

31 July 2020	ITEM: 9
Thurrock Health and Wellbeing Board	
Mid and South Essex Health and Care Partnership Memorandum of Understanding	
Wards and communities affected: All wards	
Accountable Director: Roger Harris, Corporate Director for Adults Housing and Health	

Executive Summary

The purpose of the Memorandum of Understanding (MOU) being considered by members at today's meeting is to formalise and build on our existing partnership arrangements and relationships. The MOU does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.

The MOU defines an agreed governance framework that specifies the functions that will be delivered at:

- Locality (ie. Sub-place footprint/Primary Care Network) level.
- Place (ie. The four places linked to respective Health and Wellbeing Boards)
- System (ie. Health & Care Partnership/Mid and South Essex) level

The MoU recognises that accountability for the System and Places would be through Health & Wellbeing Boards, with scrutiny undertaken by Health Overview and Scrutiny Committees, and further acknowledges that the MoU needs also to recognise the role and expectations of NHS regulatory functions.

The MoU shall commence on the date of signature of the Partners. It shall be reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System. It shall thereafter be subject to an annual review of the arrangements by the Partnership Board.

1. RECOMMENDATIONS

1.1 That Health and Wellbeing Board members approve the Memorandum of Understanding

2. Introduction and Background

1.1 Since the creation of the Mid and South Essex Health and Care Partnership, the way system partners work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 1.2 million people living in our area. We have recently published our 5-Year Strategy and Delivery Plan which outlines our vision and ambitions and refreshes our commitment to working together for the benefit of our residents.

1.2 The Mid and South Essex Health and Care Partnership have a number of lines of accountability – to each other, as partners, to our residents and service users and, for

NHS partners, to government through NHS England and NHS Improvement. Through that route, two key expectations for systems have been identified:

- That we will work together to agree and deliver a **coordinated programme of transformational change**, to secure the long-term sustainability, ensure local delivery of the NHS Long Term Plan (LTP) and to support transformation of health and care at System, Place and Locality.
- That we will **collectively manage system performance**, noting that individual organisations retain individual statutory accountabilities.

1.3 The Memorandum of Understanding (MoU) has been created, at Annex A, to strengthen existing joint working arrangements and support our future development. This document is in two parts:

- Memorandum of Understanding – that provides an overview of the Partnership, its vision and priorities, principles for integrated working and a description of the functions at System, Place and Locality/Primary Care Network.
- Ways of working - that provides an overview of the governance arrangements and expectations for mutual accountability and collective agreement.

3. Issues, Options and Analysis

3.1 The MOU provides a commitment across strategic partners to work together and undertake the planning and commissioning of services at the most appropriate geographical level.

4. Reasons for Recommendation

4.1 The MOU provides a commitment across strategic partners to work together and undertake the planning and commissioning of services at the most appropriate geographical level.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The following partners have been engaged and consulted during the development of the MOU:

- Local Authorities and Health and Wellbeing Boards across Essex, Southend and Thurrock
- NHS Commissioners representing Clinical Commissioning Groups across the Mid and South Essex Health and Care Partnership
- NHS Service Providers including NELFT, Essex Partnership University NHS Foundation Trust and East of England Ambulance Trust
- Other key partners including the local Healthwatch service within Thurrock, Southend and Essex and the CVS

6. Impact on corporate policies, priorities, performance and community impact.

6.1 The MOU helps to establish roles and responsibilities of local partners and will inform the future planning, commissioning and delivery of health and care services within Thurrock and across the wider Mid and South Essex Health and Care Partnership footprint.

7. Implications

7.1 Financial

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

Any Financial Implications will be subject to organisational governance arrangements.

7.2 Legal

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

The MoU is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this MoU. It is a formal understanding between all of the Partners who have each entered into this MoU intending to honour all their obligations under it.

7.3 Diversity and Equality

The MOU will ensure that health and care services are planned and commissioned which address inequalities

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

8. Background papers used in preparing the report

N/A

9. Appendices to this report

Annex A	Health and Care Partnership Board MOU agenda item
Annex B	Membership of the Task and Finish Group
Annex C	MOU document

**PARTNERSHIP BOARD MEETING
10 JUNE 2020**

TITLE: PARTNERSHIP MEMORANDUM OF UNDERSTANDING
AUTHOR: PROFESSOR MIKE THORNE, INDEPENDENT CHAIR
PRESENTED BY: PROFESSOR MIKE THORNE, INDEPENDENT CHAIR
FOR: AGREEMENT

1. PURPOSE

This paper presents the Partnership Memorandum of Understanding, for agreement by the Mid & South Essex Health & Care Partnership Board.

2. BACKGROUND

Following discussion by the Partnership Board and Chairs' Group, in December 2019, a Governance Task and Finish Group was established, chaired by Alan Tobias, to develop a memorandum of understanding to guide the work of the Health & Care Partnership.

The Task and Finish Group comprised representatives from across the Partnership (see membership at Appendix 1). The group has met three times, with work taking place in between meetings via email correspondence, to work through iterations of a MoU, building on work undertaken in Thurrock, and learning from other systems (Harrogate and West Yorkshire particularly, and other integrated care systems).

A draft of the MoU was considered by the Partnership Chairs' Group when it met in February and comments received through that route have been incorporated. Attached at Appendix 2 is the MoU for agreement of the Board.

3. PRINCIPLES

In developing the MoU, the Task and Finish Group acknowledged:

- The overarching principle was one of subsidiarity in decision-making, which is person-centred and not based around the needs of organisations.
- The statutory responsibilities and accountabilities of individual organisations would remain unchanged, given the Partnership has no power or authority.
- The dual requirements of an ICS (from an NHS perspective) - to have a role in both system oversight/performance, and transformation. This is reflected in the MoU.

4. ISSUES CONSIDERED BY THE TASK & FINISH GROUP

It was acknowledged that, unless and until Integrated Care Systems are given statutory powers, it would not be possible for the Partnership to act as a single entity, with its own discrete decision making powers.

In developing the MoU, the Group recognised the existing position that partnership working and collaboration is currently undertaken without specific authority or delegation of powers from the various partners eg the four "places" or Alliances.

The MoU recognises that accountability for the System and Places would be through Health & Wellbeing Boards, with scrutiny undertaken by Health Overview and Scrutiny Committees, and further acknowledges that the MoU needs also to recognise the role and expectations of NHS regulatory functions.

Partners had differing perspectives on the level of detail the MoU should provide. We have sought to steer a middle path, maintaining flexibility rather than providing definitive descriptions of actions and functions in all areas, particularly as no part of the MoU is legally binding. We have aimed to describe our *intent* to work in partnership.

5. RECOMMENDATIONS

- 5.1 The Task and Finish Group recommends that the Partnership Board adopts the attached Memorandum of Understanding (MoU).
In so doing, the following steps would be followed:
 - 5.1.1 Partnership Board members will recommend the MoU to their respective Board/Governing Body for adoption (a generic cover sheet for Board discussions will be developed to support this), such that by 31 July (Board meeting dates permitting) all statutory partners will have signed the MoU.
 - 5.1.2 The MoU will be backed by revised terms of reference for existing system groups outlined in the document (Partnership Board, System Finance Leader Group, Clinical & Professional Forum). These will be presented to the Partnership Board for agreement in due course.
 - 5.1.3 ToR will be developed for new groups outlined within the MoU (Transformation Programme Delivery Group, System Leadership Executive Group). These will be presented to the Partnership Board for agreement in due course.
 - 5.1.4 This will enable adoption of the MoU from 1 August 2020 and enable us as a Partnership to work together to implement it.
- 5.2 The Partnership Board records its thanks to Alan Tobias and members of the Task and Finish Group for their support and leadership in developing the MoU.

Membership of the Governance Task & Finish Group

Alan Tobias (Chair),
Mike Thorne, Independent Chair, Health & Care Partnership
Ian Wake, Director of Public Health, Thurrock
Viv Barnes, Director of Governance & Performance, Mid-Essex CCG (representing the 5 CCGs)
Nick Spenceley, Non-executive Director, BBCCG
Brinda Sittapah, Company Secretary, Southend Hospital
Lauren McIntyre, Director of Governance, NELFT
Phil Richards, Executive Finance Director & Corporate Secretary, Provide
Nigel Leonard, Executive Director, Strategy & Transformation, EPUT
Nick Faint, Director of Partnerships, Southend Council (handed over to Jacqui Lansley, Director of Integration, Southend Council)
Simon Froud, Director of Locality Delivery, ECC
Jo Cripps, Programme Director, Health & Care Partnership