



Name of meeting: Annual Council

Date: Wednesday 25 May 2022

Title of report: Report of the Members' Allowances Independent Review Panel (MAIRP) (Reference from Corporate Governance and Audit Committee)

Purpose of report: To receive a report and recommendations which were considered by Corporate Governance and Audit Committee on 13 May 2022.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not Applicable
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall 17.5.22
Is it also signed off by the Service Director for Finance?	Eamon Croston 17.5.22
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Julie Muscroft 17.5.22
Cabinet member <u>portfolio</u>	Councillor Paul Davies (Corporate)

Electoral wards affected:	All
Ward councillors consulted:	Not applicable
Public or private:	Public
Has GDPR been considered?	Yes, there is no personal data within the report.

1. Summary

This report sets out the recommendations of Corporate Governance and Audit Committee following their consideration of the report of the Members' Allowances Independent Review Panel. Any changes agreed will be effective from 25 May 2022.

2. Information required to take a decision

The Corporate Governance and Audit Committee, at its meeting on 13 May 2022, considered the attached report of the Members' Allowances Independent Review Panel which has put forward recommendations in respect of the new role of Lead Councillor: Primary Care Networks and Local Health Improvement as set out below:

A meeting of the Members' Allowances Independent Review Panel has taken place to consider the new role of Lead Councillor: Primary Care Networks and Local Health Improvement and make recommendations to the Council in respect of the Special Responsibility Allowance within the Scheme.

The Strategic Director for Adults and Health presented the new role profile at the meeting and the MAIRP heard evidence from him regarding the development of the new role.

The new role of Lead Councillor – Primary Care Networks and Local Health Improvement is the evolution of the Place Partnership Lead Members role and replaces this role within the Members' Allowances Scheme. It has developed from the experience of the Place Lead role over the previous two years and provides an opportunity for Councillors to play a role in the new health arrangements within Kirklees.

The additional cost (excluding any abatements) to the overall Scheme should the above-mentioned recommendation be agreed and implemented is £10,294 per annum. This is because it is proposed to create 9 Lead Councillor roles to mirror the number of Primary Care Networks in Kirklees.

The report of the Panel is attached at Appendix A and puts forward the recommendations that:

- i. The MAIRP support and recommend the substitution of the role of Place Partnership Lead Member with the new role of Lead Councillor – Primary Care Networks and Local Health Improvement;

- ii. The MAIRP notes that the new role of Lead Councillor – Primary Care Networks and Local Health Improvement recognises the centrality of Place Based Working to governance but adds specificity and provides a clear idea of the expected role of the Lead Councillor;
- iii. The MAIRP notes that the role profile is written in such a way that permits its further evolution into other policy areas relevant to Health and Well-Being, such as Planning and Education. The Panel believe that the role profile reflects the centrality of networking, policy making, and strategic functions of a Lead Councillor;
- iv. The MAIRP recognises the need for 9 Lead Councillors as the new role is based on the new Primary Care Networks (PCNs) and maps onto the new NHS delivery system and provision throughout West Yorkshire;
- v. The MAIRP recommends retaining the existing Place Partnership Lead Member SRA of £5,147 for the new role of Lead Councillor – Primary Care Networks and Local Health Improvement. This does not, of course, mean that the SRA, and indeed the role profile, cannot be reconsidered in the light of experience at a future date.

3. Implications for the Council

- **Working with People**
Not applicable.
- **Working with Partners**
Not applicable.
- **Place Based Working**
Not applicable.
- **Climate Change and Air Quality**
Not applicable.
- **Improving outcomes for children**
Not applicable.
- **Other (eg Legal/Financial or Human Resources)**
None in addition to those detailed above.
- **Do you need an Integrated Impact Assessment (IIA)?**
Not required.

4. Consultees and their opinions

The Allowances panel have been consulted on the contents of this report and agree that it accurately reflects the outcomes of their discussion.

None applicable to this report as there have been no changes as a result of consideration by Corporate Governance and Audit Committee.

5. Next steps and timelines

Following approval by Council the Lead Councillor – Primary Care Networks and Local Health Improvement role be incorporated into the Members Allowances Scheme.

6. Officer recommendations and reasons

- That Council conveys thanks to the Members Allowances Independent Review Panel for their work and notes the outcomes of the Panel, as attached at Appendix A of the report.
- That a review of the new role profile is undertaken after 6 months. The review should include the accountability of those in lead roles having regard to any learning from the Place Based working role which this new Lead Councillor role is intended to replace, and any work already done to consider that, with a report back to this committee.
- That Council resolve that the 9 Lead Councillor – Primary Care Networks and Local Health Improvement role be incorporated into the Members Allowance Scheme to replace the existing 7 Place Partnership Lead Roles.

Cabinet Portfolio Holder's recommendations

Not applicable to this report.

7. Contact officer

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8. Background Papers and History of Decisions

Report of Members' Allowances Independent Review Panel on 9 March 2022.

Report and recommendation of Corporate Governance and Audit Committee on 13 May 2022.

9. Service Director responsible

Julie Muscroft
Service Director, Legal Governance and Commissioning

Report of The

**Kirklees Council
Members' Allowances
Independent Review
Panel**

9 March 2022

Samantha Lawton
Head of Governance
Civic Centre 3,
Huddersfield, HD1 2TG
01484 221000

1 Panel Membership

The Members of the Independent Review Panel who attended are as follows:

Andrew Taylor (Chair)
Ian Brown
Lynn Knowles

2 Terms of Reference

The Panel's Terms of Reference are:

- (a) To advise the Council on what would be the appropriate level of remuneration for Councillors having regard to the:
 - Roles Councillors are expected to fulfil
 - Varying roles of different Councillors
 - Practice elsewhere and other Local Authorities.
- (b) To consider schemes of Members Allowances for Town and Parish Councils as and when required.
- (c) To make recommendations and provide advice to the Council on any other issues referred to the Panel by regulation or by the Council.
- (d) The Council retains its power to remove a discredited Panel Member.
- (e) The Panel can appoint its Chair from amongst its Members.

3 Constitutional Issues

(a) Term of Office

It was agreed that the current Panel membership be retained and that all relevant terms of office be renewed until December 2022.

(b) Election of Chair of Independent Review Panel

Andrew Taylor was re-elected Chair of the Independent Review Panel.

4 Lead Councillor: Primary Care Networks and Local Health Improvement

Richard Parry, Strategic Director for Adults and Health set out the following:

Nationally, Primary Care has been required to form collaborative Primary Care Networks (PCNs) that cover populations of 30-50000, based on existing GP practice lists. Whilst they have general practices at the heart, they include a wider range of organisations. The approach can be seen as comparable to the Place Based Working approach that has developed in the Council.

Across Kirklees, 9 PCNs have been established, each with a Clinical Director. These cover populations that range between 35000 and 60000).

Adult social care, public health resources, Community Plus, Locala, Community Anchor organisations etc are increasingly working to the footprints of the 9 PCNs to create the local operational building block of the Kirklees health and care system.

They have worked closely with the Council during the pandemic response to develop local approaches to testing, vaccination and shielding as well as investing in the local community anchor organisations. This learning can be applied, longer term, to tackling other local health and care issues.

It is widely recognised that improving health in local communities will require a joined up approach between health care organisations and the activity that can address the wider determinants of health (such as housing, air quality, good employment, physical activity etc).

It will also require a collaborative approach between and with leaders in local communities who can bring to bear local knowledge and influence.

The MAIRP were asked to consider a Role Profile for a new role of Lead Councillor – Primary Care Networks and Local Health Improvement and to consider its place in the existing Members' Allowances Scheme. This Role Profile is attached at **Appendix B**.

The Panel reviewed the reasons for the new Role Profile based on experience derived from the COVID-19 pandemic, changes in the structure and organisation of the NHS, and existing (and continuing) changes in Kirklees derived from the growth of Placed Based Working (PBW) over the last few years.

The new role of Lead Councillor – Primary Care Networks and Local Health Improvement is the latest iteration of the Place Partnership Lead Members role and replaces it within the Members' Allowances Scheme.

The MAIRP have made the following recommendations:

- vi. The MAIRP support and recommend the substitution of the role of Place Partnership Lead Member with the new role of Lead Councillor – Primary Care Networks and Local Health Improvement;
- vii. The MAIRP notes that the new role of Lead Councillor – Primary Care Networks and Local Health Improvement recognises the centrality of Place Based Working to governance but adds specificity and provides a clear idea of the expected role of the Lead Councillor;

- viii. The MAIRP notes that the role profile is written in such a way that permits its further evolution into other policy areas relevant to Health and Well-Being, such as Planning and Education. The Panel believe that the role profile reflects the centrality of networking, policy making, and strategic functions of a Lead Councillor;
- ix. The MAIRP recognises the need for 9 Lead Councillors as the new role is based on the new Primary Care Networks (PCNs) and maps onto the new NHS delivery system and provision throughout West Yorkshire;
- x. The MAIRP recommends retaining the existing Place Partnership Lead Member SRA of £5,147 for the new role of Lead Councillor – Primary Care Networks and Local Health Improvement. This does not, of course, mean that the SRA, and indeed the role profile, cannot be reconsidered in the light of experience at a future date.

Report produced on behalf of the Members Allowances Independent Review Panel by:

Samantha Lawton
Head of Governance

March 2022.

Lead Councillor – Primary Care Networks and Local Health Improvement

The role will:

- Utilise local public health intelligence to ensure that there is a data led approach to understanding issues in a local community;
- Bring knowledge of local communities and community connections to support the building of place based public health intelligence;
- Facilitate relationships between local health and care professionals, VCSE organisations, community champions and communities that can improve health in a local area (for example, targeted activity to increase the uptake of diabetes screening in individuals and communities where this is disproportionately low);
- Enable connection between the healthcare system and the work of the council that can impact on the wider determinants of health;
- Inform the development of and then support the local implementation of council policies that impact on the health of local communities (e.g. Supplementary Planning Documents, local investment decisions, development of dementia friendly places etc);
- Make recommendations to the Health and Wellbeing board in relation to the local impact of policies and work to the strategic priorities set out by the Health and Wellbeing Board in the Joint Health and Wellbeing Strategy;

- Take responsibility for and provide a lead on the development of the place based working approach with each PCN and the organisations within it;
- Work proactively and constructively with all ward councillors that relate to the Primary Care Network area;
- Ensure that there is appropriate reporting of the work being undertaken in each PCN area and attend relevant committees as required;
- Take account of professional advice from a range of sources, recognising that each organisation involved will have a range of perspectives and constraints.