



GOVERNING BODY MEETING **in Public**

23 May 2018

Agenda Item 3.5

Report Title	Cheshire East Partnership Board Memorandum of Understanding
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Appendix A
Cheshire East Partnership Board Memorandum of Understanding May 2018

CHESHIRE EAST PARTNERSHIP BOARD

MEMORANDUM OF UNDERSTANDING

Dated May 2018

1. THE PARTNERSHIP

This Memorandum of Understanding (MoU) relates to our collective aspirations for the future of care services in Cheshire East and the collaborative working of the organisations listed below, referred to from this point as the Partners:

- Cheshire East Council
- Cheshire and Wirral Partnership NHS Foundation Trust
- East Cheshire NHS Trust
- Eastern Cheshire Clinical Commissioning Group
- Mid Cheshire Hospitals NHS Foundation Trust
- South Cheshire Clinical Commissioning Group
- South Cheshire and Vale Royal GP Alliance and
- Vernova Healthcare CIC.

We will provide collective system leadership through a Partnership Board to deliver strong, visible and collective leadership across a single co-ordinated programme of work. Our Partnership Board will provide a forum for our organisational leaders to agree, support and guide the transformation needed to achieve sustainable services supported by an improved financial position.

2. OUR VISION

To improve the health and wellbeing of local communities enabling them to live longer and healthier lives, through creating safe, integrated and sustainable services that meet people's needs by the best use of the assets and resources available.

Our Vision for the future of care services has been borne out of the achievements to date and our local transformation programmes; and our ambition to implement new, integrated care arrangements that achieve the best possible health and wellbeing for our residents.

In creating our 'place-based' vision we aim to meet our local ambitions within the context of the Health & Care Partnership of Cheshire and Merseyside; and its commitments of improving the health and wellbeing of the 2.6 million population of Cheshire and Merseyside and creating a **strong, safe and sustainable health and care system** that is fit for the future.

3. OUR AMBITION

Our ambition is to develop a single Integrated Care Partnership, operating:

- At the whole population level; aiming to address the wider determinants of health and wellbeing and to tackle inequalities
- As a place-based response to the development of sustainable services for local populations
- For people with episodic conditions; it will help build and form part of a more coherent and effective local network of urgent care
- For people with ongoing care needs; it will provide a broader range of services in the community that are more joined up between primary, physical, mental health and social care and services will be better tailored to meeting their needs including integrated personal commissioning and personal health budgets.

Above all our priority is to deliver the right care for our local population and for those that use our services including:

- Keeping services local for local people;

- Supporting local people to take an active and full role in their own health and wellbeing;
- Preventing health deterioration and promoting independence;
- Promoting social capital;
- Embracing prevention and early intervention across all areas including the voluntary, community and faith sectors;
- Using the best, evidence-based, means to deliver on outcomes that matter; and
- Focusing on what adds value (and stopping what doesn't).

4.0 SYSTEM OBJECTIVES AND DELIVERABLES

The Partnership's principal objectives will be developed into detailed workplans for creating integrated delivery of health and care services built from natural care communities. The principal objectives are:

1. For specialist mental health services, deliver the NHS *Five Year Forward View* and provide more care closer to home, based around existing communities.
2. Support the transformation of General Practice as a core foundation of our care communities including delivery of the NHS GP Forward View and the vision of Primary Care home.
3. Develop a range of preventative health and care services that helps support healthy day-to-day living.
4. Create the optimum environment to enable and accelerate the development and implementation of new models of integrated care built from the aforementioned local health and care communities.
5. Established our Integrated Care Partnership with responsibility for ensuring the provision of services that deliver the best choice, access and outcomes for patients and service users within the available resources.
6. The development of an Integrated Care Partnership will be supported by new integrated commissioning and contracting arrangements built on the work being taken forward by the Cheshire CCGs' and the two Local Authorities.
7. Establish a collaborative approach to financial improvement building on our learning to date including an absolute commitment to reduce all non-clinical costs where possible.
8. As soon as realistically possible operate as a system within the total available financial resources as defined by partners' agreed financial control totals.
9. Agree a model of sustainable hospital services that link to other components of integrated health and care services for local people and their communities.

5. PRINCIPLES AND BEHAVIOURS

We, 'the Partners' recognise the scale of change required to deliver sustainable health and care services for our population and acknowledge that cultural change is a key enabler, within and between the partner organisations.

We will continue to build and promote trusting relationships, mutual understanding and where appropriate, take decisions together. All members of our Partnership Board will support and promote system behaviours for the benefit of the local population and care users including:

- Working together and not undermining each other;
- Working with integrity and the highest professional standards;
- Behaving well, especially when things go wrong;
- Engaging in honest and open discussion;
- Speaking well of each other and not undermining each other;
- Upholding decisions made by the Partnership;

- Seeing success as collective, and
- Sticking to decisions once made.

We agree to deliver a person-centred care model and system that meets the current and emergent needs of our population. We agree that this principle must override our individual or organisational self-interest, unless statutory or regulatory requirements preclude this. To ensure this is not forgotten, the voice and views of the public and patients will be embedded at all levels of our programme of work.

The key principles that we, “the Partners”, are committed to in relation to **system finances** are:

- To work towards being able to live within our overall available financial envelope by focusing on value-based prioritisation and reprioritisation of expenditure;
- To focus on collectively improving the system-wide financial position rather than our individual organisations’ financial positions, but operating with the principle of separate overall NHS control totals for Central Cheshire and Eastern Cheshire for reporting purposes;
- To use collective commissioning and buying opportunities to improve delivery outcomes and/or system savings;
- To focus on reducing costs across the system ensuring that funding is given to the right place, and
- To explore and develop pooled budgets across health and social care.

The key principles that we, “the Partners”, are committed to in relation to **system leadership** are:

- To act collectively and deliver on today’s business whilst also delivering transformation for the future;
- Where appropriate, to act as if part of a single leadership team, to coordinate system improvements for the benefits of the local population and care users;
- To carry out implementation at pace; and
- To influence the view of regulators and external assurance bodies regarding the primacy of the clinical and financial sustainability of our systems, to achieve the best outcomes for our populations, and our joint commitment to it.

The key principles that we, ‘the Partners’, are committed to in relation to **sharing information and aligning resources** are:

- To share information in a timely manner, in line with relevant Information Governance requirements, when needed to support development of our Partner’s business cases and savings plans, and
- To align human, financial, estate and digital resources to deliver system work where this adds value.

6. GOVERNANCE ARRANGEMENTS

Through this Memorandum of Understanding and associated Terms of Reference the partners have collectively agreed to the establishment of a **Partnership Board**.

The Partnership Board will consist of system leaders drawn from NHS and local authority partners and will be chaired by an Independent Chair. The Partnership Board will be accountable to the Boards and Governing Bodies of the Partners. Individual members of the Partnership Board will ensure that they have the necessary delegated permissions and that processes are in place for them to act on behalf of the organisations which they represent.

Declarations of interest will be declared by all individual members attending a Partnership Board meeting prior to commencement of the meeting.

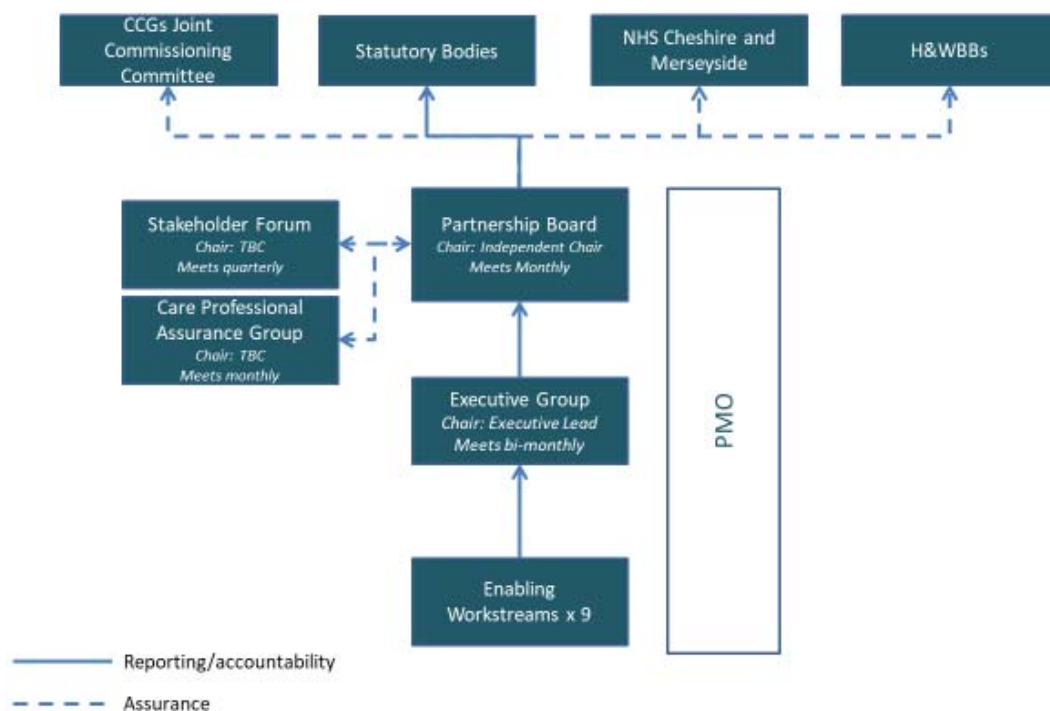
The Partnership Board is required to take into account the requirements and expectations of the following statutory organisations/Boards/Committees:

- **Health & Care Partnership for Cheshire & Merseyside:** Our Partnership Board is required to report progress against objectives and an agreed timetable to the Health & Care Partnership providing them with regular updates.
- **Greater Manchester Health and Social Care Partnership:** Greater Manchester Health and Social Care Partnership will nominate a senior individual who will attend our Partnership Board, and act as its representative on all matters to do with this work. Our Partnership Board is responsible for ensuring that that representative is engaged in all work that will impact the health and social care system of Manchester.
- **Health and Wellbeing Boards:** Our Partnership Board is required to engage with and keep the Health and Wellbeing Boards informed of progress and provide them with information and regular updates.
- **Overview and Scrutiny Committees:** Our Partnership Board is responsible for working closely with the relevant Overview and Scrutiny Committees and ensuring they are informed and, where necessary, consulted around all aspects of potential service changes.

In addition, the Partnership Board is also responsible for engaging with and supporting the following groups:

- **Stakeholder Forum:** To engage with stakeholders within and outwith the partnership in order to keep the wider health and care community, and third and related sectors, informed of progress and thinking.
- **Care Professional Assurance Group:** All proposals for service change will be considered by a group of care professionals who will be required to agree all proposals for change before they are formally submitted to the Partnership Board.

Governance and Accountability structure



The Partnership Board will be supported by a **Programme Executive Group (PEG)**, chaired by the Executive Lead, responsible for the day-to-day management of the Programme. The PEG will be supported by a **Programme Management Office (PMO)** across the Programme, overseen by a Programme Director.

7. DELEGATIONS FROM STATUTORY ORGANISATIONS

We have agreed the following principles regarding the delegation of authority from our statutory organisations to this Partnership Board: The Partnership Board will be:

- Accountable for the co-ordination of a system programme of work to deliver improvements for the benefits of the local population and care users
- Collectively responsible for holding each of the Partners to account for the delivery of their components of the programme of work.
- Accountable for the planning and delivery of the programmes of work delivered by the Programme Executive Group, including those previously identified in the July 2017 NHSI report, the two CEP programmes and the previous transformation Boards.

The Partnership Board has the authority to:

- take all decisions about the programme of work that will be taken forward, in terms of the structure, priorities and processes of that work programme
- take all decisions about the use of any resources that have been identified as being at its disposal as determined by the partners
- make decisions that benefit all parties. However, we recognise that may not always be possible. The principle we have agreed is that on a cumulative basis for each financial year the Partnership Board will not make decisions that will financially disadvantage any of our individual organisations, unless mechanisms can be put in place to balance that financial disadvantage

Where decisions of a financial or sensitive nature are being considered, papers will be circulated sufficiently in advance of meetings for individual organisations to have time to discuss internally and agree a mandated position in advance of the meeting.

The Partnership Board will not take any decisions on issues that are a statutory requirement for an organisation and have not been and/or cannot be formally delegated to the Partnership Board by that partner organisation(s).

8. DECISION MAKING

- The Partnership Board will seek to make decisions by consensus.
- All decisions that have a direct financial and/or strategic impact on an organisation will require the support of that organisation.
- All other decisions will be taken on the basis of a majority view.
- If necessary, the Independent Chair will use whatever support is available to unblock major decision-making.

9. RESOURCES

We, the Partners, will work to identify and use resources as follows:

- **Internal:** We will aim to identify and maximise the use of internal, existing resources where possible.
- **NHS Cheshire and Merseyside:** We will aim to gather support from NHS Cheshire and Merseyside and utilise any resources that are available.
- **External:** Where necessary we will procure additional support, externally and maximise this resource to ensure value for money is gained.

The Programme Director will be accountable for developing proposals for an annual resource budget which will need to be approved unanimously by contributing Partners at the Partnership Board.

10. CONFIDENTIALITY

- We the Partners recognise that, from time to time, we will need to share commercially sensitive information in order to progress the intended programme of work
- Commercially sensitive information provided by each Partner as part of this programme is provided in confidence and is only to be disclosed to those who need to see it for the purposes of taking this programme forward. If any Partner suspects that this confidentiality has been breached they are to inform the other party as soon as is practically possible.
- Commercially sensitive information is considered to be exempt from disclosure under the Freedom of Information Act 2000, unless that information is already available in the public domain or comes into the public domain through no fault of any of the Partners.

11. COMMUNICATIONS AND ENGAGEMENT

The Partnership Board will jointly develop and manage a single and consistent communications plan throughout the duration of this MoU. The Partners agree to deliver an inclusive communications and engagement strategy, tailored and targeted to key stakeholders, including to:

- Maintain a core narrative, messages and independently branded materials for all staff and the public
- Develop a communications and engagement programme targeted at supporting sustainable health and well-being for the population of Central and Eastern Cheshire, and

- Take full responsibility for making sure our staff, are well briefed on system improvement work, drawing from system messages and materials.

12. DURATION

This MoU, or subsequent iterations of this MoU, will last for a period of five years with a review annually to determine its applicability for future years.

13. AGREEMENT

This Memorandum of Understanding is signed on behalf of the Partners by the following:

Organisation	Representative and Position	Signed on behalf of organisation
East Cheshire NHS Trust		
Mid Cheshire Hospitals NHS FT		
NHS Eastern Cheshire CCG		
NHS South Cheshire CCG		
Cheshire and Wirral Partnership NHS FT		

Cheshire East Council		
South Cheshire and Vale Royal GP Alliance		
Vernova Healthcare CIC		