

Partnership Development: Sharpening the Leeds Health and Care Partnership Executive Arrangements

Summary of initial proposals to be developed April – June

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This is a summary of the full report agreed by the Leeds Health and Care Partnership Executive Group (PEG) on 22nd March 2024 and is available on request by emailing: wycb-leeds.partnershipdevelopment@nhs.net.

1. What is the partnership development work?

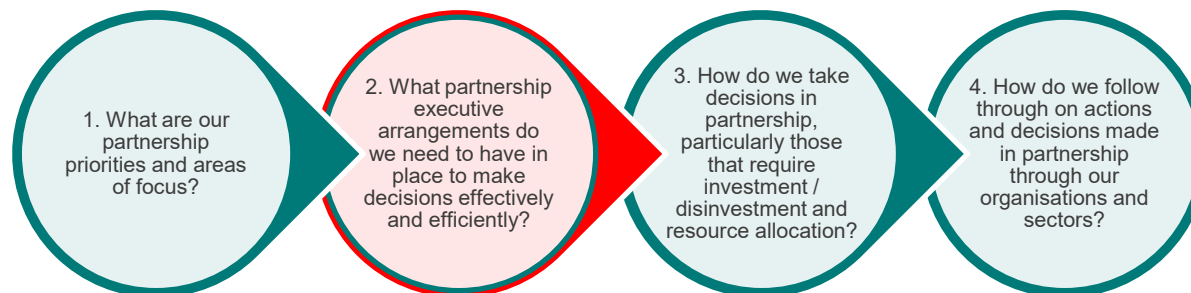
The Leeds Health and Care Partnership Executive Group (PEG) is committed to working more effectively as a partnership to deliver our shared ambition and priorities to ultimately improve the experience and outcomes of people in Leeds. PEG has identified four questions, set out in figure 1, for the partnership to work through this year.

Having a myriad of forums in a large and complex system such as Leeds can lead to a lack of clarity about the purpose, roles and responsibilities of forums the relationships between them. This lack

of clarity can hinder the ability to collectively address issues; shape and design solutions; make effective and efficient decisions, and follow through on actions.

This summary document describes the approach being taken to respond to question two highlighted in red. This approach has been developed and agreed by PEG and has been informed by reflecting on and synthesising years of learning as a partnership in Leeds and wider region.

Figure 1: Four questions set by PEG



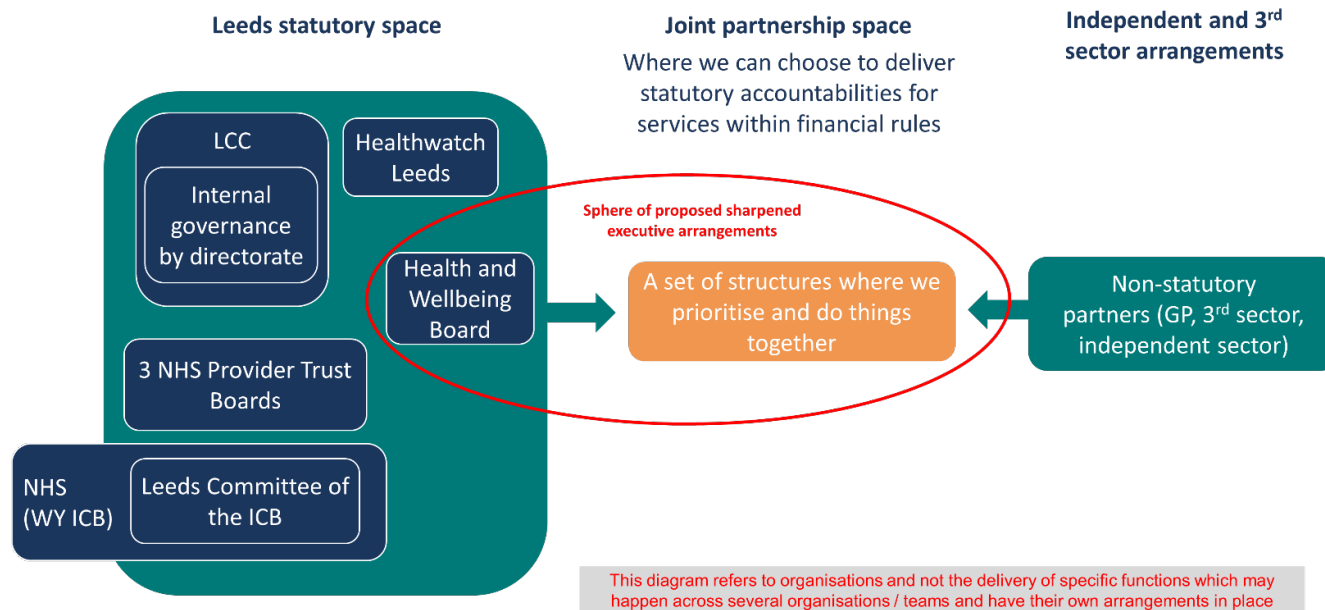
2. What is the scope?

The partners which make up the Leeds Health and Care Partnership (LHCP), (in this context includes: Forum Central (on behalf of the 3rd sector), hospices, LYPFT, LCH, LTHT, LCC, GP Confed (on behalf of general practice), ICB in Leeds, Healthwatch) are part of many different partnerships that vary in size, scope and formality across Leeds and the wider region. The scope of this review is specifically focused on joint partnership arrangements within the Leeds health and care space and the relationship with the governance forums of the organisations that make up the LHCP.

It is important to be clear where formal accountability and decision making takes place; this currently remains within formal organisations but partners have actively chosen to work in partnership to achieve the ambition set out in our joint [Health and Wellbeing Strategy](#) and deliver shared priorities including those set out in the [Healthy Leeds Plan](#). Much of the work undertaken within the partnership space is in designing and developing solutions and making recommendations for organisational boards (or organisational internal governance processes) to approve.

The scope of the partnership executive arrangements relates to the partnership space where non statutory and statutory partners choose to work together, represented by the red ellipse in figure 2.

Figure 2: sphere of partnership executive arrangements



3. Why is this needed?

3.1 Being clearer about what we do together

Not everything needs to be done together; most things that partners are accountable for will continue to happen within individual organisations, or in sub-partnerships. However, when the partnership comes together, it can tend to:

- Only focus on things which are topical or seen as needing to happen in a partnership space without being aware of the other key things each partner is individually working on
- Try and do too much, and at the same time, which can overload capacity, whereas it may be more effective to do work in sub-partnerships or to phase the work
- Talk about the partnership as something which happens *'over there'* or that it is something which happens **to** us, rather than being always aware that **"we** are the partnership"
- Talk about actions which need to be undertaken by the 'partnership' (i.e. suggesting perhaps a nebulous "other thing") rather than by 'us' as individuals and organisations. Given **"we** are the partnership" actions only translate to action if we as individuals and organisations act on them.

It is also important to acknowledge that different organisations, while aligning to the same collective vision and goals, may have

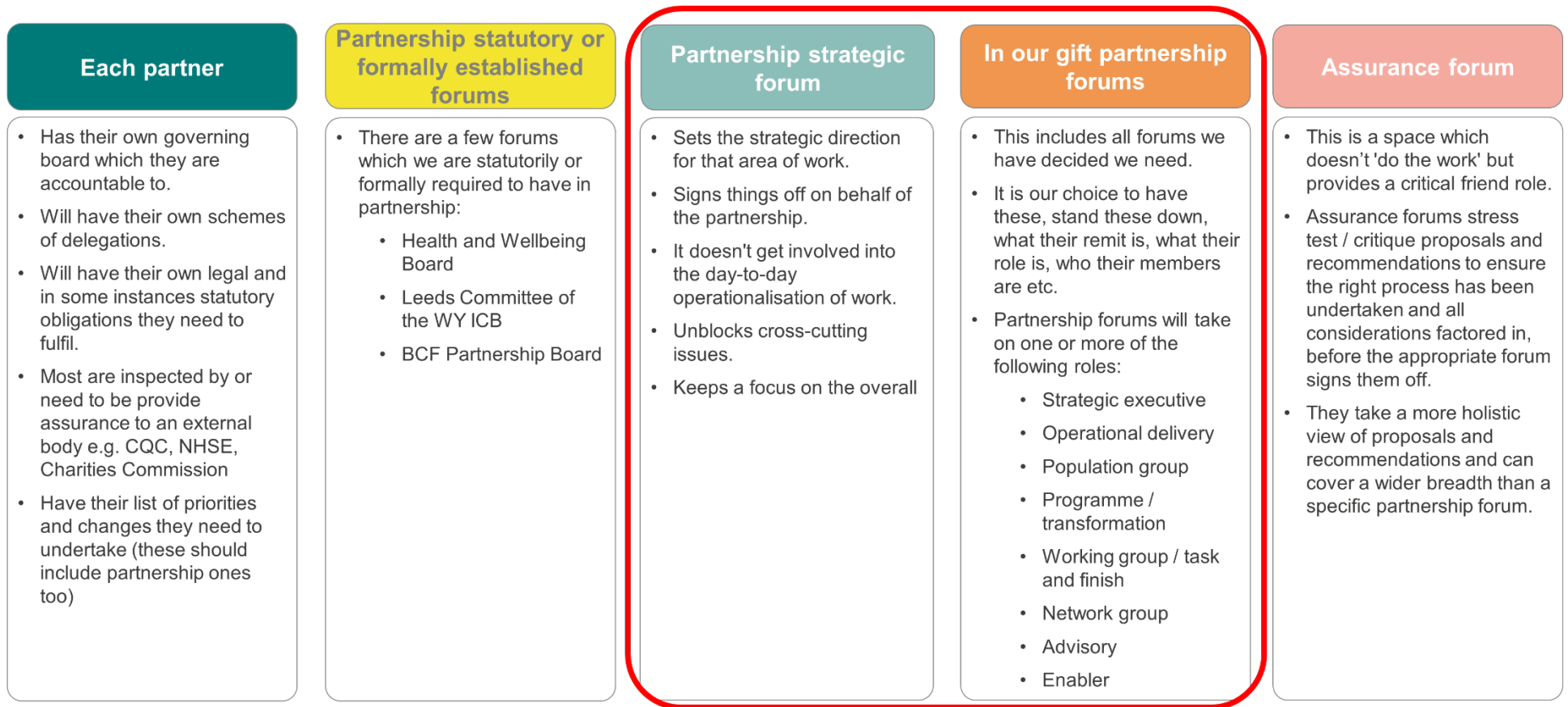
differing motivating factors which influence decision making; that is inevitable and to be expected but it is something to recognise and be honest about in partnership spaces.

Any activity, regardless of where it takes place, should support the overall direction of travel and help the delivery of shared priorities. Partners need to be clear how much of the work taking place within organisations or between a few partners needs to be brought into the wider shared partnership executive space, particularly if it does not form part of the more tightly scoped joint partnership priorities.

3.2 Being clearer about partnership governance and organisational governance

When designing effective governance, it is important to acknowledge that there are several different places where governance happens. As described in figure 3 on the following page, each aspect has its distinct role and each is important, but all need to work in harmony. It is also important to be clear how governance in the partnership space interacts with governance within individual organisations and vice-versa. At this stage, the proposals in this paper only focus on the joint executive space, as highlighted in the red box, and not individual organisational executive arrangements.

Figure 3: different spaces across the LHCP in which governance takes place



3.3 What we mean by decisions, delegations, accountability and recommendations

Decision making comprises many different aspects. This includes creatively developing the decision, reaching the right options, choosing what is best, committing people and resources to the decision, and – crucially – following through on what has been agreed. Partnership work in Leeds has strengthened the first four aspects but not changed the latter.

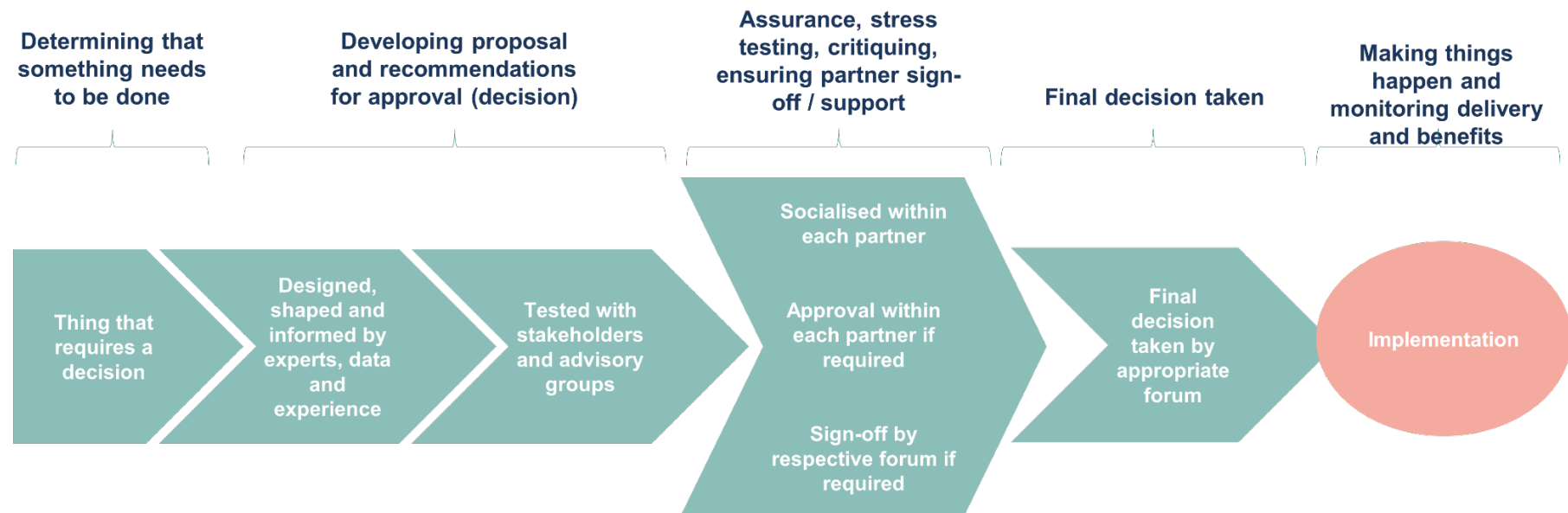
Confusion in a partnership space occurs when people talk about decision-making and who can ‘make a decision’. Usually, partnership forums are spaces to shape, inform, test and develop options and solutions, as well as a place to develop recommendations. If done in this way, then the final decision will be understood by the partners who need to implement it and will likely result in the best outcomes for people in Leeds.

The final 'decision' will often be formally taken by a specific person or organisational board because usually the statutory, or formal decision-making accountability, sits with a specific organisation or role, in line with their scheme of delegation.

Currently, very few things are formally delegated by organisations into the partnership space.

There is still an aspiration from partners to formally delegate some decision-making capability into formal partnership forums, but it is important to be realistic that this will not happen until organisations have confidence in robust and effective processes and mechanisms that ensure delegations can be discharged to the appropriate partnership forum.

Figure 4: stages in a typical decision making flow



Note: decision making process may not be as linear as implied in this diagram, it is possible that some stages may be repeated or a decision taken to not proceed at any stage.

4. What is the approach for improving and designing the revised partnership executive arrangements?

PEG has agreed the following design principles which will be used to inform and test the final partnership executive arrangements:

Partnership executive arrangements design principles

1. Overall, we want to reduce the total number of forums that exist and reduce the total number of meetings which take place. This will mean that some will have to cease, merge or reform.
2. No existing partnership forum is out of scope, and all are (eventually) in scope for change and improvement.
3. We can't redesign the whole partnership governance in one go but will start with the key components and build out from there.
4. Going forward each forum will have a clear purpose, role and remit.
5. Each partnership forum will have an explicit relationship with at least one other partnership forum, this is to prevent an array of partnership forums springing up in a disjointed way and without any process.
6. Membership for each forum will be reviewed to ensure we have the right roles in the forum.
7. Members of a forum will have clear and specific roles individually and collectively.
8. Members of a forum will be expected to 'think system' and to trust each other. We may not always need to have every partner, or every professional role represented in all partnership forums.
9. Each organisation/sector (through their executive team) will ensure that they have identified the most appropriate person (from wherever that may be in the organisation/sector) to be part of the respective forum and support them to undertake their roles effectively and efficiently.
10. There will need to be a transition plan to move from the current to the proposed partnership governance and this may need to be done in stages.

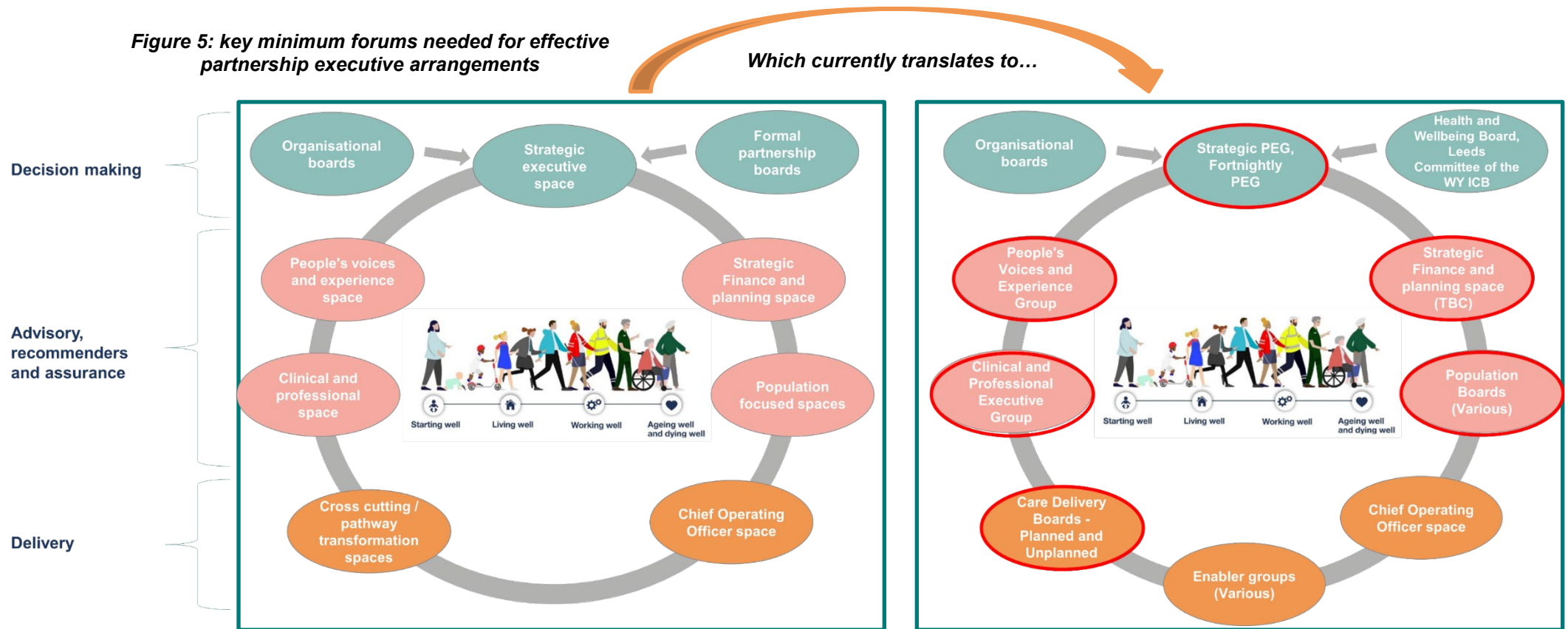
It is acknowledged by PEG, that in addition to having clear partnership executive arrangements, Organisational Development (OD) support may be required to help transition to a more effective set of arrangements. The Leeds Health and Care Academy will lead and coordinate the system OD development.

PEG has agreed that rather than trying to map or untangle everything at once, to start the review with a small number of forums and build out from this. The diagram on the left below identifies the minimum elements and perspectives needed to have in place. This is not a hierarchal or relational diagram – that level of detail will be developed in the next phase of this review.

The partnership is not starting from a blank page - existing forums (listed in the diagram on the right) have been slotted into some of

the spaces. This review will initially focus on the partnership forums/spaces circled in red, with detailed proposals presented back to PEG in July 2024. It should be noted that there is not currently a strategic finance and planning space which includes all partners; work is needed to develop this. Work is also needed to ensure all forums work in harmony with clear scope, remit, membership and processes in place to be effective. This may involve consolidating some forums, for example different formats of PEG.

Figure 5: key minimum forums needed for effective partnership executive arrangements



Between April and June 2024 and starting with the agreed design principles, work will be undertaken with each forum to:

- Focus on the purpose and scope of each forum (in the next two years)
- Consider the role of the forum in the:
 - Identification of partnership priorities
 - Design and delivery of actions which achieve partnership priorities
- Assurance and monitoring of the delivery of actions
- Shaping and support of the delivery of our strategic medium-term plan

- Driving of actions within partner organisations.
- Build on existing insight, feedback and current Terms of Reference.
- In the context of harmonising how forums fit together, the work will also:
 - Define the relationship and requirements of other partnership forums
 - Reduce duplication / repetition between forums

The intention is to facilitate the creation of the following outputs for each forum, which will clearly and unambiguously define the scope and remit and decision-making capabilities of each forum.

Chair	Frequency of meeting	Supported by	Contact point

Purpose	Scope	Not in scope	Decision-making capacity	Reports to / relationship with

Member	LTHT, CEO, x	LCC or by specific directorate, Director x	Healthwatch, Chief Officer x	3 rd sector	etc
Role in this forum					
Remit / capacity in which they can act in this forum					

In some instances it will be a rep for a partner, in others it will be rep for a function, some forums may need both

Questions specific to this forum which need to be worked through	Existing forums which will be consumed or reformed	Forums which are no longer required	Evolution of this forum

5. How will the recommendations be implemented?

This review will look at a collection of partnership forums at the same time, giving an overarching view. Each partner will formally take the final developed set of proposals in their totality to their organisational board and confirm there is agreement and support for the proposals. Each partner will also need to give assurance to each other that they have effective internal processes which interact with the partnership executive arrangements. This includes confirming that the person representing the organisation in a forum has the full support and endorsement from the respective organisation and being clear in what authority/capacity they are acting in. To be fully effective, partners must also ensure that they have internal processes and mechanisms in place to proactively follow-through with actions agreed in partnership.

6. Who will be designing the detail?

In most cases, the review work will be undertaken with members of each forum, facilitated by colleagues listed below. Due to time constraints and the number of Population and Care Delivery Boards currently have in place and the frequency they meet, it will not be possible to engage with every Board directly. Therefore, a task and finish group will be convened with representation from Population and Care Delivery Boards and partner organisations to inform proposals.

This next phase of design will take place April to June, with final proposals presented to PEG in July 2024 for endorsement. Go-live of the new arrangements is expected by October. Work will then begin with the next set of partnership forums to be determined by PEG.



7. Who can I contact to get involved or ask questions?

If you would like to discuss any aspect of the proposals, or wider partnership development work, please contact manraj.khela@leeds.gov.uk , samantha.ramsey2@nhs.net or ginadavy@nhs.net who have been tasked by PEG to facilitate the work with all partners.