

[Insert Integrated Care Programme Brand]

Memorandum of Understanding

**Eastern Cheshire Integrated Care Programme
Integrated Care Programme Board**

DOCUMENT HISTORY

Document Name	Memorandum of Understanding: Eastern Cheshire Integrated Care Programme – Integrated Care Board
Organisation/ Further Information/ Additional Copies	NHS Eastern Cheshire Clinical Commissioning Group Tel No: 01625 663476 Fax No: Email: samanthanicol@nhs.net
Document Owner	Samantha Nicol
Document Audience	Eastern Cheshire Partnership Board, East Cheshire NHS Trust, Cheshire and Wirral Partnership NHS FT, Cheshire East Council, Vernova and Crescent CIC
Date of Issue	11 th January 2012
Date of Planned Closure	N/A
Supersedes Document	None
File Name / Location	P:/foldername/filename.doc (tbc)
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REVISION HISTORY

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Version No (eg)	Revision Date	Summary of Changes	Amended By
Draft 1.0	30.1.13	V. McGee and B. Swann responded to first draft. Inclusion of vision statement. Re-ordering of the values and additions made Rewording of the paragraph introducing the East Cheshire principles in addition to the National Voice ones Additional outcomes	S. Nicol
Draft 2.0	6.2.13	Incorporated all comments made at the ICB Meeting as follows: B. Swann comments re vision and outcomes 4 and 5 Refinement of the wording in the section on membership to reflect the potential development of the ICB Inclusion of agreed governance arrangements and further explanatory notes.	S. Nicol
Draft 3.0	13.2.13	As per J. Hawker	S. Nicol
Final 4.0			

QUALITY ASSURANCE REVIEWERS

Name	Comment	Issue Date	Version
Jerry Hawker	Made MoU purpose more defined, added in additional partners for the future/adhoc, strengthened purpose of ICB, made outcomes what the ICB is accountable for.	13.3.13	Draft 3.0
Alex Mitchell			

APPROVALS REQUIRED: YES / ~~NO~~ (delete as appropriate)

This document requires the following approvals.

Name	Title/Responsibility	Signature	Issue Date	Version
Partnership Board	J. Hawker, Chairman			
East Cheshire NHS Trust	L. McGill, Chair			
East Cheshire NHS Trust	J. Wilbraham, CEO			
Cheshire and Wirral Partnership NHS FT	S. Cumiskey, Chair & CEO			
Cheshire East Council	K. Ryley, Chief Executive (Interim)			
Vernova Healthcare Community Interest Company	Dr G. Plant, Chair			

Crescent Health Community Interest Company	Dr P. Kearns, Chair			
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Background

Eastern Cheshire Partnership Board at its meeting in December 2012 commissioned a committee to drive forward the development of integrated care across the health and social care system. This committee would be a sub group of the Partnership Board and would be held accountable by it for the development and implementation of the required system and service changes to bring about integrated care. This committee will be known as the Integrated Care Board (ICB).

Introduction

The Integrated Care Board (ICB) will include representatives from both commissioning and provider organisations from across the health and social care system and is expected to have executive powers to take decisions relating to integrated care. It was therefore considered necessary to have in place a memorandum of understanding that all parties could agree and adhere to.

The Purpose of the memorandum of understanding

This memorandum of understanding (MoU) is a document that confirms an agreement between two or more organisations expressing an interest in undertaking the Integrated Care Programme together. A MoU is not legally binding, but it is stronger than a gentleman's agreement.

Content

This MoU will set out, in respect of the ICB the following:

- The vision and values
- The principles
- The expected behaviours
- The outcomes
- The governance arrangements and scheme of delegation

Additions and amendments to this MoU will be made, in relation to the items below, as the work of the Integrated Care Programme and the ICB

- The financial framework and principles
- The culture change framework
- The performance management framework

The Organisations

This MoU is an agreement between the following organisations:

- NHS Eastern Cheshire Clinical Commissioning Group (EC CCG) or (the "CCG").
- East Cheshire NHS Trust (ECT)
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- Cheshire East Local Authority (the "Local Authority" or "CEC").
- The 23 Practices of Eastern Cheshire (represented by the CCG *to be agreed*).

- Vernova CIC
- Crescent CIC

This list is not exclusive and other partners will be encouraged to be involved in the ICB and to adhere to this MoU. Other partners may include:

- North West Ambulance Service (NWAS)
- Other providers (i.e. UHSM, SRFT)
- Voluntary sector

The Vision and Values

The Vision for the Integrated Care Programme and which the Integrated Care Board (ICB) is accountable to the Partnership Board for the delivery of:

‘ C a r i n g t o g e t h e r ’
Joining up local care for all our wellbeing

For the public it means:

‘I am supported to live well and stay well because I can access joined up care and support when I need it’

For the organisations involved in commissioning and providing care this means:

‘Supporting our customers to live well, by enabling them to access joined up care when it is needed we support them to stay well’.

The Vision contains the following values:

- encouraging collaborative working between health and social care workers and all other elements of health and social care and other colleagues in the private, voluntary and third sector to meet the needs of people, and respecting the needs of staff to achieve this
- promoting self- care and management, health promotion, education and individual responsibility where appropriate and for professionals and patients, carers and services users to work together with access to the required support and facilities to enable this
- valuing, respecting and enabling the resources we have to deliver this programme, including infrastructure.
- promoting innovation, and encouraging new ideas from patients/service users, carers and staff.

The Purpose of the Integrated Care Board

This MoU relates to the Integrated Care Board (ICB) and its work only. The purpose of the ICB as a sub-committee of the Eastern Cheshire Partnership Board is to hold individuals, project teams, organisations to account for the design and delivery of integrated care across the health and social care system. The ICB members in ensuring this MoU is signed by their

organisation's governing body are giving their own and their organisation's explicit support to the vision, values, principles and behaviours set out in this MoU.

The Principles

The Health and Social Care Act 2012 places duties on the key commissioning and regulatory organisations in England to promote integration. It also establishes Health and Wellbeing Boards that have a duty to encourage integrated working by contributing to Joint Strategic Needs Assessments (JSNA) and joint health and wellbeing strategies. In East Cheshire these have already specified children and young people, adults of working age and older people and integration as a priority.

National Voice as an organisation representing the interests of patients, service users and carers, want these duties to develop into real integrated care quickly and at scale. They have recommended common principles to inform all the approaches to integration – principles which put the patients and service users at the heart of care.

Based on the experiences of service users and research evidence National Voices state that integrated care must:

- be organised around the needs of individuals (patient-centred)
- focus always on the goal of benefiting service users
- be evaluated by its outcomes, especially those which service users themselves report
- include community and voluntary sector contributions
- be fully inclusive of all communities in the locality
- be designed together with the users of services and their carers
- deliver a new deal for people with long term conditions
- respond to carers as well as the people they are caring for
- be driven forwards by the commissioners
- be encouraged through incentives
- aim to achieve public and social value, not just to save money
- last over time and be allowed to experiment.

Eastern Cheshire ICB support these principles, but view them as generic. It has however, higher ambitions for the local population of Eastern Cheshire and will aim to deliver these principles for our local population and care providers through embracing the following, more specific, principles:

- integrated care cannot be delivered by organisations working alone or in isolation, it must be delivered through collaborative working
- it must ensure seamless care so that patients, service users and carers when moving from one care setting to another experience no gaps, do not need to repeat their history or any unnecessary tests or treatments and feel that everyone involved in the care process are well informed and working together as a team
- the development of very different relationships are at the heart of integrated care, with professionals from different organisations, professional groups and teams understanding one another and developing mutually respectful and collaborative relationships with those who require their professional expertise

- the skills, knowledge and experience of staff is respected and their willingness and ability to work across boundaries is valued and rewarded.
- information and required data on patients and service users and their carers is readily available and utilised as required across all relevant service providers through an effective and safe IT system
- staff and patients and service users and carers are able to suggest and access different kinds of solutions and models of care that are bespoke to their needs and that inspiring and innovative working is supported and rewarded appropriately.

Membership of the ICB

The Chairman

An independent Chairman is to be appointed to the ICB through an open and competitive process to a remunerated post. The Chairman's role will be to:

- bring extensive experience of chairing
- impartial facilitation of the board
- ensure the board sticks to its agreed terms of reference and this MoU
- maintain collaborative relationships across the partner organisations through the ICB
- ensure the delivery of agreed plans and actions through the ICB on time and within allocated resource
- support the Programme Director

Members of the ICB have the support of their organisations to attend and are there as executive members of the ICB. The membership will include executive directors of each of the current partner organisations as reflected in the ICB's current Terms of Reference. The ICB will however, engage other partners as deemed appropriate to delivering its vision, and outcomes.

Behaviours, Roles and Responsibilities

Members of the ICB are senior leaders in their own organisations, as well as, respected and recognised leaders within the health and social care system. In relation to their membership of the ICB they will be expected to exhibit the following behaviours:

- to respect and recognise each other's experience, knowledge and skills
- to understand and take into account the personal, professional and organisational agendas
- to work collaboratively, recognising the assumptions and mindsets of others and framing and reframing messages appropriately
- to put the benefits of integrated care before the individual interests of professionals and organisations
- to act professionally, courteously and with respect to all colleagues
- to act with integrity and authenticity
- encourage risk taking and experimentation
- be ambitious and bold
- to build and maintain coalition and partnership

- to develop and use a common language for integrated care and support the use of plain English, avoiding the use of jargon, acronyms and other terms that are profession or organisation specific.

ICB members have a key role in designing and delivering integrated care, their role is to:

- provide leadership and direction to the Integrated Care Programme
- lead the development of integrated care across the health and social care system and within their own organisations
- system oversight and priority setting

Accountability

The ICB's will be held, by Eastern Cheshire's Partnership Board, accountable for the following:

1. That staff and the public are engaged in the sustained mindset and behaviour change that enables the spread of integrated care at scale and pace through their engagement with the principles and in developing a common definition of integrated care through the co-design of integrated care at an individual level, at a team level and at an organisation/strategic level through a campaign strategy and engagement plan
2. That there is an agreed plan (or plans) in place for the development and delivery of integrated care across Eastern Cheshire and that this is delivered within given resources, and delivers the benefits and outcomes proposed
3. The securing of resource and agreement and monitoring of its utilisation in line with agreed priorities as set out in the plan(s) for integrated care
4. The principles of integrated care are adhered to by partner organisations, teams and individuals
5. The impact of the changes is managed to ensure the safety and ongoing improved quality of care provided, improved experience by recipients of care and improved staff experience
6. The plans are communicated to all organisations and individuals via a robust communications plan

Governance Arrangements and Scheme of Delegation

The Integrated Care Programme will be led by the Integrated Care Board, which will be held to account for delivery of the agreed plans for integrated care by the Eastern Cheshire Partnership Board. It is expected that partnership organisations will not develop services, pilots or projects that may impact on the outcomes of the Integrated Care Programme without informing the Integrated Care Board and ensuring it is aligned to the principles of integrated care.

It is expected that the ICB will reach decisions through consensus and that any issues requiring the collegiate support of their own organisation's governing bodies will be referred directly to those bodies by the members of the ICB. The Partnership Board will hold the ICB to account for delivery of the required system and service changes to bring

about integrated care. The Partnership Board will be expected to endorse/support any recommendations that are referred to them by the ICB.

The Governance and Accountability Framework is Appendix A.

Signatures

The following organisations have committed to the ICB:

NHS Eastern Cheshire Clinical Commissioning Group:

Jerry Hawker, Accountable Officer: _____ Date: _____

Dr Paul Bowen, Chairman: _____ Date: _____

East Cheshire NHS Trust:

John Wilbraham, Chief Executive: _____ Date: _____

Lynn, Chairman: _____ Date: _____

Cheshire East Council:

Kim Ryley, Chief Executive: _____ Date: _____

Cllr Michael Jones, Leader: _____ Date: _____

Cheshire and Wirral Partnership NHS Foundation Trust:

Sheena Cuminsky, Chief Executive: _____ Date: _____

Dr Paul Bowen, Chairman: _____ Date: _____

Vernova and Crescent CIC:

Jerry Hawker, Accountable Officer: _____ Date: _____

Dr Paul Bowen, Chairman: _____ Date: _____

