

Board of Directors – Open

Date: 10 March 2021

Item Ref: 06i

TITLE OF PAPER	South Yorkshire & Bassetlaw Mental Health, Learning Disabilities & Autism Alliance – Memorandum of Understanding
TO BE PRESENTED BY	Jan Ditheridge, Chief Executive
ACTION REQUIRED	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • agree to the establishment of a Mental Health, Learning Disabilities & Autism (MHLDA) Alliance of the 5 Providers that will operate under the attached Memorandum Of Understanding (MOU) • acknowledge that the MOU is not legally binding and does not replace any of the statutory duties that Boards currently hold • support the 3 phases of the development as set out in the MOU Annex 1, recognising the phases need to align with the timelines of the White Paper “Integrating Care – Next steps to building strong and effective integrated care systems across England • Support the establishment of an Alliance Board, made up of the provider organisations, to in the first instance provide oversight of the 3 Provider Collaborative projects – Forensics (Sheffield Health & Social Care NHS FT); CAMHS (Sheffield Children’s Hospital NHS FT) & Eating Disorders (Rotherham, Doncaster & South Humber NHS FT)

TIMETABLE FOR DECISION	March 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	SHSC Transformation Report
STRATEGIC AIM STRATEGIC OBJECTIVE	Deliver Outstanding Care / Improve our use of resources Transformation – Changing things that will make a difference
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	All organisations involved have committed to take this to their Public Board Meetings in March 2021 for agreement.
CONSIDERATION OF LEGAL ISSUES	

Author of Report	Jan Ditheridge
Designation	Chief Executive
Date of Report	March 2021

South Yorkshire & Bassetlaw Mental Health, Learning Disabilities & Autism Alliance Memorandum of Understanding

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
		X				

2. Summary

- The Memorandum of Understanding (MOU) is the culmination of work undertaken by the 5 providers of Mental Health services across South Yorkshire & Bassetlaw that supports the development of a Mental Health, Learning Disabilities & Autism Alliance.
- Sheffield Health & Social Care Board have had a number of opportunities to consider the Alliance model, our role in it and the development of this MOU.
- The work commenced prior to the NHSE/I engagement paper on Integrating Care Services, published in November 2020 and prior to the Government’s White Paper, published in February 2021.
- The MOU is therefore representative of the ambitions of its members at a point in time and that alignment with emerging thoughts both from the SYB ICS and from expected national guidance on the establishment of the statutory ICS boards, Health and care partnerships and indeed provider collaboratives will be required.
- The MOU sets out: the purpose of the MOU, our ambitions, our proposed governance arrangements and our alliance journey (including the next step issues that require addressing through our development phase).

3 Next Steps

To agree to support the Memorandum of Understanding.

Participate in the development of the Alliance Board if the MOU is agreed.

4 Required Actions

The Board is asked to:

- agree to the establishment of a Mental Health, Learning Disabilities & Autism (MHLDA) Alliance of the 5 Providers that will operate under the attached MOU
- note that the MOU is not legally binding and does not replace any of the statutory duties that Boards currently hold
- support the 3 phases of the development as set out in the MOU Annex 1, noting the phases need to align with the White Paper timelines.
- Support the establishment of a Board, made up of the provider organisations, to in the first instance provide oversight of the 3 Provider Collaborative enterprises

5 Monitoring Arrangements

The Alliance activity will be influenced by and report into our Transformation Board and through to Trust Board.

Any proposed changes to governance arrangements will be discussed directly with the Board.

6 Contact Details

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South Yorkshire & Bassetlaw Mental Health, Learning Disabilities and Autism Alliance

Memorandum of Understanding


Nottinghamshire Healthcare
NHS Foundation Trust


**Rotherham Doncaster
and South Humber**
NHS Foundation Trust


Sheffield Children's
NHS Foundation Trust


**Sheffield Health and
Social Care**
NHS Foundation Trust


**South West
Yorkshire Partnership**
NHS Foundation Trust

1. Nottinghamshire Healthcare NHS Foundation Trust
2. Rotherham, Doncaster and South Humber NHS Foundation Trust
3. Sheffield Children's Hospital NHS Foundation Trust
4. Sheffield Health and Social Care NHS Foundation Trust
5. South West Yorkshire Partnership NHS Foundation Trust

February 2021

DOCUMENT CONTROL

Title	Memorandum of Understanding for South Yorkshire and Bassetlaw Mental Health, Learning Disabilities and Autism Alliance		
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1. THE MEMORANDUM OF UNDERSTANDING (MoU)

1.1 Introduction

In January 2020, the Chief Executives of the Mental Health Providers serving the South Yorkshire and Bassetlaw (SYB) population, met and agreed to develop a formal Provider Alliance. This work was delayed, due to the response required for Covid-19, however, the experience locally enabled further partnership working and strengthened the case for a Mental Health, Learning Disabilities and Autism (MHLDA) Provider Alliance.

This partnership approach is in line with the NHSE paper, 'Integrating Care' published November 2020, which recognises co-ordination between providers at scale can support,

- higher quality and more sustainable services;
- reduction of unwarranted variation in clinical practice and outcomes;
- reduction of health inequalities, with fair and equal access across sites;
- better workforce planning; and
- more effective use of resources, including clinical support and corporate services

The SYB MHLDA Providers would now like to further develop their partnership working arrangements in line with national policy and formalise this with the formation of a SYB MHLDA Provider Alliance (referred to as Provider Collaboratives in the NHSE/I paper Integrating Care). This MoU pertains to the initial phase of the development of the MHLDA Provider Alliance.

1.2 The purpose of the MoU

All parties to this document (the SYB MHLDA Alliance partners) have agreed to work together for the benefit of the residents of SYB; to deliver the best experience of mental health, learning disabilities and autism services and outcomes possible, within the available resources. Through this document, partners have made a commitment to working as an Alliance. The aim is for the Parties to organise themselves around the needs of the population rather than planning at an individual organisational level so as to deliver more integrated, high quality, cost effective care for service users and the people of SYB.

The purpose of this Memorandum is to formalise and build on the good working relationships and partnership arrangement in place. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on

principles of subsidiarity, to ensure there is collective ownership of delivery. It also provides the basis for a refreshed relationship with the SYB Integrated Care System (ICS) national oversight bodies.

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

The MOU does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

This MoU serves as a record of the basis on which all Parties will collaborate to form an Alliance. Some change in arrangements will be warranted in future phases (which may be related to principles set out by national legislation) and this will likely necessitate the creation of a new or updated MoU to reflect these arrangements.

This document sets out:

- The Partners' commitment to collectively develop the Alliance's strategy, priorities and objectives
- Shared principles and expectations on how to collaborate
- A development journey for the next two years
- Expectations and commitment to the next steps in the development process

This MoU covers the development phase and will be reviewed and revised as needed at the end of this phase.

1.3 The parties to the MoU

The parties (Partners) to the agreement are:

- Nottinghamshire Healthcare NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust

Additional delivery partners at Place and System level may become party to this MoU in the future. For the purposes of this MoU, the Alliance only pertains to the above five organisations.

1.4 The partnership approach

This MoU focuses on our shared commitment to achieving common goals, through the joint design and transformation of services. The arrangements described in this Memorandum describe how we organise ourselves, to provide the best mental health, learning disabilities and autism services, ensuring that decisions are always taken in the interest of the service users and populations we serve.

Where possible, all parties agree to act in good faith to support the aims, priorities and objectives of this MoU for the benefit of all SYB service users and citizens, subject to their specific legal/ statutory obligations and constraints.

The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, whenever it can be demonstrated that it is in the interests of the service users to do so.

The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard.

All parties agree that the present MoU is not legally binding.

The approach to collaboration includes:

- The Partners will work on the greatest challenges together to ensure high quality, sustainable mental health services now and in the future
- Reduce variation in quality by building on best practice and developing standard operating procedures and pathways to achieve better outcomes for people in SYB
- Take a collaborative approach to the delivery of mental health services via clinical pathways and networked services (rather than individual place/provider led developments)
- Delivering economies of scale in mental health service support functions
- Build constructive relationships with communities, groups, organisations and the third sector to ensure there are lines of communication and ways of engaging on issues which have an impact on people's health and wellbeing
- Ensure there is appropriate engagement with the public and non-executive bodies on those matters which need to be communicated more widely

1.5 Term

This Memorandum shall commence on the date of signature of the partners.

In light of the NHSE consultation paper, 'Integrating Care' (released 24 November 2020) this MOU will be subject to a review in 6 months or by Autumn 2021 by the Alliance Board to ensure it remains consistent with the evolving requirements as set out by legislation and national policy, and for the SYB Integrated Care System.

A Party (Partner) to this MoU can choose to leave the Alliance and terminate the agreement which would come into effect after providing the other Partners 6 months written notice.

2 OUR AMBITION AND HOW WE WORK TOGETHER

2.1 Our Shared Challenges

Across the SYB MHLDA Providers there is a recognition there are significant challenges. These include:

- Health inequalities
- Unwarranted clinical variation in clinical practice and outcomes
- Long waiting lists and access to care, in particular for services for children and young people
- Scope for improved quality of care
- Scope to scale and improve specialised services
- Growing demand for Mental Health, Learning Disabilities and Autism services
- Workforce resilience
- Advancing the MHLDA agenda at a system level

All partners have agreed collectively that there is merit in a unified approach to tackle these challenges. The starting point is a shared vision, objectives and priorities and a set of principles that shape the way we work together based on the principle of subsidiarity and primacy of place.

2.2 Our Shared Vision

The proposed vision statement articulates the ambitions of the SYB MHLDA Alliance.

"A partnership driven by the commitment to improve the health and care outcomes and experience of care for the population and service users, families and carers of mental health, learning disabilities and autism services in South Yorkshire and Bassetlaw."

The above vision will be developed further as the partners progress the development of the Alliance and the related communication strategy.

2.3 Our Shared Mission

The proposed mission conveys the Alliance's statement of intent.

"Improving People's Mental Health and Wellbeing"

The above mission will be reviewed as the partners progress the development of the Alliance and the related communication strategy.

2.4 Our Shared Principles

These principles will guide our behaviours, ethos and Alliance culture.

- We will collectively use our resources and expertise to improve experience and outcomes for all
- We will co-produce with people
- We will always demonstrate mutual respect, trust, open transparent communication, and will act with integrity
- We will share responsibility, accountability, risk and reward
- We will be clinically driven and ensure services are locally owned
- We will reduce health inequalities and deliver inclusive care and support
- We will collectively support and develop our people

The principles will be reviewed and refreshed based on the evolving needs of the Alliance.

2.5 Our Shared Objectives

Our common challenges and commitment to serve the people of SYB translates into a number of objectives which will inform our strategic plans. These key goals are described below.

- Collaborate with members to deliver sustainable services and improved care for service users, carers and families
- Ensure that all member Trusts are driven to make decisions which lead to tangible benefit for the service users, families and carers
- Secure investment to deliver improved and innovative services for the population of SYB
- Take a population health management approach to target and improve outcomes
- Deploy resources and make decisions to reduce health inequalities, and unwarranted variation

- Commit to promoting inclusivity and creating services which improve access and quality of care to all members of our community
- Build a sustainable workforce by advancing opportunities to share and strengthen capabilities and capacity
- Apply a data driven approach to decision making and to identify high value and need based opportunities and priorities
- Provide a strong, unified and representative voice to champion and advance health and care outcomes for MHLDA and all ages within the SYB local (ICP) and system (ICS)
- Develop a clinical strategy to collectively improve the experience of care and tangible impact of MHLDA services in SYB

The objectives will be used to guide strategic direction, Alliance priorities and operational plans. As the Alliance matures, these will be reviewed and updated.

2.6 Leadership in the Alliance

• Alliance working: Commitments

Through the arrangements in this MoU, all Partners collectively signal their ambition and commitment to work collectively to achieve the objectives of the Alliance.

• Alliance working: Practical Implications

The commitment summarised above has practical implications on how the Alliance will develop an Alliance Board and subsequent Alliance delivery and operational groups and how these will function and interact with Partner organisations . These include:

- All members of the Alliance governance structure are expected to champion the vision, aims, principles and objectives of the Alliance
- All members are expected to be representatives of their organisation to the Alliance and representatives of the Alliance to their organisation in equal measure. This will require ongoing engagement with members, service users, carers and the general public
- All members are expected to be completely transparent in communications, irrespective of organisational type or focus. Full transparency is expected between all partners
- All members are expected to work collaboratively to find solutions which best support the delivery of the Alliance's vision

The mechanism of how the leadership of the SYB Provider Alliance will operate is described further in the governance and related Terms of References.

3 THE ALLIANCE JOURNEY

Developing a fully functioning Alliance will be multi-stage process.

This MoU signals the Partner's commitment to initiate the Development Phase of the SYB MHLDA Provider Alliance.

Each stage will see progressively closer working between partner organisations. This will be supported by appropriate governance arrangements and programme/project management processes.

Development Phase/Current State: This initial stage will focus on creating the infrastructure to support the further development of the Alliance, and identifying and delivering the immediate priorities for the SYB system.

Shadow Phase: As the development proceeds, the focus will gradually shift to delivering in scope services collectively under shadow arrangements and within the existing organisational frameworks.

Operational Phase: Finally, the Alliance will become collectively accountable for population health and wellbeing outcomes for the in scope services specified, with commissioning and provider responsibilities fully functioning as part of the Alliance framework.

The development of the Shadow and Operational Phase will be supported by legislative changes expected to be announced in 20/21.

The arrangements outlined in the current document cover the SYB MHLDA Alliance for the **Development Phase**. Partners have made a commitment to reviewing the terms of this document:

- Subject to requests from any partners at any time
- Between phases (Development, Shadow, Operational) as part of a gateway process
- Within six months or Autumn 2021 based on national policy changes

This phased approach with the key work-streams and functions are described in **Annex 1**.

4 GOVERNANCE

The Alliance does not replace or override the authority of the Trust Boards and related governing bodies. Each of them remains sovereign. The Alliance will remain accountable to the individual Trust Boards.

The SYB MHLDA Alliance provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale and will tangibly benefit the service users, families and carers of SYB.

A schematic of our governance and accountability relationships is provided in **Annex 2**. A summary of the purpose of the Alliance Board, the Alliance Delivery Group, the Alliance Advisory Network and the Alliance Provider Hub, are below. The related Terms of References will be detailed in supplementary documents.

4.1 Alliance Board (Committee in Common)

Consisting of the five Trust Chief Executive Officers and Chairs, this Board provides the Alliance's formal leadership, strategic direction, oversight of business and serves as a forum to make decisions together in line with the shared vision, mission and principles.

In this first phase (**The Development Phase**) of the Alliance, the Alliance Board will function as a collaborative forum.

In the second phase (**The Shadow Phase**) the scope of shared accountability will be defined and transitioned to the Board and it will function as a Shadow Committee in Common.

In the final phase (**The Operational Phase**) the Alliance Board has delegated authority and is accountable for delivery of population health and wellbeing outcomes for the services in scope and will be functioning as a Committee in Common.

4.2 Alliance Delivery Group

A group which brings together clinical, operational & programme management expertise from the different Partners to develop and enable delivery of the Alliance's priorities, strategy and plan.

4.3 Alliance Advisory Network

A network to advance sharing of best practice, learning and innovation, and partnership culture across the Alliance to influence the planning and delivery of services across SYB. This can include leveraging current clinical advisory forums and harnessing placed based and patient forums including Healthwatch.

4.4 Alliance Provider Hub

A shared/Alliance hosted set of resources & capabilities to enable delivery which can include expertise on commissioning, case management, contracting, business intelligence, finance, quality and safety assurance, communication, and project

management. These resources will be flexed across the system based on priorities and needs. Developing this hub and the arrangements of hosting these shared resources will be a key part of the remit of the Alliance Board within the Development Phase of the Alliance.

For the purpose of this MoU it is agreed that <<TBC>> will be the host organisation for the Alliance.

5 FINANCIAL FRAMEWORK

The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability. Establishing the financial governance, risk sharing, oversight and leadership will be undertaken as a core part of the **Development Phase** of forming the Alliance once the Partners have agreed to this MoU and the commitment to move forward as a SYB MHLDA Alliance.

6 DECISION-MAKING AND RESOLVING DISAGREEMENTS

The approach to making Alliance decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Principles. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

6.1 Collective Decisions

Decisions made by the Alliance will impact Place and System level services and outcomes in SYB. Accordingly, there will be three levels of decision making:

- Decisions made by individual organisations - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- Decisions delegated to collaborative forums - some partners have delegated specific decisions to a collaborative forum, for example other Alliances, Collaboratives and Partnerships. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Committees and not this Memorandum.
- Whole Alliance decisions - the Partners will make decisions on a range of matters in the Alliance which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum. Collaborative decisions on Alliance matters will be considered by the Alliance Board. The Alliance Board has no formal powers delegated by any Partner. However, it will increasingly take on more

responsibility for co-ordinating decisions related to the aims and plans as set out by the Alliance.

As part of the Development Phase, the Partners will evolve the model of collective decision making ensuring there is a streamlined and coordinated process for decision making and accountability between the Alliance Board and the individual Partner Trust Boards.

6.2 Dispute Resolution

Partners will attempt to resolve in good faith any dispute between them in respect of Alliance Board (or other Partnership-related) decisions, in line with the Principles, Values and Objectives set out in this Memorandum.

As decisions made by the Alliance do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Objectives and come to a mutual agreement.

The dispute resolution process will evolve based on the governance and accountability framework put in place by the Alliance during the Development Phase. For the basis of this Memorandum, the key stages of the dispute resolution process are,

- i. The Alliance Board will seek to resolve the dispute to the mutual satisfaction of each of the affected parties and by applying the Principles and Values of this Memorandum, taking account of the Objectives of the Alliance
- ii. If the parties do not accept the Alliance Board decision, or the Board cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by the Board. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum
- iii. In the unlikely event that the independent facilitator cannot help resolve the dispute, the Alliance Board will propose the majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision. During the Development Phase each partner can choose to agree with the Alliance Board decision

As the Alliance matures and has responsibilities and accountability for services devolved to the Alliance Board, the dispute resolution process will be reviewed and updated.

7 VARIATIONS

This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

8 ADDITIONAL PARTNERS

If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Alliance. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

9 CHARGES AND LIABILITIES

Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

By separate agreement, the Partners may agree to share specific costs and expenses (or equivalent) arising in respect of the Alliance between them in accordance with a "Contributions Schedule" to be developed by the Alliance and approved by the Alliance Board.

Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

10 INFORMATION SHARING

The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions based on what is in the best interest for the service users in SYB.

11 CONFIDENTIAL INFORMATION

Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner.

Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose.

No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Alliance or to inform any competitive bid without the express written permission of the disclosing Partner.

To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

The Partners agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

12 SIGNATURES

This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.

The expression "counterpart" shall include any executed copy of this Memorandum scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.

<i>(Name)</i>	<i>(Title)</i>	<i>(Organisation)</i>	<i>(Signature & date)</i>

ANNEX 1

The plan below outlines the phases of forming an Alliance and the related key functions. This MOU pertains to the development phase of the SYB MHLDA Alliance. Included is a suggested timeline based on national policy recommendations.

	Phase I 'Development / Storming'	Phase II 'Shadow / Forming'	Phase III 'Fully Operational / Norming'
	Jan- March 2021	2021-22	April 2022 and beyond
Key Workstreams	<i>Building trust and cementing effective partnership working in the Alliance</i>	<i>Working together to deliver agreed priorities within existing organisational frameworks</i>	<i>Fully functional Alliance with a foundation to refine the commissioning and provider arms as the model matures & legislation changes</i>
Governance	Establishment of Alliance Board MoU and principles agreed	Delegated authority for the development and transition to new arrangements Review all governance arrangements & prepare transition plan in readiness for April 2022	Alliance Board becomes fully accountable for delivery of population health and wellbeing outcomes
Transformation of Services	Agree scope of Alliance Analysis and opportunity assessment Agree and align system priorities	Design, development, and initial implementation of new & improved service delivery models	Full implementation of new models of care within Alliance
Transferring Commissioning Responsibilities	Define the commissioning capabilities, functions and resources based on agreed priorities and Alliance plan	Work with the ICS to establish strategic commissioner Define approach to specialised commissioning	Transfer of commissioning responsibilities to the Alliance
Population Outcomes and Management	Define Alliance population and segments Agree high level health and wellbeing outcomes	Development of detailed outcomes framework Baseline and measure	Delivery of outcomes linked to incentives Innovate to improve outcomes and reduce per capita £
Commercial Considerations	Financial transparency Baseline budget for in scope services	Develop shadow budget Agree risk, reward (& re-investment) mechanisms Identify need for investment cases	New contractual agreement Delivery funded via 'block' budget
Enablers	Communication & Engagement Strategy, Alliance PMO & Resource, Workforce, Digital, Finance, Leadership Capacity		

ANNEX 2

The schematic below describes the proposed governance arrangements for the Alliance to begin the Development Phase and evolve as required.

