Report authors: Lisa Gibson and Manraj Khela (v8)

Tel: 08791 276 707

Leeds Health and Care Partnership Memorandum of Understanding

Date: 27th July 2022

Report of: The Director of Adults and Health

Report to: Executive Board

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 Executive Board the approval and formal signup to the Leeds Health and Care Partnership (LHCP) Memorandum of Understanding (attached as Appendix 1).

- The Memorandum of Understanding (MoU) formally sets out the approach to working together that the Leeds Health and Care Partnership is taking to achieve the agreed vision for Leeds to be "a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest".

- Health and care partners agreed that Leeds would benefit from having an agreement which captures and formalises health and care partnership arrangements in Leeds. Partners also needed to consider the local implications of the legislative changes set out in the Health and Care Act 2022 [NB a separate report on the implications of this legislation for the LCC constitution in relation to the Health and Wellbeing Board is being taken to Full Council on 20th July 2022]. Accordingly, a working group consisting of company secretaries, governance leads or equivalent representing all partners (with support from the legal firm Hill Dickinson) has met over a number of months to develop the MoU and proposals for future governance arrangements to reflect these changes locally.

- The MoU captures the vision, principles and objectives of the Partnership as it further develops place-based health and care provision for the people of Leeds using a population health management approach. The MoU also sets out how the Partners will work together as participants in the Partnership, including the governance arrangements, using resources on a 'Best for Leeds' basis and any legal implications.

- Signatories to the MoU are as follows:

    - West Yorkshire Integrated Care Board

- Leeds City Council
- NHS Leeds Community Healthcare Trust
- NHS Leeds Teaching Hospitals Trust
- Leeds and York Partnership Foundation NHS Trust
- General Practice through the GP Confederation
- Third Sector Providers through Volition and Leeds Older People's Forum

- Also appended to this report (Appendix 2) are the Terms of Reference for the Leeds Committee of the West Yorkshire Integrated Care Board (ICB) which Executive Board are asked to note. The Leeds Committee of the ICB has been created in response to the NHS changes which became law on 1st July 2022 with the abolishment of Clinical Commissioning Groups (CCGs) and the establishment of statutory Integrated Care Systems (in this instance, at West Yorkshire level). The West Yorkshire Integrated Care Board (part of the west Yorkshire ICS) will delegate specific responsibilities at place level to the Leeds Committee of the ICB. These responsibilities are introduced in section 4 of the ToR (Appendix 2) and provided in full within Appendix 3 of this report. [NB where section 4 of the ToR refers to "Appendix 1", this is the "West Yorkshire Integrated Care Board Scheme of Reservation and Delegation" and is Appendix 3 to this report].

- Because Leeds already functions as a place-based partnership, effectively the new Leeds Committee of the WY ICB (with its specific regionally delegated responsibilities to be discharged at place level) becomes a sub-set of our existing and broader LHCP as per diagram 1:

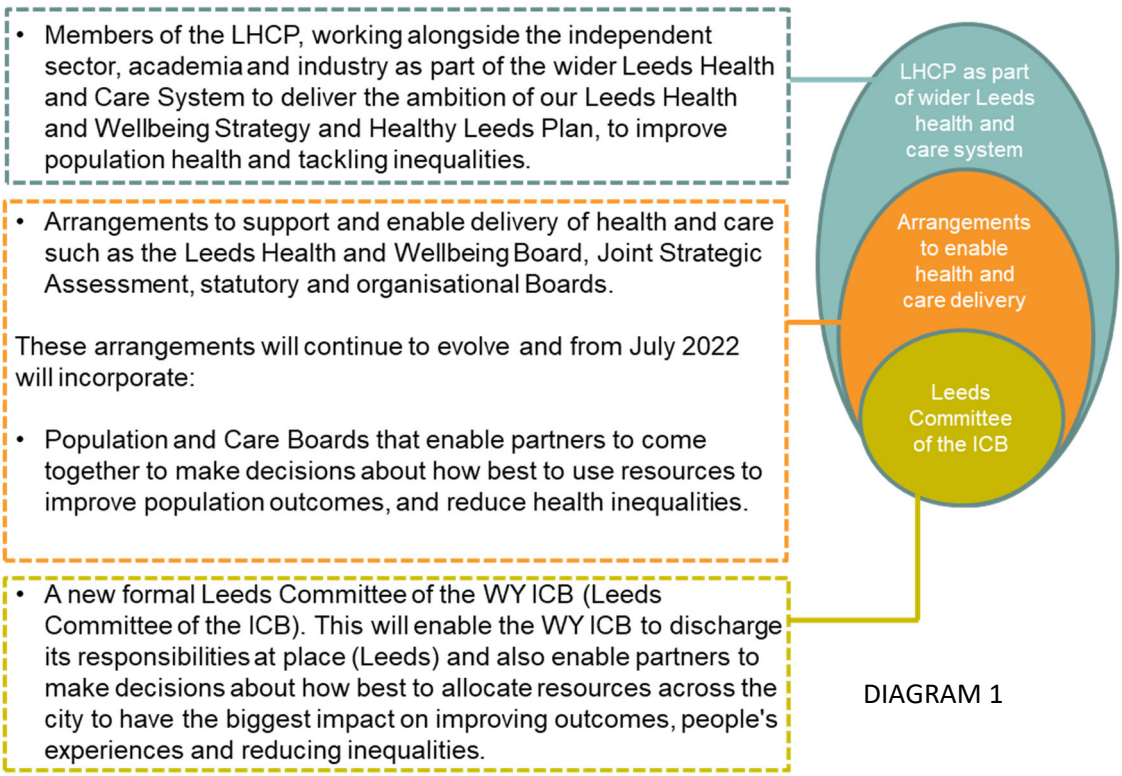


DIAGRAM 1

- The Leeds Committee of the ICB draft Terms of Reference has been subject to a number of iterations. The version with this report is the final draft that partners' governing bodies are being asked to note and support. These were formally approved by the West Yorkshire ICB Board on 1 July 2022.

- In conclusion, further strengthening how partners work together on behalf of the people of Leeds through the MoU (and the ToR of the Leeds Committee of the WY ICB) will support the city in achieving the strategic ambitions set out in the Leeds Health and Wellbeing Strategy and put into action through the Healthy Leeds Plan. Clearly articulating and enacting key aspects of the Partnership within the MoU will enable partners to better identify and respond to the health and care needs of the Leeds population, to deliver integrated health, support and community care to develop and ultimately deliver improved health and care outcomes and tackle health inequalities for the people of Leeds.

Recommendations

a) That Executive Board approves and signs up to the Leeds Health and Care Partnership Memorandum of Understanding

b) That Executive Board notes the draft Leeds Integrated Care Board (ICB) Committee Terms of Reference (which were approved by the West Yorkshire Integrated Care Board on 1 July 2022).

c) That Executive Board notes that the Leeds Health and Wellbeing Strategy which sets out the strategic priorities in relation to the Health and Wellbeing Pillar of the new City Ambition is due to be refreshed later in the year.

Why is the proposal being put forward?

1 Health and care partners in Leeds have developed the Leeds Health and Care Partnership Memorandum of Understanding to formalise and capture our existing approach to working together.

2 The MoU builds on the existing success working in partnership through a shared culture and values has had and will further develop place-based health and care provision for the people of Leeds. At the same time, it also enables the city to respond to the place-based elements of the Health and Care Act 2022 which enacts statutory Integrated Care Systems. Formalising our collective agreement to work together will help us achieve the vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

3 The MoU also sets out how partners will work together as participants in the Partnership, including the governance arrangements. This will make sure we work together as best we can on a ‘Best for Leeds’ basis. A key element of ensuring ‘Best for Leeds’ is that partners will take a population health management approach to drive forward better outcomes and value for money.

What impact will this proposal have?

Wards Affected:		
Have ward members been consulted?	☐Yes	☒No

4 At strategic level, the process of developing the MoU has reaffirmed our collective purpose and vision for health outcomes in the city. This is timely as partners sign up to the new Leeds City Ambition for Health and Wellbeing as we begin to refresh the Health and Wellbeing Strategy. Further strengthening how partners work together on behalf of the people of Leeds through the MoU will support partners in achieving the strategic ambitions set out in the Leeds Health and Wellbeing Strategy and put into action through the Healthy Leeds Plan.

5 Whilst partners have already made a lot of progress to improve the health and care system by working together with shared values and culture, the formal MoU will enable partners to go even further. Clearly articulating and enacting key aspects of the Partnership within the MoU will enable partners to better identify and respond to the health and care needs of the Leeds population and to deliver integrated health, support and community care. Partners will focus on 'priority areas' which will support strategic outcomes to be delivered and will place a stronger focus on prevention and self-care, with an ongoing commitment to tackle inequalities. This stronger focus on prevention and self-care is often to referred to as the "left shift" and involves:

- Taking actions to reduce the causes of poor health, with a focus on encouraging healthy lifestyles such as stopping smoking, reducing harmful drug and alcohol use and increasing physical activity;
- Increasing people's confidence to manage their own health and wellbeing;
- Increased integration and partnership work across the sector to reduce duplication; and
- A focus on local neighbourhoods and delivering services in the community.

6 Working on a 'Best for Leeds' basis and better identifying and responding to need through a population health management approach (as set out in the MoU) will mean less short-term planning, commissioning and contracting of care and services and more sustainable resourcing, planning and design of in collaboration to achieve outcomes on collectively agreed focus areas.

7 Finally, formally establishing place-based partnership governance and capacity and capability to work collaboratively as a health and care system as set out in the MoU will support Leeds in discussions regionally and nationally about freedom and flexibilities for health and care. In addition, it may put us in a stronger position to attract pump-priming investment funds from national government as a 'vanguard' place-based partnership.

What consultation and engagement has taken place?

8 There is no statutory or legal requirement to carry out consultation on the MoU. However it has been produced collaboratively with partners across the health and care system. A working group of company secretaries, governance leads or equivalent representing all partners met over a number of months to put forward proposals for governance arrangements for the MoU.

9 The Executive Member Adults and Children's Social Care and Health Partnerships has received regular updates on MoU developments through briefing meetings. The Health and Wellbeing Board will formally receive a paper on the new arrangements in September 2022, which will engage with all Elected Members who attend the Board.

10 Executive officers of all partner organisations have overseen and approved the development of proposals which inform the MoU through regular reporting to the Leeds Health and Care Partnership Executive Group.

What are the resource implications?

11 The MoU formally captures the existing approach to partnership working in the city rather than implementing any new arrangements. The approach is already adequately resourced through existing partnership funding agreements and teams of staff to support the various arrangements (e.g. Health and Wellbeing Board, Strategic Needs Assessment) which bring partners together. Therefore the MoU does come with any resourcing requirements in itself.

12 However, the MoU does formally capture the positive resource implications for the health and care system and its ability to better spend the Leeds £ wisely, on a 'Best for Leeds basis". The following principles stated in section 7 will better enable us to achieve our strategic ambitions to reduce health inequalities, improve quality and outcomes of person-centred care and deliver a financially sustainable health and care system:

- "Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care";
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well".
- "Work collaboratively rather than separately to plan financially sustainable methods of delivering integrated, population-focused services to deliver on priorities for health and care in the city."

13 There are no direct resource implications for Leeds City Council in relation to the Terms of Reference for the Leeds Committee of the WY ICB. With reference to wider health and care system resourcing in light of the legislative changes, the WY ICB are now statutorily accountable for a number of specific areas. These have been delegated to the Leeds Committee of the WY ICB to make decisions about the use of NHS resources in Leeds:

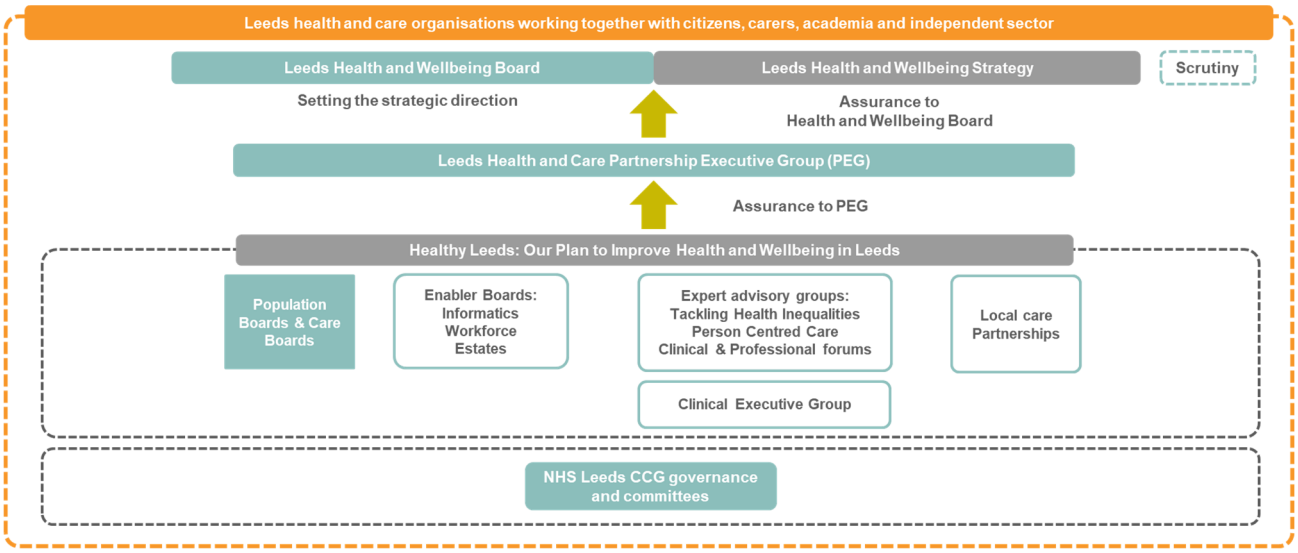
Finance: Fully delegated responsibility for the deployment and management of the Leeds NHS allocation
Contracts: Full delegated responsibility for the content, letting and reviews of all contracts pertaining to Leeds providers including primary care or where the Leeds population is the primary beneficiary
Digital: Full delegated responsibility for the creation and maintenance of effective digital infrastructure to support the provision and planning of services and health care
Quality & Performance: Full delegated responsibility for assuring and improving the quality of services and for achieving locally agreed and formally mandated performance targets collectively
Strategy and Planning: Full delegated responsibility for setting strategic aims, outcomes and plans for the current and future health needs of the people of Leeds which are driven by the Leeds Health & Wellbeing Strategy as well as the ICS Strategy and ambitions.
People: Joint responsibility for the appointment of ICS Leeds based roles and full responsibility for the appointment of all other roles and the operating model of Leeds based ICS employees.

14 The following diagrams show that the majority of health and care partnership governance arrangements were already in place prior to July 1st. The main changes are:

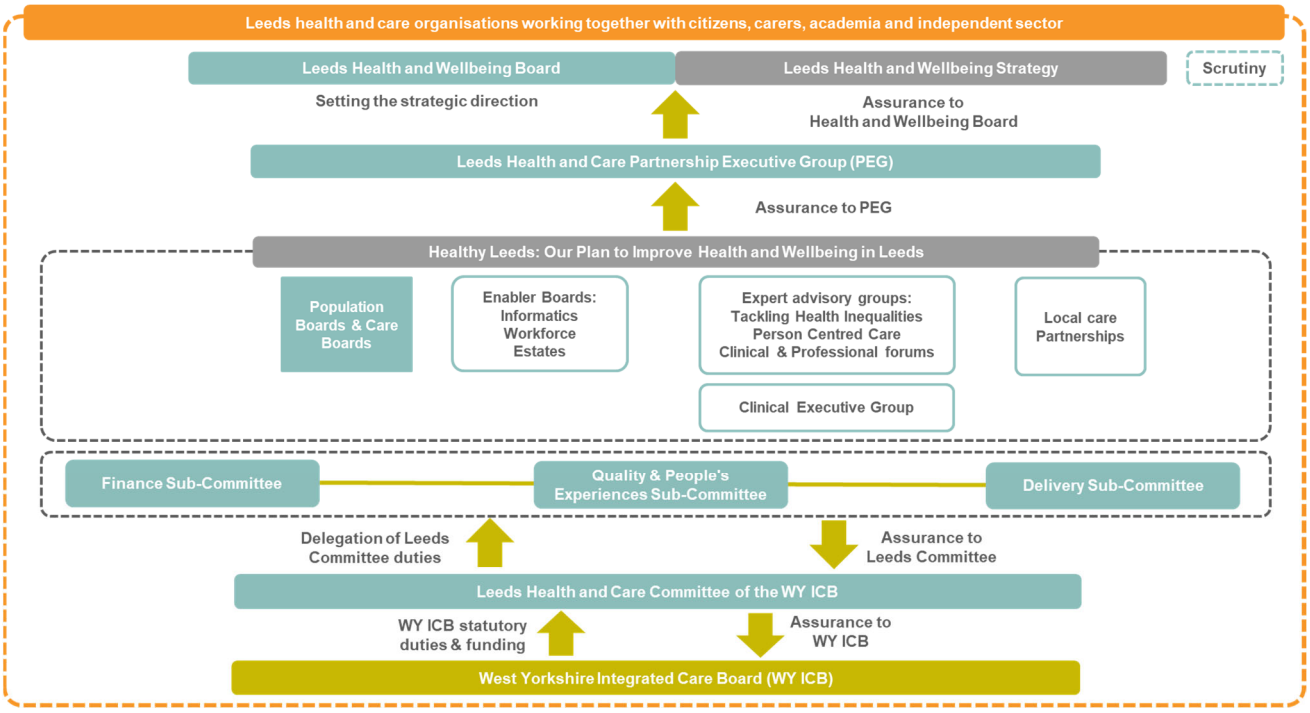
a) that the internal NHS Leeds Clinical Commissioning Group governance arrangements are being replaced with the West Yorkshire Integrated Care Board, the Leeds Committee of the West Yorkshire ICB and three sub-committees (note that these boards and committees will become partnership spaces rather than CCG only) and;

b) that the health and care partnerships (depicted by the orange box) now has a formal Memorandum of Understanding (Appendix 1) that partners are signing up to as per the first recommendation of this report.

Partnership governance pre July 1st



Partnership governance post July 1st



What are the legal implications?

14 As stated in section 2.3 of the MoU (Appendix 1), the MoU is not legally binding. Each of the partners has agreed to work together in a collaborative and integrated way on a 'Best for Leeds' basis and the MoU is intended to supplement and work alongside the partners' respective and existing governance arrangements.

15 Section 2.4 of the MoU (Appendix 1) states that "the MoU is not intended to conflict with or take precedence over the terms of the Services Contracts or the Section 75 Agreement unless expressly agreed by the Partners".

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

16 Signing up to the MoU in its own right does not present any immediate risks as it simply captures and formalises the successful approach health and care partners are already taking to working together.

17 Conversely, the MoU is a way of mitigating risks. To date, the LHCP has operated on a more informal basis, brought together by a shared principles and values and a compelling strategic ambition. Formalising the partnership through the MoU will further solidify relationships and ensure mutual accountability as all partners will be signatories.

18 Further, the MoU will enable better continuity and progress. We have found in the past that where partnership working is reliant on particular individuals, when these individuals move on, some of their knowledge and implicit agreement between people to work collectively is lost. Clearly documenting what has been agreed and what the approach is through the MoU will go some way to mitigating change in personnel that can stall progress.

19 Establishing the LHCP on a formal basis through the MoU will go some way to enabling place-based population health management approaches to flourish and make sure decisions are taken on a 'Best for Leeds' basis. The Terms of Reference for the Leeds Committee of the WY ICB as a component of the wider LHCP will support subsidiarity in the context of regional working. These ToR will also support the ability of the LHCP to design and commission the best approaches to health and care to meet the needs of the population as articulated in the MoU.

20 There is no information governance risk or processing of personal data as a result of signing up to the MoU.

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

☐Inclusive Growth ☒Health and Wellbeing ☐ Zero Carbon

21 The proposal to sign up to the LHCP MoU is unequivocally focussed on leading the health and care system response to the Health and Wellbeing Key Pillar. The Leeds Health and Wellbeing Strategy sets out the strategic priorities to tackle inequalities in its current form and will continue to do so as well as aligning more closely to Inclusive Growth and Zero Carbon once it is refreshed later this year.

22 Strengthened partnership working through the MoU will support the health and care partnership in its broadest sense to achieve the strategic priorities for social, economic and environmental determinants of health as set out in the Leeds Health and Wellbeing Strategy. It is also integral to partners putting into action the transformation of how we deliver health and care, as set out the Healthy Leeds Plan, by taking a Population Health Management approach to focus resource on outcomes and integrated pathways of care.

23 The strengthened partnership arrangements will also support delivery of LCC's Breakthrough projects aligned to the City Ambition, e.g. Health and Housing and Improving Mental Health.

24 Ultimately, deepening and strengthening our existing partnership working will support us in achieving the new City Ambition for Health and Wellbeing: "In 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life".

Options, timescales and measuring success

a) What other options were considered?

25 Keeping health and care partnership arrangements as they were, i.e. not putting any kind of formal agreement in place, was briefly considered. However, in order to mitigate the risks outlined in section 12, e.g. ensuring all partners work collaboratively and align resources, it was felt an MoU was appropriate.

26 Developing a formal legally binding partnership agreement was also considered. However, due to the different statutory and governing responsibilities, structures and constitutions across the statutory partners it was felt that this was too onerous.

b) How will success be measured?

27 In relation to the MoU, a simple process measure will be if all partners have signed up. Further, the following objectives have been set out for the Partnership in the MoU whose progress will be monitored through partnership governance arrangements:

- Living our Partnership Principles: we start with people; we deliver; we are Team Leeds;
- Working with people and staff and hearing all of their voices;
- Rethinking how we deliver better person-centred outcomes, drive a seamless experience of care and reduce inequalities;
- A relentless focus on our shared three key city ambitions combined to make Leeds a healthy, compassionate, climate conscious city with a strong economy, where people who are the poorest improve their health the fastest;
- Creating a culture that encourages system leadership – 'Leeds £', 'city first, organisational second', 'working as if we are one organisation';
- Collectively owning and unblocking performance, intelligence, efficiency, quality and financial issues facing health and care;
- Unblocking intra-organisational system issues, maximising opportunities, eliminating duplication;
- A shared transformation plan which creates meaningful change, ensuring the short-term is managed in the context of the long-term;
- 'One city voice' – shared understanding and ownership of unified positions and messages; and
- Maximise the leverage from our collective influence regionally and nationally.

28 In terms of better being able to achieve outcomes by strengthening the partnership, success will be measured against delivery of specific priorities in the Health and Wellbeing Strategy around person-centred care, better integration of pathways and developing a health and care system fit for the future. We will also use the following metrics and outputs set out in the Healthy Leeds Plan:

- Public health analysis to further understand the data, trends and interventions
- Develop clear trajectory (per indicator) to become as good as if not better than the England average and reduce the deprivation gap between Leeds average and deprived Leeds by 10%
- All strategic indicators have been aligned to the outcome frameworks being developed by the population boards. The boards will be supported to understand the data in more detail for their population and identify what work is required to improve performance – aiming to be England average or better and reduce the deprivation gap by 10%. This will also help inform the boards prioritisation/focus of work.
- Detailed analysis on each indicator to understand data at a population and Local Care Partnership (LCP) level
- Review of indicators to understand trajectories over next 5-10 years taking into consideration population growth.

c) What is the timetable for implementation?

29 The Leeds Integrated Care Board (ICB) Committee Terms of Reference were approved by the West Yorkshire ICB Board on 1 July 2022.

30 The Leeds Health and Care Partnership is already in existence. However, it formally took on duties discharged from the West Yorkshire ICB from 1 July 2022.

31 The Health and Wellbeing Strategy is due to be refreshed later in the year.

Appendices

32 The Leeds Health and Care Partnership Memorandum of Understanding (Appendix 1)

33 Terms of Reference for the Leeds Committee of the West Yorkshire Integrated Care Board (Appendix 2).

34 West Yorkshire Integrated Care Board Scheme of Reservation and Delegation (Appendix 3 to this report but referred to as “Appendix 1” in Appendix 2 “Terms of Reference for the Leeds Committee of the West Yorkshire Integrated Care Board).

35 Equality, Cohesion, Diversity and Integration screening

Background papers

35 None