

TRUST BOARD MEETING

27 September 2018

Paper Title:	Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership
Section:	Public
Lead Director:	Brent Kilmurray, Chief Executive
Paper Author:	Brent Kilmurray, Chief Executive
Agenda Item:	8a
Presented For:	Discussion and Decision
Paper Category:	Strategy & Planning

Executive Summary:

The purpose of this paper is to seek the Trust Board's approval for the Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate Health and Care Partnership and to commit the Trust to working in partnership by authorising the Chief Executive to sign the MoU.

Recommendations:

That the Board:

- Approves the MoU; and
- Authorises the Chief Executive to sign the MoU.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team	X	Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					

This report supports the achievement of the following strategic aims of the Trust: <i>(please mark those that apply with an X):</i>	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	X
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: <i>(please mark those that apply with an X):</i>	
Safe: People who use our services are protected from abuse and avoidable harm	
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
NHSI Single Oversight Framework	

Equality Impact Assessment :
N/A

Freedom of Information:**Publication Under Freedom of Information Act**

- This paper has been made available under the Freedom of Information Act

A Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate Health and Care Partnership

Purpose of the Paper

The purpose of this paper is to seek the Trust Board's approval for the Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate Health and Care Partnership and to commit the Trust to working in partnership by authorising the Chief Executive to sign the MoU.

Background

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the NHS Five Year Forward View. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

In November 2016 the STP published high level proposals to improve health, reduce care variation and manage our finances. Since then the partnership has made significant progress to build capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our collective aims.

The partnership has already begun to make an impact in other important areas. The West Yorkshire and Harrogate Cancer Alliance Board is a national exemplar, and has attracted £12.6m in funding to transform cancer diagnostics. A strategic case for change for stroke from prevention to after care has been developed. The Partnership has streamlined management of CCGs and established a Joint Committee of CCGs; Acute Trusts are also now part of committees in common and Mental Health Trusts have joined in a collaborative (including a committee in common); these will strengthen collaborative working and facilitate joint decision making. The Partnership has secured £31m in transformation funding for A&E, cancer, mental health, learning disabilities and diabetes, and £38m capital from the Autumn budget for CAMHS, pathology, telemedicine, and digital imaging.

In October 2017 the System Leadership Executive Group agreed that a new MoU should be developed to formalise working arrangements and support the next stage of development of the WY&H HCP. The MoU builds on the existing partnership arrangements to establish more robust mutual accountability.

The final draft of the MoU is attached separately (as item 8b) to this paper for approval.

Purpose of the MoU

The MoU is an agreement between the WY&H health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

The MoU does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework to underpin collective ownership of delivery. It also provides the basis for a refreshed relationship between local NHS organisations and national oversight bodies.

The MoU is not a legal contract, but is a formal agreement between all of the partners. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

The MoU provides a platform for:

- a) a refresh of the governance arrangements for the partnership, including across WY&H, and the relationship with individual Places and statutory bodies;
- b) the delivery of a mutual accountability framework that ensures we have collective ownership of delivery, rather than a hierarchical approach
- c) a new approach to commissioning, and maturing provider networks that collaborate to deliver services in place and at WY&H level;
- d) clinical and managerial leadership of change in major transformation programmes;
- e) a transparent and inclusive approach to citizen engagement in development, delivery and assurance;
- f) better political ownership of, and engagement in the agenda, underpinned by regular opportunities for challenge and scrutiny; and
- g) a new assurance and accountability relationship with the NHS regulatory and oversight bodies that provides new flexibilities for WY&H to assert greater control over system performance and delivery and the use of transformation and capital funds; and
- h) the agreement an effective system of risk management and reward for NHS bodies.

The text of the MoU sets out details of:

- The context for our partnership;
- The partner organisations;
- How we work together in WY&H, including our principles, values and behaviours;
- The objectives of the partnership, and how our joint priority programmes and enabling workstreams will improve service delivery and outcomes across WY&H;

- Our mutual accountability and governance arrangements, including how we will move towards a new approach to assurance, regulation and accountability with the NHS national bodies;
- Our joint financial framework;
- The support that will be provided to the Partnership by the national and regional teams of NHSE and NHSI;
- Which aspects of the agreement apply to particular types of organisation.

Becoming an Integrated Care System

In May 2018 NHS England and NHS Improvement announced that WY&H HCP would be one of four health and care systems to join the Integrated Care System (ICS) Development Programme. This demonstrated national recognition for the way our WY&H partnership works and for the progress we have made. It means we can join the leading edge of health and care systems, gaining more influence and more control over the way we deliver services and support for the 2.6 million people living in our area.

The importance of joining up services for people at a local level in Bradford District and Craven; Calderdale; Harrogate and Rural District; Kirklees; Leeds; and Wakefield is at the heart of our local plans and our WY&H programmes. All decisions on services are made as locally and as close to people as possible. Our move to becoming an ICS is predicated on this continuing to be the case.

This integrated approach to health and care will continue to support much closer working between our organisations. The MoU will provide a firm foundation for this. It reflects and builds on the current ways of working and agreed principles for the partnership and maintains an ethos of the primacy of local Place.

Progress to Date

Over recent months drafts of the MoU have been discussed in development sessions by members of the Boards and Governing Bodies of partner organisations and by members of Health and Wellbeing Boards and the WY&H Joint Overview and Scrutiny Committee.

Feedback from these discussions has directly influenced the development of the final draft, which has now been agreed by the WY&H HCP System Leadership Executive Group.

The HCP core team has sought a legal opinion on the text of the MoU, on behalf of all Partner organisations. The lawyers were able to provide helpful suggestions to improve clarity and remove elements of ambiguity. They also confirmed that the MoU was sound, and was not inconsistent with statutory or regulatory frameworks, or with the powers and duties of individual partners.

What it Means for Bradford District Care NHS FT

By signing the MoU we will commit to play our full role as a member of WY&H HCP and to work within the frameworks described. Accepting our share of collective responsibility will give us and our partners the opportunity to achieve greater autonomy and control over how we develop and transform our health and care services.

The partnership will be an overall collaborative framework for local Accountable Care Partnerships in both Bradford and Airedale, Wharfedale and Craven.

Next steps

Each Partner organisation is being asked to approve and sign the MoU. It is expected that this process will be completed over the summer.

2. Implications

2.1 Legal and Constitutional

The arrangements are not legally binding.

2.2 Resource.

There are no direct resource implications from signing the MoU.

2.3 Quality and Compliance

There are no direct implications from this paper.

3. Risk Issues Identified

Risk	Likelihood High/Medium/Low	Implication	Mitigation
None identified - see Section 2 (above)			

4. Communication and Involvement

A member of the senior management team has been party to the discussions about the MoU. WY&H HCP has patient and community involvement arrangements.

5. Monitoring and review

Updates will be included in future CEO reports as required.

6. Timescales/Milestones

The West Yorkshire and Harrogate HCP has a detailed project plan with milestones and timescales.

