Health and Wellbeing Board
North Yorkshire

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD – 23RD MARCH 2018

Joint Report of the Corporate Director, Health and Adult Services; and the Chief Officer, Harrogate and Rural District CCG

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

1. Purpose of Report

1.1 The purpose of this paper is to:

- update the Board on the work to develop a new Memorandum of Understanding (MoU) for the West Yorkshire and Harrogate Health and Care Partnership;
- seek comments and views from Members on an initial draft, to inform its further development; and
- set out the next steps on the development of the MoU.

2. Background

2.1 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.

2.2 In November 2016 the STP published high level proposals to close the health, care and finance gaps that it faces. 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 it to achieve its collective aims.

2.3 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. This MoU will build on the existing partnership arrangements to establish more robust mutual accountability.

2.4 The STP core team has now initiated the work to develop the MoU, supported by an editorial group representing the various aspects of the partnership. The intention is for the MoU to be agreed by member organisations and implemented from April 2018.

2.5 An early draft of the MoU is attached for review and comment as an Appendix.

3. Purpose of the MoU

3.1 The MoU is an agreement between the West Yorkshire and Harrogate 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.

3.2 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.

3.3 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.

3.4 The draft MoU should be read in conjunction with the STP Plan, published in November 2016, the Next Steps (see link below) https://www.wyhpartnership.co.uk/application/files/1015/1964/7540/Revised_WYSTP1152_-_Next_Steps_Document_WEB.pdf and the local plan for Harrogate and Rural district place which draws from the overarching plans across North Yorkshire.

3.5 The MoU will provide a platform for

a) a refresh of the governance arrangements for the partnership, including across West Yorkshire and Harrogate, 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 West Yorkshire and Harrogate;
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 West Yorkshire and Harrogate to assert greater control over system performance and delivery and the use of transformation and capital

funds; and

h) the agreement of a single system NHS financial control total and the associated arrangements within West Yorkshire and Harrogate, to provide an effective system of risk management and reward.

4. Progress to Date

4.1 The County Council's Scrutiny of Health Committee have been briefed and will consider the MoU. Each individual organisation will determine sign up.

4.2 The System Leadership Executive Group discussed an outline framework for the MoU in December and provided a steer on a number of policy issues. This has led to the development of the initial draft. 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.

4.3 The draft takes account of the requirements of the national MoU template for shadow Integrated Care Systems provided by NHS England and NHS Improvement. It also draws on the example of MoUs already developed by other STPs, particularly Greater Manchester and South Yorkshire and Bassetlaw.

4.4 The draft MoU sets out proposed text on:

- The context for the partnership;
- How parties will work together in West Yorkshire and Harrogate, including their principles, values and behaviours;
- The proposed parties to the MoU – indicating which aspects of the agreement may not be applicable to particular types of organisation;
- The objectives of the partnership, and how its joint priority programmes and enabling workstreams will improve service delivery and outcomes across West Yorkshire and Harrogate;
- Mutual accountability and governance arrangements;
- The commitment to develop a joint financial framework;
- The commitment to develop a new commissioning framework;
- How we will move towards a new approach to assurance, regulation and accountability with the NHS national bodies; and
- The support that will be provided to the STP by the national and regional teams of NHSE and NHSI.

4.5 The draft is very much a work in progress. Much of the content is still to be developed in response to the views of members and stakeholders.

5. What it means for the Harrogate and Rural district place which includes North Yorkshire County Council as a key partner

5.1 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.

5.2 The partnership will be an overall collaborative framework for local Accountable Care Partnerships.

6. Next steps

6.1 The draft MoU will continue to be developed, with the support of the editorial group.

6.2 During the period January – March 2018 there will be opportunities for the Boards and Governing Bodies of all NHS organisations and for local Health and Wellbeing Boards, Overview and Scrutiny Committees and the West Yorkshire Combined Authority, to consider and comment on the emerging agreement.

6.3 Towards the end of these development and engagement processes a near-final draft will be made available for further review.

7 Recommendations

7.1 Members of the Board are asked to

a. Note that leaders from the Harrogate Place are part of the System Leadership Executive
b. Review and comment on the draft MoU.

West Yorkshire and Harrogate
Health and Care Partnership

Memorandum of Understanding

DRAFT

January 2018

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Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.6 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed to develop this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing partnership arrangements to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for learning disabilities, cancer diagnostics, diabetes and for a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This agreement demonstrates our clear commitment to do this.

Rob Webster
West Yorkshire and Harrogate Health and Care Partnership Lead
CEO South West Yorkshire Partnership NHS FT

1. Introduction and context

1.1. This Memorandum of Understanding (MoU) is an agreement between the West Yorkshire and Harrogate 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.

1.2. West Yorkshire and Harrogate Health and Care Partnership 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.

1.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

1.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. Since then we have made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

1.5. The purpose of this agreement is to formalise and build on these partnership arrangements. It 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.

1.6. 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.

1.7. The MoU should be read in conjunction with the STP Plan, published in November 2016, the Next Steps **[forthcoming]** and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

1.8. Our approach to collaboration begins in each of the [50-60] neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These

integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

1.9. Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services. The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

1.10. These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues'.

1.11. The partnership arrangements described in this MoU describe how we will organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our proposals, both local and at STP level support the delivery of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.

- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. We have agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- [We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing]

Our shared values and behaviour

2.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Parties to the Agreement

3.1. The members of the West Yorkshire and Harrogate Health and Care Partnership, and parties to this agreement, are:

Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council
- Wakefield Council

NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds North CCG
- NHS Leeds South and East CCG
- NHS Leeds West CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG

Healthcare Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust

- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- Locala Community Partnerships CIC
- The Mid Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust*
- Tees, Esk, and Wear Valleys NHS Foundation Trust*
- Yorkshire Ambulance Service NHS Trust*

(* These organisations are also members of neighbouring STPs).

Heath Regulator and Oversight Bodies

- NHS England
- NHS Improvement
- Health Education England
- Public Health England

Other Partners

- Healthwatch Bradford and District
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network

3.2. As members of the partnership all of these organisations subscribe to the vision, principles, values and behaviours stated above, and agree to participate in the governance and accountability arrangements set out in this MoU.

3.3. Certain aspects of the agreement are not relevant to particular types of organisation within the partnership. These are indicated below.

[DN: Spell out which sections of the agreement do not apply to particular organisations. Eg NHS financial control total and risk management, and the NHS Single Accountability Framework will not apply to Councils]

4. Partnership objectives

4.1. Our ambitions for improvements in care and quality, health and wellbeing, and financial sustainability were set out in our STP plan (November 2016). This MoU reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in [forthcoming].

4.2. In order to achieve these ambitions we have agreed the following broad objectives for our partnership:

i. To make fast and tangible progress in:

- urgent and emergency care reform,
- strengthening general practice and community services,
- improving mental health services,
- improving cancer care,
- prevention at scale of ill-health,
- collaboration between acute service providers,
- reconfiguration of stroke services, and
- improving elective care, including standardisation of commissioning policies.

ii. To enable these transformations by working together to:

- Secure the right workforce, in the right place with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff ,
- Engage our communities meaningfully in co-producing services and making difficult decisions,
- Use digital technology to drive change, ensure systems are inter-operable, and create a 21st Century NHS,
- Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
- Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy, and
- Ensure that we have the best information, data, and intelligence to inform the decisions that we take.

iii. To manage our financial resources within a shared financial control total for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;

iv. To operate as an integrated health and care system, and progressively to

build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for healthcare services;

v. To act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

Delivery improvement

4.3. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These are set out at Annex 1 to this Agreement. They confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

4.4. Each programme has undergone a peer review 'check and confirm' process to confirm that it has appropriate rigour and delivery focus.

4.5. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

5. Mutual Accountability and Governance

5.1. The West Yorkshire and Harrogate Health and Care Partnership does not replace or override the authority of the Boards and governing bodies of its member organisations. Each of them remains sovereign and Councils remain directly accountable to their electorates.

5.2. The partnership provides a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale. The partnership has a series of specific agreements that underpin the way we work:

5.3. A schematic of our governance and accountability relationships is provided at Annex 2.

Leadership

5.4. At the centre of our collective arrangements is our **System Leadership Executive Group.** The group includes each statutory organisation and representation from other member organisations. The group is responsible for setting and overseeing the strategic direction of the partnership, building leadership and collective responsibility for our shared objectives. It has no formal delegated powers. It works by building agreement with leaders across member organisations to drive action around a shared direction of travel. Each

organisation will be represented by its chief executive or accountable officer. Members will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members will be expected to recommend that their organisations support agreements and decisions made by SLE.

System Oversight and Assurance Group

5.5. A new system oversight and assurance group will be established in 2018/19 to provide a mechanism for partner organisations to take joint ownership of system performance and delivery.

[DN: To develop scope and ToR]

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

5.6. The 11 CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six places that make up our partnership.

5.7. The CCGs have also established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a work plan, which have been agreed by each CCG.

5.8. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been delegated by the CCGs.

West Yorkshire Association of Acute Trusts Committee in Common

5.9. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the West Yorkshire Association of Acute Trusts (WYAAT). The association believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.

5.10. WYAAT is governed by an MOU which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The MOU establishes the WYAAT Committee in

Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making joint decisions. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually.

Mental Health Trust Committee in Common

5.11. There has been historically strong partnership working between the four mental health trusts and providers across our area:

- South West Yorkshire Partnership NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Leeds Community Healthcare NHS Trust]

5.12. This close working has been strengthened and reinforced through the establishment of a committee in common as a way of formalising joint working.

[DN: To review]

Local council leadership

5.13. We have important and well established relationships with local councils in each of the six places and these relationships continue to strengthen across the West Yorkshire and Harrogate area. Complementary area-wide arrangements have also been established:

- Local authority chief executives meet and mandate one of them to lead on health and care partnership;
- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority

[DN: To review]

Clinical leadership

5.14. Clinical leadership is central to all of the work we do. Clinical leadership is built into each of our work programmes, and our Clinical Forum provides formal clinical advice to all of our programmes.

[DN: To review]

West Yorkshire and Harrogate programme governance

5.15. Strong governance and programme management arrangements are built

into each of our West Yorkshire and Harrogate priority and enabling programmes. Each programme has a Chief Executive or CCG Chief Officer and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each

5.16. Programme Mandates, summarising the aims and leadership arrangements for each programme are set out at **Annex 1**.

Local Place Based Partnerships

5.17. Local partnerships arrangements bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its Place Plan.

5.18. These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

5.19. There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

[DN: To review]

Decision-Making and Resolving Disagreements

5.20. Our approach to making joint decisions and resolving any disagreements between partners will follow our principle of subsidiarity. Issues which need to be decided at a level broader than individual places will be considered by the relevant collaborative forum within our governance and accountability arrangements, in line with its agreed terms of reference and scheme of delegation (where relevant). Any issues which cannot be resolved within the appropriate forum will, by exception, be referred to the System Leadership Executive Group.

6. NHS assurance, regulation and accountability

6.1. A single consistent approach will be developed to support assurance and accountability between partners, through the structures and processes outlined above, and between the partnership and national oversight bodies.

Current statutory requirements

6.2. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce healthy qualities; obtain appropriate advice; involve and consult

the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

6.3. NHS England must publish a report each year which summarises the results of each CCG's assessment. The detail of the CCG assurance framework which underpins the publication is NHS England policy rather than set in statute or regulation.

6.4. NHS Improvement (formally Monitor) has a duty under the Health and Social Care Act 2012 to ensure the operation of a licensing regime for Foundation Trusts (and other providers of NHS services). The licensing regime covers requirements on FTs in relation to: general conditions; pricing; choice and competition; integrated care; continuity of services; and governance. The 2012 Act provides powers for NHS improvement to enforce or set conditions on a provider's license.

6.5. The licensing regime is underpinned by the NHS Improvement Single Operating Framework which aims to help providers attain and maintain CQC ratings of good or outstanding. The framework is NHS Improvement policy rather than set in statute regulations.

Single Accountability Framework

6.6. We expect to move to a relationship with NHS England and NHS Improvement which provides a single 'one stop shop' regulatory relationship in the form of streamlined oversight arrangements. This Single Accountability Framework (SAF) will introduce an integrated CCG Improvement Assessment Framework (IAF) and Trust single oversight framework. It will set out:

- The roles and responsibilities of the NHS parties to this Agreement (CCGs, providers, NHS England and NHS Improvement)
- The scope of the SAF including NHS constitutional commitments, national targets, quality indicators and productivity measures
- The internal governance, assurance and reporting system within WY&H to support delivery of the SAF
- The external assurance and reporting system for WY&H to NHS England and NHS Improvement
- The agreed trigger points and process where NHS England and NHS Improvement may exercise their statutory responsibilities for intervention
- The approach to supporting local systems which are already subject to intervention or in recovery.

6.7. CCGs will still require an annual review with NHS England.

6.8. Operational management of the assurance and oversight processes will be through WY&H working together and we will deliver the principles of the two national frameworks with a locally developed model with an integrated single

oversight and assurance process within the ACS.

6.9. West Yorkshire and Harrogate will be assured once, as a place, for delivery of the NHS Constitution and Mandate, financial and operational control, and quality

7. Financial Framework

7.1. All member organisations, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. We are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and to manage within individual and whole system control totals.

7.2. We have agreed a partnership financial strategy which sets out how we propose to spend the resources we have available on models of service provision that are high quality and financially and economically sustainable.

7.3. The strategy sets out how a system control total will be managed across West Yorkshire, including:

- How in-year flexibilities including the potential use of a contingency or other specific business rules
- How to reflect the impact of an agreed transformational scheme which differentially impacts organisational financial performance
- Consideration of Place based control totals
- Consideration of monitoring, management and reporting arrangements
- Whether a set of efficiency indicators could be used to inform the application of a system wide control total?

7.4. The financial strategy sets out our agreed commitments relating to the approaches we will take to:

- Managing demand
- Cost reduction and efficiency
- Competition and integration
- Investment plans
- Contracts and control totals
- Monitoring and responding to change.

[DN: To review]

8. Commissioning Framework

8.1. [Set out the outcome of a review of commissioning functions and responsibilities as part of our system reform. This will address the implications of:

- The local Place-based partnerships creating vertically and horizontally integrated care system in each Place,
- Developing new ways of contracting and allocating resources to ACPs including population budgets, population health management and segmentation approaches;
- The need to connect between Places with a horizontally integrated network of hospital based care and delivery of safe and sustainable services to support seamless care for patients and to create the overall Accountable Care System (ACS) for West Yorkshire and Harrogate.
- Having a system wide commissioning function with new ways of contracting and allocating resources to the integrated network of hospital based care, contracting once for a range of agreed services with the network to support sustainable services and drive improved outcomes for patients.
- The approach to commissioning those specialised services which have been identified by NHS England as suitable for planning at populations up to 2.5m and thus at WY&H level. This will aim to remove some of the structural barriers that reinforce the separation between different elements of care pathways.]

[DN: To review]

9. National and regional support

9.1. To support WY&H ACS development there will be a process of aligning resources from ALBs to support delivery and establishing ACS integrated single assurance and regulation approach.

9.2. National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9.3. [Review whether this section is required. If so, set out details of agreed support and capacity for 18/19]

Annex 1 – Programme Mandates

Annex 2 – Schematic of Governance and Accountability Arrangements