ORDINARY MEETING OF THE COUNCIL

Belle Vue Square Offices, Belle Vue Suite, Skipton
Tuesday, 9 October 2018 at 7.00pm

Members of the Council are summoned to consider the following business

Note: Any Member who wishes to ask a question is asked to give notice by no later than noon on the day before the Council Meeting. This will give those answering questions time to produce a response. Otherwise written answers may be given after the meeting.

AGENDA

1. Apologies for Absence

2. Minutes – To confirm the minutes of the Council meeting held on 7 August 2018.

3. Public Participation – In the event that questions are received, the Chairman will conduct the public participation session for a period of up to fifteen minutes. Where questions are asked, one related supplementary question may be permitted at the Chairman's discretion.

4. Declarations of Interest – All Members are invited to declare at this point any interests they have on items appearing on this agenda, including the nature of those interests and whether they wish to apply the exception below.

(Note: Declarations should be in the form of either:

- a ***"disclosable pecuniary interest"*** under Appendix A to the (new) Code of Conduct, in which case the Member must leave the meeting room; or
- an ***"other interest"*** under Appendix B of the (new) Code. For these interests, the Member may stay in the meeting room, although they must leave if membership of the organisation results in a conflict of interest.

(Exception: Where a member of the public has a right to speak at a meeting, a Member who has a disclosable pecuniary interest or an other interest and must leave the room, has the same rights and may make representations, answer questions or give evidence, but at the conclusion of that, must then leave the room and not take part in the discussion or vote.)

5. **Presentation** – Danielle Daglan, Programming Venue Development Manager to provide a presentation about the Heritage Lottery Fund (HLF) funded project at Skipton Town Hall.

6. **Chairman's Announcements** – A list of engagements attended by the Chairman is attached.

7. **Recommendations for Confirmation** – Minutes containing recommendations for debate and confirmation by Council arising from meetings of Committees.

8. **West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding –** To receive and consider a report from the Chief Executive requesting that the Council delegates to the Chief Executive the authority to sign a Memorandum of Understanding (MOU) regarding the arrangements for joint working, as part of the West Yorkshire and Harrogate Health and Care Partnership (WY&HP).

9. **Statement from the Leader of the Council** – The Leader of the Council will deliver his statement. When the Statement has been made, Members will be invited to ask questions of the Leader.

10. **Statements from Lead Members and Chairmen of Committees** (as appropriate)

a. Lead Members

b. Chairman of Select Committee – The Chairman of Select Committee to report on the Committee's work, and answer any questions from Members.

c. Chairmen of Other Committees – This is an opportunity for Members of the Council to ask questions of the Chairmen of the Committees listed below on any current issues, or for those Chairmen to make a statement:

i. Audit and Governance Committee
ii Licensing Committee
iii. Planning Committee
iv. Standards Committee

11. **General Question / Statement Time** – This is an opportunity for Members to raise awareness of issues that may be affecting their Ward, and are of general interest or importance, by making a statement or asking a question.

*(Note: Council Procedure Rule 11.4 covers the conduct of this item. A Member must give **advance notice by noon on the day before the meeting** to the Democratic Services Unit of any issue to be raised. The time limit for dealing with matters under this Rule is up to 15 minutes in total, with no individual item taking more than 5 minutes. Timings may be varied at the Chairman's discretion.)*

Agenda Contact Officer:

Guy Close, Democratic Services Manager
Tel: (01756) 706226
E-mail: gclose@cravendc.gov.uk

Recording at Council Meetings: Recording is allowed at Council, Committee and Sub-Committee meetings which are open to the public, subject to

(i) the recording being conducted with the full knowledge of the Chairman of the meeting; and

(ii) compliance with the Council's protocol on audio/visual recording and photography at meetings, a copy of which is available on request. Anyone wishing to record must contact the agenda contact officer (details above) prior to the start of the meeting. Any recording must be conducted openly and not disrupt proceedings.

Emergency Evacuation Procedure

In case of an emergency, or if the alarm sounds, leave the meeting room and exit the building using the main doors onto the Square. If those doors are not available, please use the nearest available door.

The assembly point is in Belle Vue Square at the front of the building, nearest the main road. An officer will take a roll call once everyone is out of the building.

Please do not leave a meeting without telling the Chairman or a representative of Legal and Democratic Services.

COUNCIL MEETING

7 August 2018

Present – The Chair (Councillor Hull) and Councillors Barrett, Baxandall, Brown, Dawson, Foster, Harbron, Heseltine, Ireton, Jaquin, Lis, Madeley, Mason, Moorby, Morell, Pighills, Place, Rose, Shuttleworth, Solloway , Staveley, Sutcliffe, Thompson, Welch and Whitaker.

Officers – Chief Executive, Solicitor to the Council and Monitoring Officer, Director of Services and Democratic Services Manager.

Apologies – Councillors Brockbank, Mercer, Mulligan and Myers.

Start: 7.00pm Finish: 8.10pm

CL.1057 **MALCOLM RILEY**

The Chair opened the meeting by asking Members to join her in observing a minute's silence in memory of former Councillor Malcolm Riley, who recently passed away.

CL.1058 **DECLARATIONS OF INTEREST**

There were no declarations of interest at this point, however a declaration was made at a later point in the meeting in relation to 'Recommendations for Confirmation' $POL.931 'Purchase of 6 Apartments for First Time Buyers' (Minute CL.1062 refers)

CL.1059 **MINUTES**

Resolved – That the Minutes of the Annual Council Meeting held on 22 May 2018 are confirmed as a correct record and signed by the Chair.

CL.1060 **PUBLIC PARTICIPATION**

There were no questions received from members of the public.

CL.1061 **CHAIR'S ANNOUNCEMENTS**

It was noted that a list of engagements attended by the Chair was included within the agenda pack.

The Chair reported that the list of engagements included attendance at a memorial service for Her Majesty's Lord Lieutenant of North Yorkshire, Barry Dodd, who sadly died in a helicopter accident on 30 May 2018.

CL.1062 **RECOMMENDATIONS FOR CONFIRMATION**

Recommendations of Policy Committee held on 19 June and 24 July 2018 were submitted.

The Leader of the Council advised that in relation to Minute POL.930 'The Council's Participation in the North Yorkshire Asylum Dispersal Scheme Proposal' the Home Office had revisited the terms of the contract and that the conditions in the original report to

Policy Committee were now subject to change. As a result, Minute POL. 930 had been withdrawn.

Note: For each minute, the motion was proposed and seconded "That the recommendations in the Minute are confirmed".

- POL.927 – Capital Programme Outturn 2017/18

Resolved –That the recommendations at Minute POL. 927 are confirmed.

- POL.928 – Digitisation and Archiving Project

Resolved –That the recommendations at Minute POL. 928 are confirmed.

- POL.929 – Ings Beck and Gallow Syke (Skipton) Water Management Project

Resolved –That the recommendations at Minute POL. 929 are confirmed.

- $POL.931 – Purchase of 6 Apartments for First Time Buyers

Resolved –That the recommendations at Minute $POL. 931 are confirmed.

(Councillor Heseltine declared an interest in Minute $POL.931 under Appendix B of the Council's Code of Conduct and did not participate in the debate or vote)

- POL.937 – Final Outturn Revenue Budget Monitoring Report Quarter 4 2017/18

Resolved –That the recommendations at Minute POL. 937 are confirmed.

CL.1063 **MOTIONS ON NOTICE**

In accordance with Council Procedure Rule 12.1, the Council was asked to consider a motion on notice, which had been moved by Councillor Welch and seconded by Councillor Dawson, as follows:

"That this Council investigates how other Councils, including Burnley and Peterborough, have introduced and enforced a local by-law whereby anyone stopped who is walking a dog and is not carrying a dog-waste bag is liable for fine / prosecution. In addition, that a report be brought back to Policy Committee to enable further debate of this matter."

Resolved –That a report be brought back to Policy Committee to enable further debate of this matter.

CL.1064 **ANNUAL REVIEW OF THE CONSTITUTION**

The Solicitor to the Council and Monitoring Officer submitted a report which requested Members to formally adopt amendments to the Craven District Council Constitution 2018/19.

Members were asked to consider an amendment to recommendation (b) to include 'that this training is to be made available to all Council Members to attend.'

Resolved –

(a) That the amendments to the Craven District Council Constitution 2018/19, as summarised in the report, be approved.
(b) That the introduction of mandatory training for all Members and substitute Members of the Council's Planning and Licensing Committees, be approved, and that this training is made available to all Council Members to attend.
(c) That the Solicitor to the Council and Monitoring Officer be authorised to make the amendments to the Constitution and to publish the Craven District Council Constitution 2018/19.

CL.1065 **DELEGATION OF POWERS TO THE STRATEGIC MANAGER FOR PLANNING AND REGENERATION IN RESPECT OF THE LOCAL PLAN**

The Legal Services Manager submitted a report which asked Members to consider the delegation of powers to the Strategic Manager for Planning and Regeneration, in connection with the Independent Examination of the Craven Local Plan.

Members were asked to consider an amendment to recommendation (b) 'to agree 'main' modifications …' not 'major' modifications.

Resolved –

(a) That delegated authority be provided to the Strategic Manager for Planning and Regeneration to make minor amendments to the Craven Local Plan, Submission Policies Map and any associated and supporting documents.
(b) That delegated authority be provided to the Strategic Manager for Planning and Regeneration to agree main modifications for publication and further consultation as may be necessary through the Independent Examination process.
(c) That the Strategic Manager for Planning and Regeneration be requested to provide specific written authorisation to the Inspector on behalf of the Council (in advance of the hearing sessions for the Independent Examination Process) under section 20(7C) of the Planning and Compulsory Purchase Act 2004, so as to enable the Inspector to recommend to the Council such modifications as in his opinion are considered necessary to ensure that the plan is sound and satisfies the requirements of section 20(5)(a) of the Planning and Compulsory Purchase Act 2004.

CL.1066 **STATEMENT BY THE LEADER OF THE COUNCIL**

The Leader of the Council made the following key points:

- Congratulations to Settle for been named as one of the best countryside locations to live in the United Kingdom.
- Confirmation that a potential business rate pool application was due to be considered.
- That a further meeting was taking place next week to discuss Yorkshire devolution.

CL.1067 STATEMENTS FROM LEAD MEMBERS AND CHAIRMEN OF COMMITTEES

Councillor Staveley, Chairman of Select Committee, reported that the issue of rural crime was discussed at the July meeting of Crime and Disorder Committee. Inspector Crossman-Smith had attended the meeting to respond to Members' questions and comments.

Councillor Ireton, Chairman of Standards Committee, advised that a Standards Hearing was held on 12 July to consider an allegation that Councillor Sutcliffe had breached the Council's Code of Conduct for Members. It was advised that the Standards Hearing concluded that Councillor Sutcliffe had breached the Code of Conduct regarding his decision to 'uninvite' the Highways Authority to the Planning Committee on 4 June 2017. In addition, that Councillor Sutcliffe had breached the 'Nolan Principles' of openness and accountability in omitting to clarify the reasons why the officer of the Highways Authority was not present, which left Members and the public with the impression that the officer had declined to attend. Members were advised that Councillor Sutcliffe had since issued an apology at the Planning Committee meeting on 30 July 2018 and the matter was now considered closed.

CL.1068 GENERAL QUESTION / STATEMENT TIME

There were no questions or statements submitted.

Chairman

The Chairman of Craven District Council

(Councillor Wendy Hull)

Civic Engagements

During the period – August/September 2018

AUGUST

- **Saturday 4th –** Photocall at Skipton Town Hall – RBL sending members to France as part of the Great Pilgrimage

- **Thursday 9th –** Assumption of Authority Ceremony, Menwith Hill
  Ms Miriam Garrant relinquished authority to Ms Sally Holcomb

- **Tuesday 21st –** Visit to Craven by the High Sheriff of North Yorkshire

SEPTEMBER

- **Sunday 9th –** Battle of Britain Parade and Memorial Service – Laid a wreath at the Skipton High Street Cenotaph followed by the Memorial Service at the Holy Trinity Church, Skipton.

AGENDA ITEM 7

COUNCIL MEETING

9 October 2018

Recommendations for Confirmation

Report of the Democratic Services Manager

Ward(s) affected: Not applicable

1. **Purpose of Report** – To present recommendations of Committees which require confirmation by Council.

2. **Recommendation** – To approve recommendations within the minutes reproduced in the appendices to this report.

3. **Report**

3.1 In the current cycle of meetings the following Committees have made recommendations which require confirmation by Council. Those recommendations are contained in the following minutes, the full text of which is set out within the appendices to this report.

Policy Committee

The Chairman of Policy Committee will present recommendations in respect of the following minutes:

11 September 2018

POL.941	Capital Programme Monitoring Report – Quarter 1 2018/19
POL.942	Application to the Department for Communities and Local Government for a North Yorkshire 75% Business Rates Retention Pilot in 2019/20
POL.943	Review of the Boundaries of Local Enterprise Partnerships covering Craven

Standards Committee

19 September 2018

The Minute in relation to the dispensation scheme considered at the Standards Committee meeting on 19 September 2018 has not been finalised and will be presented to the December Council meeting for confirmation.

3.2 Members requiring a copy of any of the reports associated with the above minutes are asked to contact the Democratic Services Team.

4. **Author of the Report –** Guy Close, Democratic Services Manager, Telephone (01756) 706226, E-mail: gclose@cravendc.gov.uk.

5. **Appendices**

Appendix A	POL.941	Capital Programme Monitoring Report – Quarter 1 2018/19
Appendix B	POL.942	Application to the Department for Communities and Local Government for a North Yorkshire 75% Business Rates Retention Pilot in 2019/20
Appendix C	POL.943	Review of the Boundaries of Local Enterprise Partnerships covering Craven

Appendix A

POL.941 **CAPITAL PROGRAMME MONITORING REPORT – QUARTER 1 2018/2019**

The Chief Finance Officer submitted a report informing Members of the Council's capital programme position, based on the quarter 1 review of income and expenditure to the end of June 2018.

The 2018/19 revised capital programme of £9,954k included £4,704k of slippage from 2017/18 previously approved projects.

At 30th June expenditure on the programme was £711k and the report summarised the programme and provided an update on the status of various projects. The forecasted outturn for 2018/19 was £8,955k.

Members were asked to authorise a supplementary estimate for the cremator project due to the inability to reclaim the VAT element of the project.

RECOMMENDED –

(1) That, the capital budget position of the 2018/19 capital programme as at 30th June 2018 is noted.
(2) That, a supplementary estimate of £82k for the cremator replacement project, to fund the irrecoverable VAT element to be funded from the partial exemption reserve is approved.
(3) That, the 2018/2019 capital programme and the proposed funding, including the supplementary estimates for new projects in quarter one is noted.

Appendix B

POL.942 **APPLICATION TO THE DEPARTMENT FOR COMMUNITIES AND LOCAL GOVERNMENT FOR A NORTH YORKSHIRE 75% BUSINESS RATES RETENTION PILOT IN 2019/20**

The Chief Finance Officer submitted a report seeking Members' approval for Craven District Council to be part of an application to the Ministry of Housing, Communities and Local Government (MHCLG) for a North Yorkshire 75% Business Rates Retention Pilot in 2018/19.

Following an unsuccessful bid for a pilot in 2018/19 the North Yorkshire chief finance officers had decided to consider applying to be a Business Rates Pilot in 2019/20 should research show it was beneficial to do so. The pilot would be for one year only.

75% pilots would retain all locally collected business rates and as a minimum would forego revenue support grant and the rural services delivery grant. The pilots would be fiscally neutral at baseline, but authorities would gain from retaining 75% of any above base-line growth – Craven currently retained 50%.

It was important that the Government were made aware of the complications for the North Yorkshire Pool as a whole because of rating changes to certain businesses causing issues for one authority making it so far below its safety net.

RECOMMENDED – That, Craven District Council as a member of the North Yorkshire Business Rates Pool is part of a submission to the Ministry of Housing, Communities and Local Government to become a 75% Business Rates Pilot in 2019/20 and that delegated authority is given to the Chief Finance Officer (Section 151 Officer) to put Craven in the most beneficial scheme.

Appendix C

POL.943 **REVIEW OF THE BOUNDARIES OF LOCAL ENTERPRISE PARTNERSHIPS COVERING CRAVEN**

The Strategic Manager for Planning and Regeneration submitted a report informing Members about the current situation regarding the review of the boundaries of the Local Enterprise Partnerships (LEPs) that covered Craven.

Craven was currently covered by two LEPs (York, North Yorkshire and East Riding LEP and the Leeds City Region LEP) and had gained significantly from the scale of capacity of the Leeds City Region LEP which had provided superfast broadband, business start-up support and business grants. The York, North Yorkshire and East Riding LEP was much more focussed on the needs and opportunities for market towns and had funded the development of Skipton. It was clear from the Government's paper "Strengthened Local Enterprise Partnerships, July 2018' they would no longer allow the current arrangements to continue and that each local authority could only be in one LEP.

It was understood that the Government wanted the Humber LEP to continue so the East Riding of Yorkshire would have to leave the York, North Yorkshire and East Riding LEP. Also, because it was not possible for North Yorkshire County Council to be in two LEPs, Craven could not leave the York, North Yorkshire and East Riding LEP and join the Leeds City Region LEP.

Therefore, the two options for Craven were either being part of a reduced York and North Yorkshire area or a merged North and West Yorkshire area. The consensus was that a merger between the North and West Yorkshire areas provided the best opportunity to positively meet the requirements of the Government whilst creating a strong LEP that could deliver Craven's growth aspirations. The decision which LEP local authorities would join was ultimately the responsibility of the two LEPs who acted independently with the majority of each board coming from the private sector.

RECOMMENDED –

(1) That the preferred option to create a North and West Yorkshire Local Enterprise Partnership is endorsed.
(2) That, authority is given to the Chief Executive in consultation with the Leader of the Council to negotiate and agree the option to merge the York, North Yorkshire and East Riding LEP and the Leeds City Region LEP.

Version No	AGENDA ITEM 8

Council Meeting – 9 October 2018

West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding

Report of the Chief Executive

Lead Member – Councillor Richard Foster

Ward(s) affected: All

1 **Purpose of Report** – To request the Council to delegate to the Chief Executive the authority to sign a Memorandum of Understanding (MOU) regarding the arrangements for joint working, as part of the West Yorkshire and Harrogate Health and Care Partnership (WY&HP).

2 **Recommendations** – Members are recommended to authorise the Chief Executive to agree the terms and sign a Memorandum of Understanding setting out the arrangements for joint working with the West Yorkshire and Harrogate Health and Care Partnership on behalf of the Council.

3 **Background**

Sustainability and Transformation Partnerships (STPs) were formed in 2016, in response to the NHS Five Year Forward View. STPs are partnerships aimed at enabling agencies to work together in a systematic way, to identify priorities and then plan and deliver health and care services.

3.1 West Yorkshire and Harrogate Health and Care Partnership (WY&HP) began as one of the 44 STPs across the country. It brings together all health and care organisations across six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield. The Partnership covers 2.6 million people. The Partnership is not a new organisation, but a new way for NHS services to come together with local authorities, charities and community groups to agree how to improve people's health and improve the quality of their health and care services.

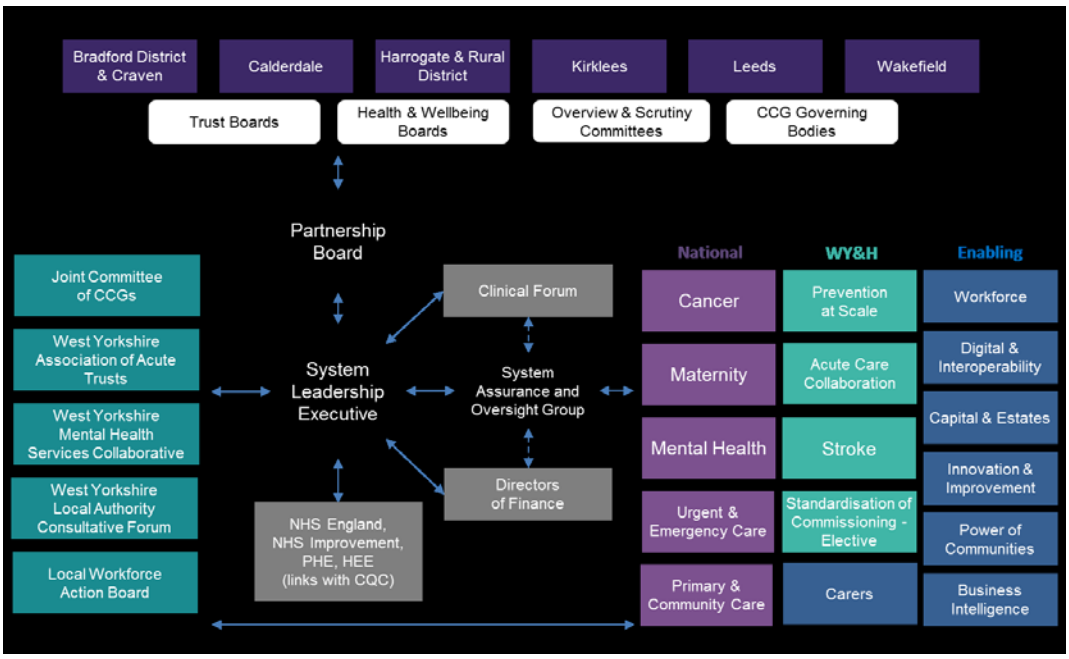
3.2 The proposed Memorandum of Understanding (MOU) (at appendix 1), sets out how partners will work together; partnership governance; mutual accountability framework; decision-making and resolving disagreements as well as a financial framework.

4 Memorandum of Understanding

4.1 The purpose of this MOU is to formalise how partners will work together and build on local ways of working in the places within the WY&HP geography;to strengthen current joint working arrangements and to support the next stage of development of the partnership. The MOU is intended to build on existing collaborative work to establish more robust accountability and to break down barriers between the separate organisations.

The MOU states on page 7 at bullet 2.5 that '*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'*.

A Schematic of Governance and Accountability Arrangements as set out in this MOU are illustrated below.



4.2 This diagram shows the approach to collaboration. It highlights that in the partnership there are six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). The NHS and the Councils within the Partnership have broadly similar definitions of place. Craven District Council is aligned with Bradford for NHS purposes, but as members know, is a distinct local government entity in its own right within North Yorkshire.

4.3 In each place there are arrangements already in place for partners to work together to agree how to improve people's health and improve the quality of their health and care services. The local place based partnerships are focused on primary, community and social care working together on 30-50,000 populations, as well as considering the wider determinants of health and wellbeing such as neighbourhood services and housing.

4.4 Craven engages actively with the health structures at all levels. The Leader, Councillor Richard Foster sits on the North Yorkshire Health and Wellbeing Board; the Chief Executive engages with the STP itself and sits on the Bradford and Craven Health and Care Partnership and the Communications, Partnerships and Customer Services Manager sits on the Craven Together Stakeholder group, dealing with the Craven geography. Councillor Brockbank now has a seat on the Morecambe Bay CCG local structure and Councillor Morrell has been actively engaged in the loneliness pilot in Sutton.

4.5 The WY&HP seeks to build on place based approaches and strengthen them. The place-based partnerships, are overseen by Health and Wellbeing Boards. However, partners have recognised that there are also clear benefits in working together across a wider footprint. WY&HP has identified the following partnership objectives and enablers - prevention at scale; acute care collaboration; stroke; standardisation of commissioning – elective care; carers; workforce; digital and inter-operability; capital and estates; innovation and improvement; power of communities and business intelligence.

4.6 The WY&HP aims to ensure all proposals, both as Partner organisations and at a Partnership level should be supportive of the delivery of the 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.

4.7 The WY&HP outlines shared values and behaviours (p11) that partners will be committed to demonstrating, as well as outlining the roles and responsibilities that each partner will undertake.

5. MOU and Local Government

5.1 The WY&HP includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards.

5.2 The Metropolitan Councils, Harrogate Borough Council and Craven District Council are the strategic housing authorities, providing statutory services around the prevention of homelessness, housing and affordable housing provision, and also deliver many other prevention and rehabilitation services. These include leisure providing weight management and exercise on prescription along with swimming sessions and exercise provision. Open spaces and the cultural and sports development services services provided by Craven, including Aireville Park and events are well recognised in their positive impact on mental health; the museum and town hall have worked with Pioneer Projects on dementia related schemes and the Council is actively dementia friendly and contributing to the development of dementia friendly communities across the district; environmental health provides the housing standards role, food inspections and pollution control, all with clear links to prevention of ill health and of course economic development promotes the area in terms of attracting employers and better paid employment to the area. The crucial role of the districts in the field of prevention is slowly being recognised in the health system.

5.3 Both the District and County Councils work with the NHS to plan, commission and deliver services to improve health and wellbeing. The Councils are also responsible for exercising their formal powers to scrutinise NHS policy decisions. This remains unchanged by this MOU.

5.4 Through the WY&H Partnership and this MOU, the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.

5.5 Through this MOU Councils will be subject to the mutual accountability arrangements for the Partnership on page 17-18 Section 5. However due to separate regulatory arrangements to those of the NHS other aspects of the MOU will not apply. An example of this is Local Government not being subject to the single NHS financial control total.

5.6 The MOU is very clear that 'Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the Partners' statutory and other obligations. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the 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' (p8)

5.7 The role of the Health and Wellbeing Board is not changed as a result of this MOU and indeed the MOU does not have any direct impact on partner agencies and each will retain their full statutory powers.

6 Implications

6.1 Financial and Value for Money (vfm) Implications –

There are no financial implications for Craven DC as a result of being a signatory to this MOU. The MOU states:

'Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the Partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils will not be subject to the single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so'.

6.2 Legal Implications

There are no legal implications for Craven DC as a signatory to the Memorandum of Understanding (see page 7, section 2.6)..

6.3 In relation to decision making, the MOU at page 21 is clear that the Memorandum of Understanding does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.

7 Contribution to Council Priorities –

8 Risk Management – *No risks identified*

9 Equality Analysis – *Appendix B*

10 Consultations with Others –
Resillient Communities
Health and Wellbeing

Author of the Report – *Paul Shevlin; telephone 01756 706201*

e-mail: pshevlin@cravendc.gov.uk

Note : Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

11 Appendices –
Appendix A – Memorandum of Understanding
Appendix B – Equalities Impact Analysis

West Yorkshire and Harrogate
Health and Care Partnership

Memorandum of Understanding

August 2018

Appendix A

Contents

Appendix A

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 collaborative work 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 people with a learning disability, and for cancer diagnostics, diabetes and 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 Memorandum 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. Parties to the Memorandum

1.1. The members of the West Yorkshire and Harrogate Health and Care Partnership (the **Partnership**) , and parties to this Memorandum, 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[1]
- 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 CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG
- NHS England

NHS Service 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
- The Mid Yorkshire Hospitals NHS Trust

- South West Yorkshire Partnership NHS Foundation Trust[1]
- Tees, Esk, and Wear Valleys NHS Foundation Trust[1]
- Yorkshire Ambulance Service NHS Trust[1]

Heath Regulator and Oversight Bodies

- NHS England
- NHS Improvement

Other National Bodies

- Health Education England
- Public Health England
- Care Quality Commission [TBC]

Other Partners

- Locala Community Partnerships CIC
- Healthwatch Bradford and District
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network[1.]

1.2. As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

Definitions and Interpretation

1.4. This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

Term

1.5. This Memorandum shall commence on the date of signature of the Partners, and shall continue for an initial period of three (3) years and thereafter subject to an annual review of the arrangements by the [Partnership Board].

[1] These organisations are also part of neighbouring STPs.

Local Government role within the partnership

1.6. The West Yorkshire and Harrogate Health and Care Partnership includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils, Harrogate Borough Council and Craven District Council lead on housing. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.7. Within the WY&H partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.

1.8. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Partners in Local Places

1.9. The NHS and the Councils within the partnership have broadly similar definitions of place. (The rural Craven district is aligned with Bradford for NHS purposes, but is seen as a distinct local government entity in its own right within North Yorkshire.)

1.10. All of the Councils, CCGs, Healthcare Providers and Healthwatch organisations are part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision-making. Other key members of these partnerships include:

- GP Federations
- Specialist community service providers
- Voluntary and community sector organisations and groups
- Housing associations.
- other primary care providers such as community pharmacy, dentists, optometrist
- independent health and care providers including care homes

2. Introduction and context

2.1. This Memorandum of Understanding (Memorandum) is an understanding 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.

2.2. West Yorkshire and Harrogate Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, 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[2], Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

2.3. 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.

2.4. 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

2.5. The purpose of this Memorandum 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.

2.6. The Memorandum is not a legal contract and 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. 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.

2.7. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the

[2] Whilst Craven is organisationally aligned with the NHS in Bradford, it is a distinctive place in its own right, forming part of North Yorkshire.

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.

2.8. The Memorandum should be read in conjunction with the Partnership Plan, published in November 2016, the Next Steps (February 2018) and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

2.9. 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.

2.10. 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.

2.11. 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.

2.12. 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' (ie, complex, intractable problems).

2.13. The arrangements described in this Memorandum 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.

Promoting Integration and Collaboration

2.14. 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 patients and service users to do so.

2.15. 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. Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly.

2.16. The Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

3. How we work together in West Yorkshire and Harrogate

Our vision

3.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as Partner organisations and at a Partnership level should be supportive of 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 and stroke
- 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.

Overarching leadership principles for our partnership

3.2. 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 so 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.
- 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

Our shared values and behaviours

3.3. 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 honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Partnership objectives

3.4. Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: https://wyhpartnership.co.uk/meetings-and-publications/publications). This Memorandum 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 February 2018.

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

i. To make fast and tangible progress in:
   - enhancing urgent and emergency care,
   - strengthening general practice and community services,
   - improving mental health services,
   - improving cancer care,
   - prevention at scale of ill-health,
   - collaboration between acute service providers,
   - improving 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,
- 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 framework 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 health and care services;

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

Delivery improvement

3.6. 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 confirm:

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

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

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

4. Partnership Governance

4.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.

4.2. The Partnership provides a mechanism for collaborative action and common decision-making for those issues which are best tackled on a wider scale.

4.3. A schematic of our governance and accountability relationships is provided at **Annex 2** and terms of reference of the Partnership Board, System Leadership Executive and System Oversight and Assurance Group are provided at **Annex 3**.

Partnership Board

4.4. A Partnership Board will be established to provide the formal leadership for the Partnership. The Partnership Board will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters highlighted in section 7 of this Memorandum, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.5. The Partnership Board is to be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations. The Partnership Board will have an independent chair and will meet at least four times each year in public.

4.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

System Leadership Executive

4.7. The System Leadership Executive (SLE) Group includes each statutory organisation and representation from other Partner organisations. The group is responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.

4.8. Each organisation will be represented by its chief executive or accountable officer. Members of the SLE will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members of the SLE will be expected to recommend that their organisations support agreements and decisions made by SLE (always subject to each Partner's compliance with internal governance and approval procedures).

System Oversight and Assurance Group

4.9. A new system oversight and assurance group (SOAG) will be established in 2018/19 to provide a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It will:

- be chaired by the Partnership Lead;
- include representation covering each sector / type of organisation;
- regularly review a dashboard of key performance and transformation metrics; and
- receive updates from WY&H programme boards.

4.10. The SOAG will be supported by the partnership core team.

West Yorkshire and Harrogate programme governance

4.11. Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate priority and enabling programmes (the **Programmes**). Each programme has a Senior Responsible Owner, typically a Chief Executive, accountable officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each relevant service sector.

4.12. Programmes will provide regular updates to the System Leadership Executive and System Oversight and Assurance Group. These updates will be published on the partnership website.

Other governance arrangements between Partners

4.13. The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (eg commissioners, acute providers, mental health providers, Councils) that support the way it works. These are described in paragraphs 4.14 to 4.29 below.

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

4.14. The nine CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six Places that make up our Partnership.

4.15. The CCGs have 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.

4.16. 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 expressly delegated to it by the CCGs.

West Yorkshire Association of Acute Trusts Committee in Common

4.17. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the West Yorkshire Association of Acute Trusts (WYAAT). WYAAT 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.

4.18. WYAAT is governed by a memorandum of understanding which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The memorandum of understanding 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 decisions in a common forum. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually in accordance with their own internal procedures.

West Yorkshire Mental Health Services Collaborative

4.19. The four trusts providing mental health services in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust) have come together to form the West Yorkshire Mental Health Services Collaborative (WYMHSC). The trusts will work together to share best practice and develop standard operating models and pathways to achieve better outcomes for people in West Yorkshire and ensure sustainable services into the future.

4.20. The WYMHSC is underpinned by a memorandum of understanding and shared governance in the form of 'committees in common'.

4.21. Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health services to the Harrogate area.

Local council leadership

4.22. Relationships between local councils and NHS organisations are well established in each of the six places and continue to be strengthened. Complementary arrangements for the whole of West Yorkshire and Harrogate 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
- North Yorkshire and York Leaders and Chief Executives

Clinical Forum

4.23. 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.

4.24. The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.

4.25. The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.

4.26. The Clinical Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Local Place Based Partnerships

4.27. Local partnerships arrangements for the Places 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 own Place Plan.

4.28. 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.

4.29. 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.

5. Mutual accountability framework

5.1. A single consistent approach for assurance and accountability between Partners on West Yorkshire and Harrogate system wide matters will be applied through the governance structures and processes outlined in Paragraphs 4.1 to 4.12 above.

Current statutoryrequirements

5.2. 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 health inequalities; 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.

5.3. NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

A new model of mutual accountability

5.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health. The partners will:

- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
- work through our formal collaborative groups for decision making, engaging people and communities across WY&H; and
- identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.

5.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

5.6. Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.

5.7. System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:

- Monitoring performance against key standards and plans in each place;
- Ongoing dialogue on delivery and progress;
- Identifying the need for support through a clinically and publically-led process of peer review;
- Agreeing the need for more formal action or intervention on behalf of the partnership; and
- Application of regulatory powers or functions.

5.8. The Programmes will, where appropriate, take on increasing responsibility for managing this process. The extent of this responsibility will be agreed between each Programme and the SLE.

5.9. A number of Partners have their own improvement capacity and expertise. Subject to the agreement of the relevant Partners this resource will be managed by the Partner in a co-ordinated approach for the benefit of the overall Partnership, and used together with the improvement expertise provided by national bodies and programmes.

Taking action

5.10. The SOAG will prioritise the deployment of improvement support across the Partnership, and agree recommendations for more formal action and interventions. Actions allocated to the SOAG are to make recommendations on:

- agreement of improvement or recovery plans;
- more detailed peer-review of specific plans;
- commissioning expert external review;
- the appointment of a turnaround Director / team; and
- restrictions on access to discretionary funding and financial incentives.

5.11. For Places where financial performance is not consistent with plan, the Partnership Directors of Finance Group will make recommendations to the SOAG on a range of interventions, including any requirement for:

- financial recovery plans;
- more detailed peer-review of financial recovery plans;
- external review of financial governance and financial management;
- organisational improvement plans;
- the appointment of a turnaround Director / team;

- enhanced controls around deployment of transformation funding held at place; and
- reduced priority for place-based capital bids.

The role of Places in accountability

5.12. This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

5.13. Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

5.14. In each Place the statutory bodies come together in local health and care partnerships to agree and implement plans across the Place to:

- Integrate mental health, physical health and care services around the individual
- Manage population health
- Develop increasingly integrated approaches to joint planning and budgeting

Implementation of agreed strategic actions

5.15. Mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places require support from the wider Partnership to ensure the effective management of financial and delivery risk.

National NHS Bodies oversight and escalation

5.16. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in West Yorkshire and Harrogate in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the SLE and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

6. Decision-Making and Resolving Disagreements

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

Collective Decisions

6.2. 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 the CCGs have delegated certain commissioning decisions to the Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Joint Committee and not this Memorandum. There are also a specific dispute resolution mechanisms for WYATT and the WYMHC.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in Paragraphs 6.3 below.

6.3. Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the WY&H system and will look to reach recommendations and any decisions on a Best for WY&H basis. The terms of reference for the Partnership Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The Partnership Board will initially have responsibility for decisions relating to:

- The objectives of priority HCP work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed

6.4. SLE will make recommendations to the Partnership Board on these matters. Where appropriate, the Partnership Board will make decisions of the Partners by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may

be referred to the dispute resolution procedure under Paragraph 6.6 below by any of the affected Partners for resolution.

6.5. In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the SLE meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

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

6.7. Where necessary, Place or sector-based arrangements (the Joint Committee of CCGs, WYAAT, and WYMHSC as appropriate) will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

6.8. The Partnership will apply a dispute resolution framework to resolve any issues which cannot otherwise be agreed through these arrangements.

6.9. As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.

6.10. The key stages of the dispute resolution process are

i. The SOAG will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If SOAG cannot resolve the dispute within 30 days, the dispute should be referred to SLE.

ii. SLE will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. SLE will advise the Partners of its decision in writing.

iii. If the parties do not accept the SLE decision, or SLE cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by SLE. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.

iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the Partnership Board. The Partnership Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

7. Financial Framework

7.1. All NHS body Partners, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.

7.2. A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:

- aim to live within our means, i.e. the resources that we have available to provide services;
- develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
- develop payment and risk share models that support a system response rather than work against it.

7.3. We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

Living within our means and management of risk

7.4. Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the Place in the event of the emergence of financial risk outside plans. This might include establishing a Place risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.

7.5. Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

NHS Contracting principles

7.6. The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.

Allocation of Transformation Funds

7.7. The Partners intend that any transformation funds made available to the Partnership will all be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.

7.8. The funding provided to Places (based on weighted population) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements of the SLE and SOAG and be subject to on-going monitoring and assurance from the Partnership.

7.9. Funding provided to the Programmes (all of which will also be deployed in Place) will be determined in agreement with Partners through the SLE, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

Allocation of ICS capital

7.10. The Partnership will play an increasingly important role in prioritising capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:

- the capital prioritisation process is fair and transparent;
- there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
- there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
- the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
- access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

Allocation of Provider and Commissioner Incentive Funding

7.11. The approach to managing performance-related incentive funds set by NHS planning guidance and business rules (e.g. the 2018/19 Provider Sustainability Fund and Commissioner Sustainability Fund) is not part of this Memorandum. A common approach to this will be agreed by the Partnership as part of annual financial planning.

8. National and regional support

8.1. To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.

8.2. 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. Variations

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

10. Charges and liabilities

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

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

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

11. Information Sharing

11.1. The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions on a Best for WY&H basis.

11.2. The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

12. Confidential Information

12.1. 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 Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

12.2. 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.

12.3. The Parties 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.

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

13. Additional Partners

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

13.2. 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.

14. Signatures

14.1. 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.

14.2. The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

14.3. No counterpart shall be effective until each Partner has executed at least one counterpart.

[INSERT SIGNATURE PAGES AFTER THIS]

Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.

2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.

3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.

4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.

5. References to any body, organisation or office include reference to its applicable successor from time to time.

Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

ALB	Arm's Length Body A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, eg NHSE, NHSI, HEE, PHE
Aligned Incentive Contract	A contracting and payment method which can be used as an alternative to the Payment by Results system in the NHS
Best for WY&H	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of West Yorkshire and Harrogate
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Committee in Common	
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England

GP	General Practice (or practitioner)
HCP	Health and Care Partnership
Healthcare Providers	The Partners identifiedas Healthcare Providers under Paragraph 1.1
HEE	Health Education England
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local servicesbetter.
HWB	Health and Wellbeing Board
ICP	Integrated Care Partnership The health and care partnerships formedin each of the
ICS	Integrated Care System
JCCCG	Joint Committee of Clinical Commissioning Groups - a formal committee wheretwo or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
Law	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and "Laws" shall be construed accordingly
LWAB	Local Workforce Action Board sub regional group within Health Education England
Memorandum	This Memorandum of Understanding
Neighbourhood	One of c.50 geographical areas 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.
NHS	National Health Service
NHSE	NHS England Formally the NHS Commissioning Board
NHS FT	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS

NHSI	NHS Improvement - The operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions
Objectives	The Objectivesset out in Paragraph 3.5
Partners	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 who shall not be legally in partnership with each other in accordance with Paragraph 2.7.
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
Partnership Board	The senior governance group for the Partnership set up in accordance with Paragraphs 4.4 to 4.6
Partnership Core Team	The team of officers,led by the Partnership Director,which manages and co-ordinates the business and functions of the Partnership
PHE	Public Health England - An executive agency of the Department of Health and Social Care which existsto protect and improve the nation's health and wellbeing, and reduce health inequalities
Places	One of the six geographical districts that make up West Yorkshire and Harrogate, being Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield, and "Place" shall be construed accordingly
Principles	The principles for the Partnership as set out in Paragraph 3.2
Programmes	The WY&H programme of work establishedto achieve each of the objectivesset out in paras 4.2,i and 4.2,ii of this memorandum
SOAG	System Oversight and Assurance Group
STP	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
System Leadership Executive or SLE	The governance group for the Partnership set out in Paragraphs 4.7 and 4.8

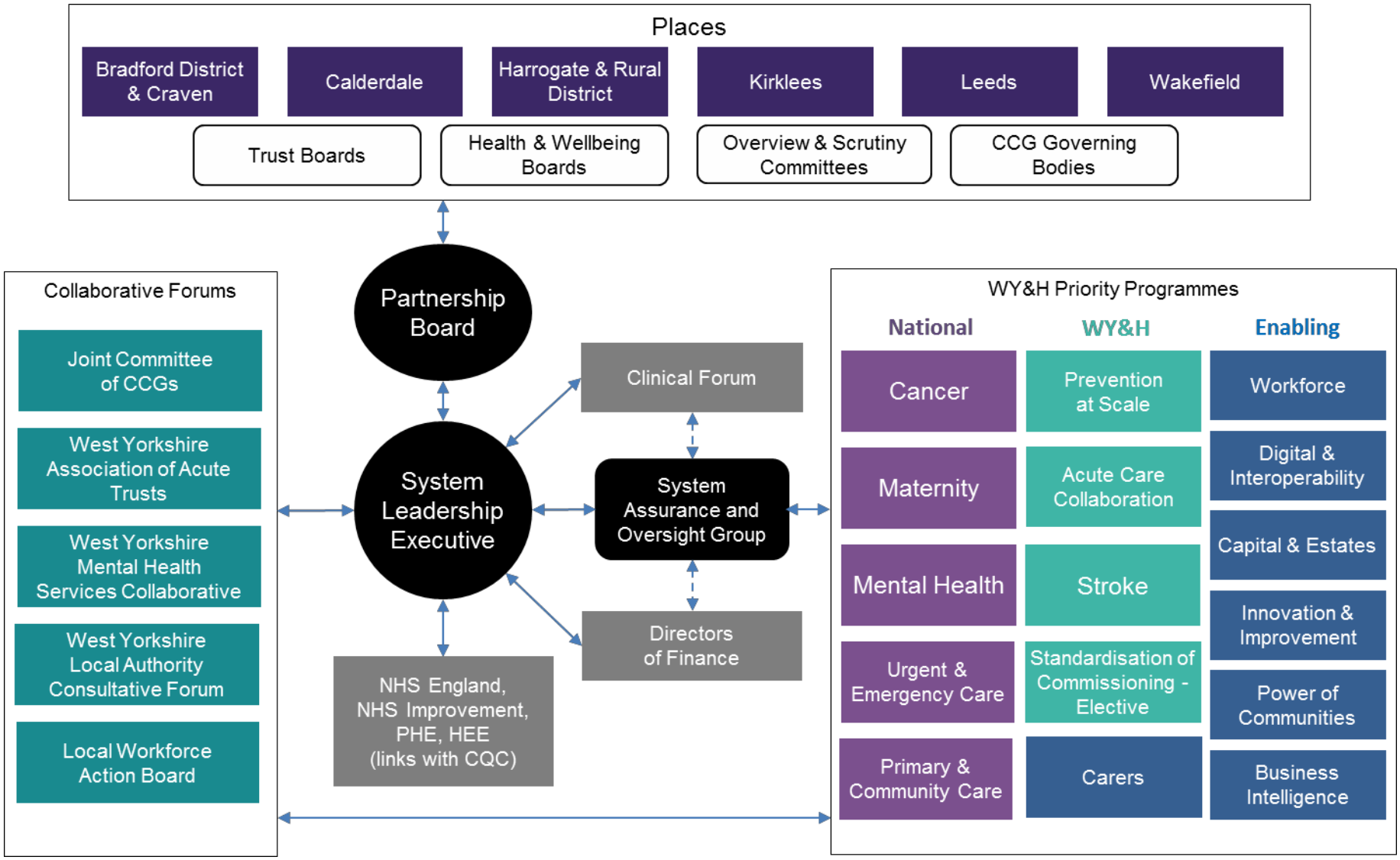
Transformation Funds	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformationpriorities
Values and Behaviours	shall have the meaning set out in Paragraph 3.3 above
WY&H	West Yorkshire and Harrogate
WYAAT	West Yorkshire Association of Acute Trusts
WYMHC	West Yorkshire Mental Health Collaborative

Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers[3]	Councils	NHSE and NHSI	Healthwatch	Other partners
Vision, principles, values and behaviour	✓	✓	✓	✓	✓	✓
Partnership objectives	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financial framework – financial risk management	✓	✓		✓		
Financial framework – Allocation of capital and transformation funds	✓	✓	✓	✓		
National and regional support	✓	✓	✓	✓		

[3] All elements of the financial framework for WY&H, eg the application of a single NHS control total, will not apply to all NHS provider organisations, particularly those which span a number of STPs.
Locala Community Partnerships CIC is a significant provider of NHS services. It is categorised as an 'Other Partner' because of its corporate status and the fact that it cannot be bound by elements of the financial and mutual accountability frameworks. This status will be reviewed as the partnership continues to evolve.

Annex 2 – Schematic of Governance and Accountability Arrangements



Annex 3 - Terms of Reference

Part 1: Partnership Board

Part 2: System Leadership Executive

Part 3: System Oversight and Assurance Group

Appendix B

Equality Impact Assessment Initial Screening Form

This form records the equality screening process to determine the relevance of equality to a proposal and the decision whether or not a full EIA would be appropriate or proportionate.
You should complete this form if you are carrying out any of the activities listed in the box on the first page of this document.

Service Area	Chief Executive
Officer(s) carrying out screening	Chief Executive
Proposal being screened	West Yorkshire and Harrogate Health and Care Partnership - Memorandum of Understanding
What is the reason for carrying out the proposal and what are the desired outcomes?	Improvement in joint working across the health infrastructure
What information or evidence do you have on current and future service users and the impacts that carrying out the proposal could have on them?	N/A
What other information and evidence has been used to support this equality	

analysis?	

Please use the table on the next page to list any impacts that the proposal might have on people with protected characteristics as defined by the Equality Act 2010. As part of this assessment, please consider:

- How the proposal will impact on members of our community or people we employ with protected characteristics
- *Whether there is any evidence that any part of the proposed policy could discriminate unlawfully, directly or indirectly, against particular groups of people.*
- Any indication that different groups have or will have different needs, experiences, issues and priorities in relation to the proposal.

If for any characteristic it is considered that there is likely to be a significant adverse impact or you have ticked 'Don't know/no info available', then a full EIA should be carried out where this is proportionate.

Protected Characteristic	**No Impact**	**Positive Impact**	**Negative Impact**	**Don't know/ No info available**	**Description of any Impacts**
Age	X				
Disability	X				
Sex (gender)	X				
Race	X				
Sexual orientation	X				
Marriage or civil partnership	X				
Religion or belief	X				

Pregnancy or maternity	X				
Gender reassignment	X				

Decision (Please tick one option)	Initial Screening indicates EIA not relevant or proportionate	X	Initial Screening indicates Full EIA required	

Reason for Decision **Any impact would be the result of future joint working not the MoU itself.**

Signed Head of Service	**Date** **26/09/18**