEO) of Leeds City Council (LCC) in his role as the Senior Responsible Officer (SRO) for the Leeds Health and Care Plan. This report specifically seeks approval to create roles on the Adults and Health structure within the Health Partnerships Team and the extension of the agency worker for the Citywide Estates and Citywide Procurement Programmes.

## **2 Background information**

- 2.1 Achieving Leeds' ambition to be the Best City for Health and Wellbeing is a key priority for all health and care partners. Transforming the Leeds health and care system to increase both its sustainability and quality is a significant part of this ambition. Accordingly, the Leeds Transformation Programme Management Office (PMO) was set up several years ago, to drive change across a number of key workstreams. The PMO was jointly funded by the three Leeds CCGs and hosted by Leeds South and East CCG. The PMO was staffed predominantly by agency workers, recruited through NHS framework agreements and using standard NHS procedures.
- 2.2 A review of the Transformation Programme began in the summer of 2015 with many agency workers having their contracts terminated; in December 2015, NHS England produced guidance for all areas to develop Sustainability and Transformation Plans setting out how they would close the health and wellbeing,

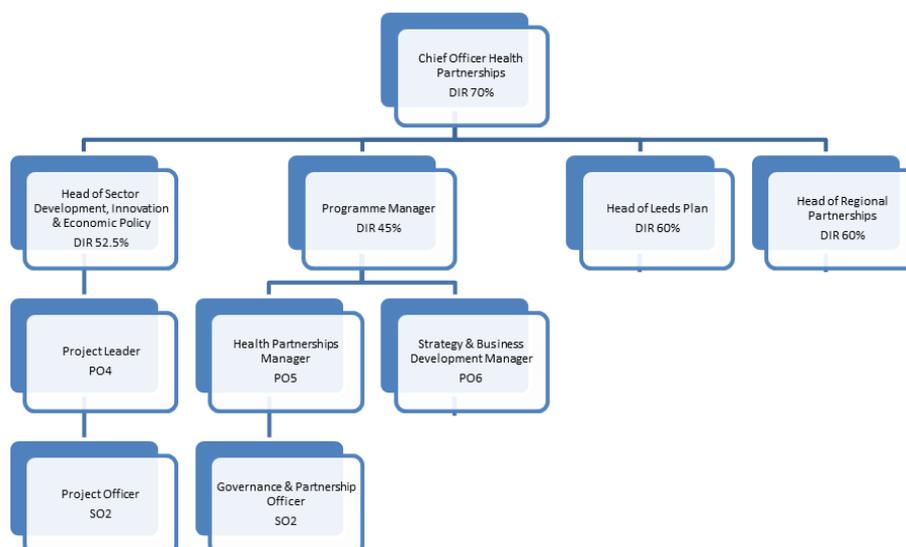
care quality and finance and efficiency gaps. Senior health and care leaders in Leeds agreed that this significant piece of work would be carried out by the former Transformation PMO, “repurposing” the small number of agency staff at that time hosted by LSE CCG, who would be working closely with the Health Partnerships Team hosted by LCC. Partnership Executive Group (PEG) would oversee the process and Tom Riordan (as Chair of this group) was appointed as the SRO for the Leeds Plan. Strategic oversight would be given by the Leeds Health and Wellbeing Board, chaired by Cllr Charwood.

- 2.3 In the autumn of 2016, the three Leeds CCGs began to develop a “One Commissioner Voice” (OCV) and ‘system integration’ for the city. This has resulted in significant reorganisation and restructure of these three bodies some of which still has to be finalised and implemented. In January 2017, it was agreed that due to the restructures taking places within the CCGs it was not viable for LSE CCG to continue to host agency workers or for one of the other two CCGs to take over this function. Additionally, it has been agreed by PEG that the collective funds to progress Leeds plan were to be held by Health Partnerships Team within LCC. The citywide Transformation function within the CCGs was wound down in January and the Health Partnerships Team has taken over management of the citywide ‘transformation’ on behalf of the health and care partnership. The Health Partnerships Team is also managing the shared funding and overseeing the resources working on the Leeds Plan.
- 2.4 NHSE has developed the concept of a ‘footprint’ which is a geographic area that the STP will cover and have identified 44 ‘footprints’ nationally. Leeds, as have other areas within West Yorkshire, made representation regionally and nationally that each area within West Yorkshire should be recognised as its own footprint. However, since April 2016, it was clear that STP submissions to NHS England will be made only at the regional level (i.e. a West Yorkshire & Harrogate STP which is supported by 6 “local” STPs, including the Leeds Health & Care Plan).
- 2.5 As part of the development of the West Yorkshire and Harrogate STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered. It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals and attract new specialist services to the city.

### **3 Main issues**

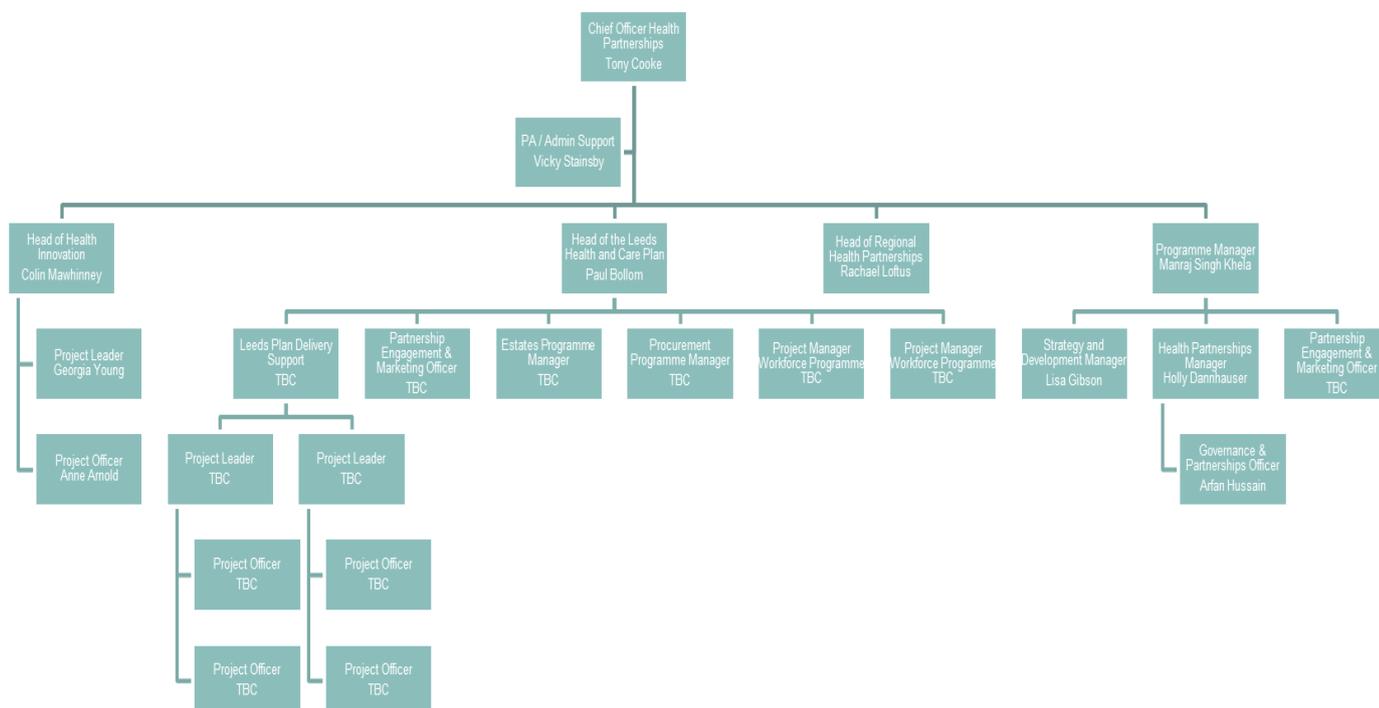
- 3.1 The Leeds Health and Care plan is a blueprint to transform our health system. It is rooted in our strengths as Leeds – bottom up, strengths based and designed to tackle inequalities and improve the health of all our citizens. This includes developing a more effective approach to prevention and managing long term health conditions in the community.
- 3.2 The next stage of this has been to develop and enhance our joint working, especially with our health partners, developing a capacity which supports the increasingly integrated world of health and social care and recognises the dependencies with each as well as with wider influences on health such as communities, housing, employment and environment as outlined in the Health and Wellbeing Strategy.

- 3.3 Leeds is also part of the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP). In addition, Tom Riordan has been selected by peers to be the Lead Local Authority CEO for Health across West Yorkshire.
- 3.4 The proposed structure set out in this paper builds on the current skills, expertise and experience of the existing Health Partnerships Team and the local authority experience in bringing about whole system and partnership change but ensuring that the citizen is at the heart of all decisions, working within reduced financial resources and maintaining overall quality in service. This has been recognised by the health and care partners.
- 3.5 Adults and Health, LCC will be acting as host to the Leeds Plan Delivery aspect of the Health Partnerships Team on behalf of the partnership. This also includes any joint partnership funds for this resource. In addition, the Health Partnerships Team will also provide support to Tom Riordan in lead health LA CEO role.
- 3.6 The cost for the Leeds Plan posts will be shared amongst partners so even though LCC will be hosting the roles, they are only expected to contribute to the cost.
- 3.7 Posts are new, though attempts to recruit to some of the roles have been made already. These were unsuccessful as the roles were advertised on temporary contracts and governance was unclear.
- 3.8 The Leeds Plan (see attached paper presented to PEG 6 July 2017) outlines the importance of leadership, communication and project management to further develop our strategy. This paper was agreed by partners across the health and care system including our hospital and community providers and NHS England, as well as council departments and the Chief Executive of the Council.
- 3.9 The current structure within the Health Partnerships Team is:



### 3.10 The proposed structure is:

#### Health Partnerships Team Proposed Structure v3 19/12/17



3.4 The role profiles and specifications for these have been evaluated in line with Leeds City Council's HR processes.

## 4 Corporate Considerations

### 4.1 Consultation and Engagement

- 4.1.1 The proposals contained in this report have been consulted on with the leadership of the Council, Executive Members and with key partners.
- 4.1.2 Close engagement with LCC HR has been sought and HR is also involved in devising and recruiting to the new posts.
- 4.1.3 Trade Unions have also been consulted on the proposals. They sought clarification on whether they would be advertised internally or externally. It was confirmed that they would go to external advert as they were partnership posts and therefore needed to be open to all partner employees.

### 4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Due regard has been given to equality, diversity and cohesion when developing these proposals. A copy of the equality impact assessment screening document can be found at appendix 2 to this report.

### 4.3 Council policies and the Best Council Plan

- 4.3.1 These posts will make a significant contribution to the Best Council Plan objectives. They will also play a leading role in a number of the key

Breakthrough projects especially health inequalities and making Leeds the best place to grow old in.

4.3.2 The posts have been appropriately graded in line with the Council's Job Evaluation processes.

4.3.3 LCC recruitment processes will be followed.

#### **4.4 Resources and value for money**

4.4.1 As the roles are funded by the partnership and will operate on behalf of the partnership they will initially be open to talent pools across the statutory health and care partners. If any roles are unfilled after this process, they will be open to a competitive recruitment process by all employees from the health and care partnership in Leeds.

4.4.2 Only if no suitable candidates can be appointed, then will we go out to external recruitment. The aim is to not add additionally to the overall partnership headcount but to rather appoint from existing staff.

4.4.3 The full year cost for the roles outlined within this paper including on-costs are expected to be circa £663,939 per annum (dependant on spinal points of the recruited staff). The LCC fair share contribution towards this cost is £86,312 per annum.

4.4.4 Some other areas who are developing whole system transformation programmes have commissioned consultants and incurred great expense to undertake similar work. Leeds has taken the position of using in-house skills and expertise and developing existing staff rather than externally commissioning the work, therefore making effective use of the Leeds £ and value for money.

4.4.5 The recommendation supported by PEG is that funding for posts follows any internally successful candidates with the difference shared across the partners.

#### **4.5 Legal Implications, Access to Information and Call In**

4.5.1 The report which went to PEG on July 6<sup>th</sup> was marked as "confidential" as it contains sensitive information about staffing. The report is attached as an appendix and as per the front sheet, contains exempt information under Access to Information Procedure Rule 10.4.2 "Information which is likely to reveal the identity of an individual" and 10.4.3 "Information relating to the financial and business affairs of any particular person (including the authority holding that information)".

#### **4.6 Risk Management**

4.6.1 This function is of strategic importance to the effective delivery of services both within the council and the health and social care system in Leeds. Failure to provide appropriate leadership and strategic direction in the next phase of transformation pose a significant risk.

4.6.2 A risk share agreement for mitigating risks associated with employing staff on behalf of the partnership is currently being developed.

## **5 Conclusions**

- 5.1 These changes will contribute to the development of a world class health and care system in Leeds. They support the increasingly integrated world of Health and Social Care and will strengthen the partnership working within the system.

## **6 Recommendations**

### **6.1 The Director of Adults and Health is recommended to approve:**

- The approach taken, as outlined here and in the PEG paper.
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## **7 Background documents<sup>1</sup>**

### **Appendices for the report**

Appendix 1: Equality Impact Assessment

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.