

Memorandum of Understanding for Collaborative Working to support delivery of Salford's Local Care Approach for Adults

1.0 Introduction

- 1.1 Salford partners have a long history of working together to transform and deliver Integrated Care. In 2014 Salford established an Integrated Care Programme for Older People, followed by an Adults Integrated Programme in 2016. These programmes tested and introduced new models of care, in conjunction with other facilitators of integration, including the pooling of health and social care budgets.
- 1.2 In Salford the term Integrated Care means health and social care services working seamlessly together, alongside voluntary, community and social enterprise sector, to deliver support which enables people's experiences to be better co-ordinated for improved outcomes. The term encompasses prevention, wellbeing, physical and mental health.
- 1.3 The term Salford Together¹ has been used to describe Salford's organisation's collaboration around Integrated Care. In moving to the next stages for collaboration this MoU adopts the term 'Salford Care Alliance' to describe the partnership shared delivery of a 'Local Care Approach' for adults.
- 1.4 This MoU also follows the agreement of an MoU in 2018 between the Voluntary, Community and Social Enterprise Sector with Salford Together partners (see appendix). This MoU incorporates the principles and values of the VCSE MoU.

2.0 Context

- 2.1 **Nationally.** For nearly a decade there has been a significant national NHS policy direction in relation to integration of services, delivered and organised around communities. This was further emphasised and given further credence, through the NHS Planning Guidance December 2015 and with the publication of the 44 Sustainability and Transformation Plans across England at the end of 2016. The NHS Long Term Plan (2019)² has set out a range of ambitions, including to support people by receiving more care closer to home. From 2019 Primary care networks (PCNs) were established to provide proactive, coordinated care to their local populations, with a strong focus on prevention and personalised care.
- 2.2 **Greater Manchester.** Devolution to Greater Manchester of health and social care funds has created the Greater Manchester Health and Social Care Partnership which is responsible for ensuring that funds are utilised to transform health and social care across the Greater Manchester areas, by people working more collaboratively across organisations and sectors and with the public to provide more responsive, integrated and affordable health and care services. The Greater Manchester Strategic Plan states...

"Fully integrated Locality Care Organisations (LCOs) will be established in each part of Greater Manchester. These Organisations, including all health and social care providers in a locality will be working together collaboratively to provide care to a defined population within a defined budget with primary care at the centre, predicated on the GP registered list. Each area will develop and design their delivery models. However, there will be core features of these new organisations to be defined and agreed locally."

¹ <https://www.salfordtogether.com>

² <https://www.england.nhs.uk/long-term-plan/>

- 2.3 **Local.** Salford partners have been working collaboratively to deliver integrated care for adults through transformation and new models of care since 2016, with established governance arrangements. Evaluation and monitoring has provided signals and indication of positive impact and benefits. As Salford now moves to the next stages to progress and improve outcomes, it has been identified that five PCNs are now well established in Salford with an aligned aim. This MoU therefore describes the next stages of our arrangements for collaborative working.

3.0 Purpose

- 3.1 This memorandum of understanding (MoU) is not intended to and does not create or reflect any binding obligations between the Parties; however, it is a document that confirms an agreement, between eight organisations and five Primary Care Networks, to work collaboratively to deliver the Local Care Approach for adults in Salford. Importantly it sets out all points of agreement between the parties that intend to establish a working relationship. The MoU establishes the common purpose on which the parties are working.
- 3.2 The responsibility and management of this MoU will rest with the Salford Adults Advisory Board. The operational delivery responsibility of associated workstreams will be the Provider Integration Board. Both Boards will therefore also uphold the principles described in the MoU.
- 3.3 This MoU will set out arrangements for joint integrated working with Salford partners and includes:
- Vision
 - Values
 - Principles
 - Expected behaviours
 - Governance arrangements and scheme of delegation
- 2.4 The results of this collaboration will be:
- Salford people living healthier lives
 - Improved self-care and resilience in local communities
 - Increased provision of community-based care and support
 - Reduced reliance on primary and secondary care
 - A more efficient, high quality and effective health and social care system

4.0 The Parties

- 4.1 This MoU is an agreement between the following organisations:
- Salford City Council
 - Salford CCG
 - Salford Integrated Care Organisation (Salford Royal NHS Foundation Trust).
 - The five Salford Primary Care Networks:
 - Broughton PCN
 - Eccles and Irlam PCN
 - Ordsall and Claremont PCN
 - Swinton PCN
 - Walkden and Little Hulton PCN
 - Greater Manchester Mental Health NHS Foundation Trust.
 - Salford Primary Care Together
 - Salford Community Voluntary Services, *representing the VCSE sector.*
 - Health Watch Salford

➤ Local Medical Committee (LMC) *in an advisory role*

The involvement of other partners will be part of the delivery of the Local Care Approach and wider partners will be invited, engaged and consulted. The above list is not exhaustive list of partners delivering the Local Care Approach. It represents the organisations who have signed and agreed to the enact the principles and behaviours within the MoU.

- 4.2 The Parties undertake to work in collaboration with each other in Salford in respect of the Vision as described in section 5.
- 4.3 The AAB and Integration Board strives to achieve the highest standards of business conduct at all times and is committed to conducting its business with honesty and impartiality. One of the overriding objectives of the Board is to ensure that decisions made by the Boards are both taken and taken to be seen without any possibility of the influence of external or private interest.
- 4.4 Board members' should
- act in good faith and in the interests of Salford patients, and partners,
 - follow the Seven Principles of Public Life, set out by the Committee on Standards in Public Life (the Nolan Principles). As a result, all members will be required to make a declaration their interest at the start of each monthly Board meeting.

5.0 The Vision

- 5.1 The Vision for a Salford is outlined within our Locality Plan (2020-25).

"Salford is a place where everyone can enjoy the best opportunities that Salford has to offer. People in Salford will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. People across Salford will experience health on a parallel with the current 'best' in Greater Manchester (GM), and the gaps between communities will be narrower than they have ever been before"

- 5.2 For Integrated Care partners have previously agreed a triple aim of:

- deliver better health and care outcomes via innovation and exploration, coupled with the testing of different models of care and funding mechanisms;
- improve the experiences of users and carers; and
- reduce system costs.

6.0 The Principles

- 6.1 The vision is supported by principles for the Salford Care Approach.
In summary our approach principles are:

- Prevention, early help and intervention
- Person-centred
- Co-creating
- Doing with, not for
- Asset based approaches to supporting people
- Self-care
- Promoting independence
- Just enough support when needed

In more detail our approach principles and aims are:

- Encourage collaborative working between all the NHS and local authority organisations who are partners in the Alliance, as well as 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.
- Valuing, respecting and enabling the resources to deliver the Salford Care Approach, including infrastructure.
- Maximise the talent, reach and social value of VCSE sector activity for the benefit of the people of Salford.
- To achieve a continuum in care and support which spans the public and VCSE sectors and includes commissioned and non-commissioned services.
- Focusing on support in communities closer to home
- Understand and respond to people's physical health, mental health, education and social needs holistically
- Focus on reducing inequalities across vulnerable groups, minority groups and across the city
- Holistic care that is pro-active and preventative for the whole population
- Make the best use of all the community's assets to deliver support to meet local needs
- Provision of high quality and safe care and protect vulnerable adults from abuse and/or risk of harm.
- Enable professionals to work together across boundaries embedding a strong culture of collaboration
- Person-centred approaches, organised in collaboration with the individual and/or their carers and families, using a strengths based approach
- Empower the population to take control of their own health and care promoting prevention and independence
- Involve families, carers and communities in planning, designing and delivering care; co-production and co-design.
- Promoting and supporting innovation, and encouraging new ideas from patients/service users, carers and staff.

7.0 The Values

7.1 Salford's Local Alliance Joint Values are:

- That the vision, principles and values of the Alliance should be shown to be aligned with those of its partner organisations and of commissioners
- An acknowledgement that the Salford's care approach cannot be delivered by organisations working alone or in isolation, it must be delivered through collaborative working
- That the Salford Care Alliance and Salford Care Approach must build on existing success and learning.
That the development of very different relationships is at the heart of Salford's care approach, 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. Working better together is first and foremost about what is best to add value for the people we care for
- That the skills, knowledge and experience of staff are respected and their willingness and ability to work across boundaries is valued and rewarded.

8.0 Equality and Diversity

8.1 The AAB and Integration Board is committed to challenging inequality, discrimination and

disadvantage. AAB are committed to ensure that equality and inclusion good practice is implemented and embedded in all areas of our working practices in relation to policies, service delivery, employment, community engagement and partnership working.

- 8.2 The Boards are working to meet our Public Duty within the Equality Act 2010 with regard to people in the nine protected characteristics which are: disability, race, age, religion or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity marriage and civil partnership.
- 8.3 It is important to note that while we are working to serve our employees and patients/customers/clients within protected characteristics, we are also mindful of the needs of other groups such as: carers, people who are homeless, ex-military personnel, people who live in poverty as well as other non-protected characteristics.
- 8.4 Shared and effective evaluation and monitoring of equalities characteristics will be put in place to ensure that beneficiaries from diverse backgrounds are supported appropriately

9.0 Governance

- 9.1 The AAB meets twice a month and sets the overall direction and objectives, bringing together health and social care commissioners and providers. The Provider Integration Board meets once per month to ensure effective joint implementation of the models agreed by AAB.
- 9.2 This MoU relates to the work of both Boards and their work related to developing the collaboration of health and care services providers, to ensure the integration and transformation of those services to meet the needs of the local population within the given financial and resources available.
- 9.3 Board members in ensuring this MoU is signed by their organisation's governing body or board are giving their own and their organisation's explicit support to the vision, values, principles and behaviours set out in this MoU.
- 9.4 Terms of reference with membership and duties will reflect the principles of this MoU as will any other collaboration agreements which may stem from this MoU.
- 9.5 The AAB is chaired by the Director for People from Salford City Council and the Integration Board is chaired by the Director for Integration, Salford Royal NHS Foundation Trust.
- 9.6 Each organisation has at least one nominated member to represent their organisation at the Board. Members of the Board will have the support of their organisations to attend and provide that organisations views. Parties will ensure that membership will include senior leaders of each of the current partner organisations, as reflected in the Terms of Reference. This includes a VCSE sector representative on AAB in addition to the CVS. The Boards may however, engage other members as deemed appropriate to delivering its vision, and outcomes.
- 9.7 New members will be expected to commit to this MoU with their Chair and Chief Executives adding their signatures following agreement of their own Boards.
- 9.8 Where a signatory to this MOU is not a provider or commissioning organisation, an agreed form of words will be added to this MOU to indicate the name and function and role of that organisation.

9.9 The Local Medical Council (LMC) join us working in partnership in an advisory role.

10.0 Behaviours, Roles and Responsibilities

- 10.1 Underpinning this MoU is an ethos of equity and fairness for all alliance partners, recognising and valuing that all have a key role and contribution to make to the Salford Care Approach. As such the parties will enact behaviours and support processes, that ensure a continued commitment to an inclusive approach with equality of voice. This includes (but is not limited to),:
- including all partners in decision-making at the initial stages of strategic planning and the development of new models of service delivery.
 - consulting all partners in the setting of board programmes of work and forward plans.
- 10.2 Public sector partners will be directly and regularly involved in supporting the VOCAL VCSE infrastructure.
- 10.3 Members of the AAB and Integration Board are senior leaders in their own organisations, as well as, respected and recognised leaders within the health and social care system.
- 10.4 The Parties recognise that the success of the Salford Local Care Approach will depend upon strong relationships and an environment of trust, openness, transparency, collaboration and innovation. They will be expected to exhibit (role model) the following behaviours in relation to the collaboration:
- To put the benefits of the Local Care Approach to Salford people before the individual interests of professionals and organisations.
 - To actively listen to each other and 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 be mindful where people are on the journey and to continually check understanding across partners and stakeholders
 - To act professionally, courteously and with respect to all colleagues
 - To be honest and act with integrity and authenticity
 - Encourage risk taking and experimentation
 - Show courage by being ambitious and bold
 - To build and maintain coalition and partnership, and trust that enables necessary and healthy challenge and debate
 - To develop and use a common language and support the use of plain English, avoiding the use of jargon, acronyms and other terms that are profession or organisation specific
 - To communicate with each other and all relevant personnel in a clear, direct and timely manner, providing relevant regular and timely updates to parties on joint matters
 - Committing to working at pace, to achieve rapid progress, make decisions and see them through
 - To be cognisant of individual partner priorities

Board members have a key role in designing and delivering Salford's Care Approach for adults, their role is to:

- Provide leadership and direction to the agreed system priorities and workstreams
- Lead the development of the local care approach across the health and social care system and within their own organisations /sectors. This will include development: within and across

sectors, thematic, as well as population and place-based, dependent on the issues presented and the solutions required.

- Systems oversight and priority setting; collectively agreeing our future priorities as a whole system.
- Make joint decisions on new models of care

11.0 Accountability

11.1 The AAB and Integration Board will be held through the unity of its members, accountable for the following:

- That there is an agreed plan (or plans) in place for the further development and delivery of the Salford Care Approach for adults and that this is delivered within given resources, and delivers the benefits and outcomes proposed
- The securing of resource and agreement and monitoring of its utilisation in line with agreed priorities as set out in the Salford Locality Plan
- The principles of this MoU are adhered to by partner organisations, teams and individuals
- 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
- The plans are communicated to all organisations and individuals via a robust communications plan
- That staff and the public are engaged in the sustained mindset and behaviour change that enables the spread of the approach at scale and pace through a campaign strategy and engagement plan.

12.0 Governance Arrangements and Scheme of Delegation

12.1 The Salford Care Approach strategic development will be led by the AAB. It is expected that partnership organisations will not develop services, pilots or projects that may impact on the outcomes of the approach, without informing the AAB and ensuring it is aligned to the principles.

12.2 It is expected that the AAB will reach decisions through consensus and that any issues requiring the collegiate support of their own organisation's governing bodies or boards will be referred directly to those bodies by the members of the Board and this process will take, other than in exceptional circumstances and with prior agreement of the Board, no more than eight weeks.

12.3 The Parties acknowledge and agree that each may be required to disclose to the other, information which is regarded as confidential or commercially sensitive. It is acknowledged and agreed by the Parties that:

- The disclosing Party shall confirm whether information is to be regarded as confidential prior to its disclosure;
- Both Parties shall use no lesser security measures and degree of care in relation to any confidential information received from the other Party than it applies to its own confidential information;
- The Parties shall not disclose any confidential information of the other Party to any third party without the prior written consent of the other Party; and

12.4 On the termination of this MOU, the Parties shall return any documents or other material in its possession which contains any confidential information of the other Party.

12.5 The Governance and Accountability Framework will need to be further developed.

13.0 Review

- 13.1 This MoU will be reviewed by all members of the AAB annually from its point of ratification or at such time as is deemed necessary by its partners. The annual review will seek feedback from all parties.
- 13.2 Where a member feels that the MoU is not being implemented or upheld in the enactment of the Salford Care Approach, then the first course of action would be to discuss between the parties concerned to resolve the issue. The chair of the AAB can also be consulted to offer support to resolve any issue. The next step would be for the parties concerned to mutually decide whether the issue requires debate or discussion within either the Integration Board or the AAB.

14.0 References

This MoU was developed with reference to:

1. Trafford Local Care Memorandum of Understanding, 2020
2. Salford Together and VCSE sector Memorandum of Understanding, 2018 (attached below with the VCSE Strategy)
3. Salford Alliance Agreement for Integrated Care for Older People, 2014/15



Health and Social
Care MoU - final ver2018-23 - Executive !



VCSE Strategy

SIGNATURES

The following organisations have committed to the content of this Memorandum of Understanding -

Party	Name of signatory	Designation	Signed	On this date
Salford City Council				
Salford CCG				
Salford Royal NHS Foundation Trust				
Broughton PCN				
Eccles and Irlam PCN				
Ordsall and Claremont PCN				
Swinton PCN				
Walkden and Little Hulton PCN				
Greater Manchester Mental Health NHS Foundation Trust.				
Salford Primary Care Together				
Salford Community Voluntary Services				
Health Watch Salford				
Local Medical Committee (LMC)				