

Development of locality partnerships for health and wellbeing

1. Background

During 2008, the Leeds Initiative Healthy Leeds partners, including NHS Leeds, Leeds City Council and Leeds Voice, established new city wide arrangements for health and wellbeing to improve our partnership working and make it fit for purpose in the changing national and local environment. These arrangements bring together health and social care services with broader work to improve health and reduce health inequalities. One of the key issues raised when we were consulting on the new arrangements was how would they relate to localities. It was agreed that this needed further discussions and this report describes the process to take this forward and makes some recommendations.

2. Why we need locality partnership arrangements

Working together to improve the health and wellbeing of everyone in Leeds includes ensuring that we address universal services for all as well as focussing on needs to be on the most deprived geographical areas and vulnerable groups in order to address health inequalities. Leeds is a large city and the issues we need to address to improve people's health and reduce health inequalities are complex, involving many different organisations across the public, private and voluntary, community and faith sectors.

The new partnerships that have been developed for health and wellbeing have a city-wide focus and remit. This reflects the importance of agreeing a strategic approach for the city to address the major issues affecting health and wellbeing, including the overall direction of travel for health and social care services.

However, detailed changes and improvements often need to be implemented at a much more local level to allow room for local expertise and innovation and so that improvements can be tailored to local circumstances. It is also important that the development of city-wide strategies and plans is informed by more local views about what is needed in particular parts of the city or to reflect the needs of particular communities of interest.

Local aspects of the health and wellbeing partnership arrangements are crucial given the importance of making a difference and having an impact on those services which affect outcomes for individuals. Currently we have three officer co-ordination groups and other local theme partnerships such as Children Leeds and Safer Leeds. The links to the Council's area committees and NHS Leeds's practice based commissioning is important at this level. There are also the links to the Children Leeds locality enablers and cluster arrangements for children's and young people's services.

It is at this level that effective participation of local people can play an important role in how services are developed and delivered. Establishing a consistent and effective approach to involvement is a key challenge for future work.

Our local partnership arrangements need to take an overview of the area and analyse evidence gathered through the Joint Strategic Needs Assessment about the health of local communities. They

need to enable changes to delivery of services and initiatives, as well as ensuring health is a component of broader programmes of work.

3. Process to develop locality partnerships for health and wellbeing

During the latter part of 2008, discussions started to learn from existing local partnerships and help inform the development of local partnerships for health and wellbeing. This included:

- Healthy Leeds Partnership - discussion at December meeting;
- Discussion with LCC Area Managers and NHS Leeds managers – establishing a task group to take forward the plans for the workshops;
- 3 wedge level workshops held in March 2009.

The purpose of these three locality workshops was to help get the views of a wide range of stakeholders to inform the development of local partnership arrangements. Such partnerships will enable better links with Area Committees, Practice Based Commissioners and local people and secure more effective partnership working at this level. Three joint-funded health improvement managers post are being recruited to help support this work.

The workshops generated a great deal of interest with about 40 to 50 people attending each one. This included representation from the council (including the Councillor health champions), NHS Leeds, Practice Based Commissioning consortia, the VCF sector and services users and carers. The evaluations were very positive and participants welcomed the opportunity to network locally around health and wellbeing issues as well as influence the local partnership developments.

4. Roles and responsibilities

The new Healthy Leeds partnership arrangements have established clear roles and governance and will use the Health and Wellbeing Plan to guide their programmes of work. At city wide level this includes:

- Healthy Leeds Partnership - setting strategic direction and wider discussion/ engagement of stakeholders in developing future direction.
- Joint Strategic Commissioning Board and its three sub-groups (Promoting health and wellbeing, priority groups, planned and urgent care) – developing joint commissioning plans and delivering against these, monitoring progress and problem solving.

There has to be an effective system of two-way communication so that city wide priorities and plans can be delivered in all areas but in a format which is suitable for localities and which also enables local issues to influence the city wide direction of travel. The Area Committee Delivery Plans and Practice Based Commissioning (PBC) Plans have a crucial role to play to ensure that local needs are addressed. Needs assessment and progress reporting will be assisted as more localised data from the Joint

Strategic Needs Assessment process becomes available, supported by the development of the proposed Neighbourhood Index.

The proposed role for locality partnerships could include:

- Review evidence on health needs of deprived neighbourhoods and vulnerable groups and determine the issues that need addressing. As such they would sharpen the focus on areas within the 10% most deprived areas and localise the priorities within the Leeds Strategic Plan and the Health and Wellbeing Plan. This will then inform Area Delivery Plans.
- Determine how to tackle significant local problems outside these areas.
- Ensure joint commitment and joint action from all sectors and agencies operating in the priority areas
- Make the best use of existing opportunities and processes and prevent duplication or gaps
- Focus on how best to secure the required outcomes by determining what works best for a given area.
- Problem solve
- Seek to make commissioning as effective as possible for a given locality
- Action plan and monitor progress to make sure delivery is effective
- Provide the link with Area Committees and neighbourhood management teams.

The proposals to establish three theme partnerships is supported by the scrutiny board report into the localisation of health and social care services which recommends that:

“A thematic group be developed for health and wellbeing, including adult social care, in each of the three areas” and that these work closely with LCC Area Committees.

Early results from the joint audit by KPMG of Leeds PCT and Leeds City Council on tackling health inequalities, stresses the need to focus implementation at a locality level, bringing together all the agencies and professionals working within that locality as well as community groups and the public.

KPMG Health Inequalities Audit and Commissioning Partnerships programme agree the need to jointly agree:

- the localities for the city
- the mechanisms to link to Area Committees and PBCs
- who needs to be involved in the local partnerships
- resources needed to operate effectively at this level
- local delivery plans
- collaboration on community engagement

5. Wider context

Within the Leeds Initiative and Leeds City Council, discussions are ongoing about partnerships working at a neighbourhood level. In particular, the Narrowing the Gap Board and the Neighbourhood Policy Group are debating the development of jointly agreed neighbourhood management arrangements to improve local delivery and coordinate action in the most deprived neighbourhoods. It recognises that to date activity has focussed 'place' issues such as tackling crime and grime but that there has been much less focus on 'people' issues. The approach proposes that the Officer Coordination Groups (which includes LCC Area Manager, NHS Leeds, Police, Housing ALMO) for each wedge of the city have a role in overseeing priority neighbourhoods and monitoring performance.

6. Next steps

Following the three workshops, a summary was made of the discussions and an action plan developed to take the work forward. The action plan falls into six categories:

- Information and communication – the need for a central information portal to access locality profile information, current initiatives and partnerships and key contacts. Development of locality sections on the Leeds Initiative website could provide the mechanism for this.
- Role and responsibilities of a locality partnership – although there is general agreement on roles and ways of working, this will need to be firmed up into terms of reference. Set up as time limited in first instance and effectiveness evaluated after one year
- Governance issues – clarification will be needed on who the partnerships are accountable to city wide and the relationship with the Officer Coordination Groups, Area Committees and PBCs as well as the neighbourhoods within their wedge
- Involvement mechanisms – of public, service users and frontline staff of organisations. The role of the VCF sector and LINK in locality involvement needs clarifying. Also the development of more effective and coordinated community involvement.
- Resources – the identification of devolved budgets, funding streams and innovation funds that can be used for locality commissioning. Opportunities to share resources such as staff and facilities.
- Training and development – of staff from all sectors who have an influence on health and wellbeing to raise awareness and ensure consistent and effective approaches to activities

The task group agreed to convene the core group of each partnership, in June/July, to focus on delivery of strategy at local level. The group should include:

- NHS Leeds
- Practice Based Commissioning consortia
- Adult Social Care
- Housing
- Environmental Health
- Locality Health Improvement Manager
- Councillor Health Champion

- Leeds Voice Health Forum

The extended network would be convened about once a year to provide feedback and to involve stakeholders in the future agenda setting. This would mean that the neighbourhood management arrangements would need to incorporate health and wellbeing as a key issue in the coordination of delivery at that level.