



Outer North East London

Memorandum of Understanding

between
NHS Outer North East London
and
London Borough of Barking & Dagenham

MEMORANDUM OF UNDERSTANDING BETWEEN THE LONDON BOROUGH OF BARKING AND DAGENHAM LOCAL AUTHORITY AND NHS OUTER NORTH EAST LONDON (ONEL)

Introduction and background

This memorandum of understanding (MOU) establishes a framework for co-operation between the London Borough of Barking & Dagenham, and NHS ONEL Cluster. It sets out how the organisations will work together to maintain and strengthen joint working arrangements. This MOU is a statement of intent for internal purposes and is not intended to create any legal obligations.

This agreement is based on five guiding principles:

- **Clear accountability.** Each organisation must be accountable for its actions, so each must have unambiguous and well defined responsibilities;
- **Transparency.** Parliament, Government and the public must know who is responsible for what;
- **Avoidance of duplication.** Each organisation must have a clearly defined role, to avoid second guessing inefficiency and the unnecessary duplication of effort. This will help ensure proper accountability;
- **Regular information exchange.** This helps each organisation to discharge its responsibilities as efficiently and effectively as possible
- **Collaborative working.** Each organisation will proactively take action to maintain and strengthen joint working arrangements and include engagement with emerging GP Consortia.

The MoU is being drafted whilst the Health & Social Care Bill continues through Parliament and some references are conditional on the Bill being enacted and confirming the direction that is anticipated. In particular, the current structures for NHS commissioning are anticipated to change from 31 March 2013, when Clinical Commissioning Groups and the National Health Service Commissioning Board replace NHS Outer North East London.

The London Borough of Barking & Dagenham and NHS ONEL will work in partnership on the following:

Strategy and planning

Both organisations will work together to develop strategic plans which ensure health, care and support services for the borough, now and in the future, are designed in such a way to enhance the health and wellbeing of residents and contribute to reducing inequalities. Each organisation will proactively seek to co-design strategies, policy and operational guidance using the best available evidence to inform planning and decision making. Both organisations will work together to identify opportunities to increase joint planning.

We will do this in Barking and Dagenham through:

- The Health and Well Being Board: engaging in the development of plans for the local population, promoting and supporting integrated approaches to commissioning and provision and reviewing and agreeing plans where they meet

the needs and priorities identified in the JSNA and Joint Health and Wellbeing Strategy as part of finalising plans.

- Specifically, through ensuring that Board time is given over to both the Commissioning Strategy Plan process and the Council's budget and business planning processes. Further, both parties commit to engage in the processes for development of the Health & Wellbeing Strategy and the JSNA.

The Role of the Health & Adult Services Select Committee

Following discussions between NHS Outer North East London and the Council's Health & Adult Services Select Committee over consultation on elements of the PCT budget for 2011/12, parties agreed to the inclusion of a short protocol on when the Select Committee should be consulted on 'substantial variation'

Department of Health guidance, whilst not defining substantial variation, provides the following:

- "a) changes in accessibility of services, for example both reductions and increases on a particular site or changes in opening times for a particular clinic. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location;
- b) impact of proposal on the wider community and other services, including economic impact, transport, regeneration;
- c) patients affected, changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial;
- d) methods of service delivery, altering the way a service is delivered may be a substantial change – for example moving a particular service into community settings rather than being entirely hospital-based. The views of patients and patients' forums will be essential in such cases."

With widespread change underway in the NHS, NHS ONEL commits to involve the Select Committee in emerging plans for substantial changes to frontline service provision, adopting the principle that early discussion of impending changes will obviate the need for the Select Committee to assert its right to be consulted further down the path, when this may impose unhelpful delays in the delivery process.

The Select Committee commits to assist wherever possible in the timescales to be agreed for the consultation. However, both parties agree that the starting point, as outlined in Department of Health guidance, are the Cabinet Office standards on consultations, which set out a 12-week minimum period. In exceptional circumstances, which may centre around a need for urgency or a more modest scale for the proposed service variation, and in discussion with the Chair, a 4-week consultation period may be agreed. Should a change need to be made for reasons of immediate healthcare emergency, such as disease outbreak, a letter to the Chair should be provided, setting out why consultation is not possible and to be published in the next possible agenda pack for the Select Committee.

Consultation with the Health & Adult Services Select Committee is not intended to replace wider consultation with affected parties; nor is it intended to replace the routine involvement by each party of the other party's officers in routine planning, delivery and service development.

Organisational structures

All parties to this agreement will ensure that there is representation for their partners at cluster and borough level governance structures. Partners commit to engaging in relevant boards and committees as an opportunity to bring together relevant expertise and representation. All partners should be actively involved in planning for the 2012/13 "end state" when the Health and Social Care Bill is enacted.

We will do this in Barking and Dagenham through:

- Ensuring that there is a senior local authority representative on the Barking and Dagenham PCT Board. At the time of drafting, the Council has confirmed this as the Corporate Director of Adult & Community Services.
- Ensuring that there is a senior PCT and GP clinical commissioning group (CCG) lead on the Barking and Dagenham Health and Wellbeing Board. At the time of drafting, this is achieved through the following membership:
 - Non-Executive Director, Jill Pullen
 - Executive Director, Jane Gateley
 - Borough Director, Sharon Morrow
 - Joint Director Public Health, Matthew Cole
 - Chair of the Clinical Commissioning Committee, Dr Arun Sharma
 - Clinical Commissioning Group leads, Dr Gurkirit Kalkat and Dr Chandra Mohan

Membership of the Health & Wellbeing Board is anticipated to change as the Board moves from Shadow to full form over the course of 2012/13.

- Committing to the following representatives attending partnership meetings:

Borough Meeting	ONEL Attendee
Local Strategic Partnership Board	Non- Executive Director, Jill Pullen
Public Service Board	Chief Executive, Heather Mullin or Executive Director Jane Gateley
Health & Wellbeing Board	Non-Executive Director, Jill Pullen Executive Director, Jane Gateley

	Borough Director, Sharon Morrow Joint Director Public Health, Matthew Cole
Health and Wellbeing Board Executive	Borough Director, Sharon Morrow Joint Director Public Health, Matthew Cole
Children's Trust	Borough Director, Sharon Morrow
Skills, Jobs and Enterprise Board	Finance lead, Stephen O'Brien
Local Safeguarding Adults' Board	Borough Director, Sharon Morrow
Local Safeguarding Children's Board	Borough Director, Sharon Morrow and Deputy Director of Safeguarding, Helen Davenport
Local sub groups	Designated Nurse – Stephanie Sollosi
Integrated Children's Health Board	Borough Director, Sharon Morrow
Learning Disability Partnership	Borough Director, Sharon Morrow
Community Safety Partnership	Executive Mgt team Member Nuzhat Anjum
3 x SAB sub groups <ul style="list-style-type: none"> • Training and education • Case review • Performance and Monitoring 	Safeguarding adults Strategic Implementation Lead – Julie Dalphinis
Domestic Violence Strategic Group	Domestic Violence Strategic Implementation Lead, Victoria Hill
Disabled Children's Board	Clinical Commissioner, Children's, Debbie Wilkins
Complex Needs Panel	Clinical Commissioner, Children's, Debbie Wilkins
Sexual and Reproductive Health	Joint Commissioning Manager, Jamil Ahmed
Integrated Family Services Panel	Contracting Manager, Out of Hospitals, Maggie McCutcheon
Carers Steering Group	Joint Commissioning Manager, Jamil Ahmed
Older Peoples Strategy Group	Joint Commissioning Manager, Jamil Ahmed
Transition Strategy Board	Contracting Manager, Out of Hospitals, Maggie McCutcheon

Shared resources

Each organisation should maintain, and look to increase joint posts where this makes sense locally. Existing pooled budgets should be maintained. Transfer of funds under section 256 should be implemented in a timely manner and in accordance with existing agreements where they already exist. Partners should systematically consider opportunities for increasing joint working through the joint commissioning and provision of services. Partners should develop robust reablement plans together. Partners should specifically work together to design and deliver the new commitments and areas for improvement identified in the 2011/12 NHS Operating Framework and the Council's priorities for joint commissioning as identified through its business planning process. Partners should consult and co-design local infrastructure where it makes sense locally, particularly where partners are interested in sharing, co-locating or competing for services. (Specific activities involving the transfer of funds, services, or property among the parties will require separate agreements or contracts).

Information, engagement and communications

Organisations should assist each other in providing information to promote their own and their partners' objectives. They should look for opportunities to jointly develop information strategies to support residents to make choices about the services they receive and empower them to take control of their health and wellbeing. Engagement activities should be integrated where possible, to ensure a co-ordinated approach to involving residents in service design and decision making.

We will do this in the London Borough of Barking and Dagenham through:

- Fully engaging LINks (and any subsequent HealthWatch organisation that the Council will commission) and key stakeholders at the appropriate stages in the commissioning cycle process.
- Having robust arrangements for engagement within our governance and decision making structures. So for the NHS: from cluster wide programmes, to LINk reps on the PCT boards, to patient representation at Clinical Commissioning Group and GP practice level wherever possible.
- Ensuring that, whilst structures change in both organisations, there is clarity about Caldicott Guardian roles.
- Ensuring that there is continued adherence to, and review of, the North East London Information Sharing Protocol and that Subject Specific Information Sharing Arrangements are agreed to cover the sharing of personalised information for specific purposes, and other such agreements are negotiated for the timely sharing of depersonalised data.

It is essential that both parties share timely and accurate information on the performance of health and social care services and projects so that a shared view of progress can be taken. For partners to work jointly on service improvement, and to prepare the Health & Wellbeing Board for timely intervention and discussion, performance data needs to be made readily available. Both parties should be clear about any sensitivity about any data shared, even if it is not patient-sensitive.

With so much change in local services, it is also recognised that there will be issues on which the parties to this agreement differ. The fact of signing this agreement indicates a sound, basic commitment to work together on the development of effective, integrated local services wherever possible and wherever it is in the interests of local residents and service users.

However, the two parties will not always reach consensus on the way forward for local service development. NHS Outer North East London confirm that they will rarely resort to public dispute regarding such matters. However, it is recognised that the Council is a democratic institution, and it is important that it is free to express, on behalf of its population, concerns about aspects of developing provision, or about proposals to reduce or cut services which it feels are to the significant detriment of local residents. Where this is done, it will be done having made attempts to raise issues in appropriate discussions with NHS Outer North East London. Such disagreement on specific issues - on the part of either party - ought not to be taken as detracting from the fundamental commitment to jointly develop an integrated health and social care economy.

Safeguarding

Each organisation should ensure appropriate resources are available to fulfil statutory requirements, commit to supporting local safeguarding boards for adults and children's services.

We will do this in Barking and Dagenham through:

- Actively working together within an interagency framework based on statutory guidance.
- Ensuring that there is effective representation of designated professional and safeguarding leads of appropriate seniority on the LSCB and Adult Safeguarding Board.
- Ensuring the safety of children and vulnerable adults by integrating strategies and adopting agreed multi-agency policies, procedures and practices.

Public health and health improvement

The Department of Health, through Anita Marsland, Transition Managing Director for Public Health England, has set out the processes by which public health transition will be managed over the coming 18 months.

As part of this, NHS ONEL and LB Barking & Dagenham commit to work together to agree a timely and robust transition plan for sign-off by the Regional Director of Public Health, Dr Simon Tanner. The outside date for agreement of this plan is 1 April 2012, but parties will seek to agree it considerably earlier wherever possible.

In the intervening period, LB Barking & Dagenham have made a commitment to host the Barking & Dagenham Health Improvement Team of NHS ONEL in offices at Barking Town Hall. This included the provision of IT facilities to enable the team to operate through the Council email system in preparation for statutory transfer under such guidance as will be issued in due course.

The principles to which both parties now commit, and which they will seek to replicate in the transition plan, include:

- An early transfer of public health functions and responsibilities to London Borough of Barking & Dagenham, with a target date of October 2012. This will support the borough in having local authority-based public health fully functional by the statutory transition date of 1 April 2013, or as confirmed in eventual legislation.
- The use of provisions under Section 75 of the National Health Service Act 2006, or any emerging guidance issued on the transfer of Public Health functions to the new receiving body, to ensure that any transfer of responsibilities, finances and outcomes has absolute clarity about the accountabilities and safeguards for both parties.
- In the run-up to transfer of responsibilities, agreement of a performance monitoring arrangement whereby both parties can be confident that Public Health is continuing to deliver their priorities and requirements.
- London Borough of Barking & Dagenham to proactively consider the structures that they would like to see in place for the long-term delivery of public health.

- Partners should agree how they will address the statutory requirements specific to Directors of Public Health, taking into account emerging policy.

We will do this by setting up joint working groups, where sensible and proportionate, to consider how we manage the operational and HR issues around the transition.

Barking & Dagenham's Health & Wellbeing Strategy will be refreshed in 2012, and all parties commit to engage with this process to ensure that the strategy reflects priorities for 2012 onwards. A key strand of the Strategy will be the reduction in health inequalities and the improvement in population health. This will be taken forward using the Health & Wellbeing Board to jointly agree the priorities and to monitor progress against the plans.

Dispute resolution

In the event of a dispute arising between the parties in the implementation of this Memorandum of Understanding, the following process will be adopted:

- Any dispute relating to this Memorandum shall, in the first instance, be referred to the Chief Executives of the partners, who shall endeavour to resolve the dispute within 28 days.
- In the event that a dispute has not been resolved as above, the partners agree that, without restricting the ability of any partner to terminate this Agreement, the partners may agree to refer the dispute to mediation, the procedure being in accordance with the Centre for Effective Dispute Resolution (CEDR) Model Mediation Procedure or such other model mediation procedure as may be agreed by the partners.

Monitoring and transition arrangements:

ONEL

- The MOU will be monitored at the quarterly meeting of ONEL chief executives, with an annual update to the Health and Wellbeing and PCT Board.
- The MOU will be updated as required to reflect changes in the system including GP consortia take on delegated responsibilities, establishment of commissioning support organisations and health improvement transfers to local authorities.
- Significant changes will require approval through the PCT board and borough Health and Wellbeing board.

London

- NHS London will monitor whether Clusters have an MOU or equivalent with each borough and when an MOU / equivalent is amended
- Local Authorities will be invited to provide monitoring information via London Councils and the Joint Improvement Programme (JIP)
- Regular reporting on the status of collaborative working will be provided to the London Health Transition Advisory Group.

London Borough of Barking & Dagenham

Commits to maintain / strengthen arrangements as set out above.

NHS Outer North East London

Commits to maintain / strengthen arrangements as set out above.

Signed:

LB Barking & Dagenham: _____ **Date:** _____
Corporate Director, Adult & Community Services
(as authorised by Cabinet, 14 December 2011)

NHS Outer North East London: _____ **Date:** _____
Chief Executive