SURREY HEARTLANDS PARTNERSHIP
MEMORANDUM OF UNDERSTANDING

April 2018
1. PURPOSE OF THE MEMORANDUM OF UNDERSTANDING

The Purpose of this Memorandum of Understanding is to provide the formal commitment of all members of the Surrey Heartlands Health and Care Partnership to work collaboratively in the leadership of the health and social care system across Surrey Heartlands. It also signals how we will work together as equal partners – health and social care, commissioners and providers.

This MoU has two main parts to it:

PART ONE: This describes our shared purpose and vision and describes how we as a partnership are committed to working. It also describes some of the key areas of focus of the Surrey Heartlands Partnership.

PART TWO: This describes our governance arrangements and (with the appendices) sets out the roles and responsibilities of various Boards / groups across the area.

This MoU is not legally binding but reflects the commitment of signatories to dedicate senior management time and focus, working towards the achievement of the stated objectives of the Surrey Heartlands Health and Care Partnership.

2. TIMING

All Parties agree to establish / initiate the arrangements set out in this MoU at the earliest possible date in 2018, subject to the necessary approvals.

3. COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS

All Parties to this Agreement recognise and will abide by the extant statutory and regulatory requirements of English Law and the relevant Health and Social Care legislation. Nothing in this Agreement will override, supersede or replace any statutory or regulatory requirement.
4. PARTIES

The founding parties to this agreement are those partner organisations represented on the Surrey Heartlands Transformation Board – they are listed below:

- Surrey County Council
- NHS North West Surrey Clinical Commissioning Group
- NHS Guildford & Waverley Clinical Commissioning Group
- NHS Surrey Downs Clinical Commissioning Group
- Epsom and St Helier University Hospitals NHS Trust
- Royal Surrey County Hospital NHS Foundation Trust
- Ashford & St Peter’s Hospitals NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust
- Central Surrey Health
- NHS England
- NHS Improvement
- Local Medical Committee\(^1\)
- General practice\(^2\) (represented as a provider)

This MoU recognises the vital role played by a much wider group of stakeholders (beyond the core parties listed above) in the leadership of and delivery within the Surrey Heartlands health and social care system. Annexed to this document are the organisations / representative groups that have also signed up to the commitments detailed in this MoU.

\(^{1}\) The LMC is the statutorily recognised representative body for local NHS General Practitioners. Its role on the Transformation Board is to represent the views of NHS General Practice locally – it does not have authority to make decisions on behalf of individual General Practitioners.

\(^{2}\) The GP provider representative ensures a GP / GP federation voice on the Transformation Board – they do not have authority to make decisions on behalf of individual GPs or GP federations.
5. CONTEXT

In October 2016, the Surrey Heartlands five year Sustainability and Transformation Plan was developed to describe a wide range of health benefits and improved outcomes that will be realised for the population through the transformation of health and care services.

Based on local communities and patient flows, the health geography within Surrey currently splits three ways. Surrey Heartlands serves 850,000 people within the areas of Guildford and Waverley, North West Surrey and Surrey Downs and accounts for around three quarters of the overall Surrey population. From a foundation of strong relationships and joint commitment across the system, the Surrey Heartlands Sustainability and Transformation Plan sets out an ambitious programme for delivery.

Surrey shares many of the same challenges as other areas across the UK – an ageing population with increasingly complex needs, increasing demand on services for vulnerable children and significant pressure on public finances. The economic success of Surrey as a county means that it makes a significant contribution to the UK economy but this brings challenges of its own and whilst overall Surrey has a relatively healthy population this masks significant gaps and inequalities that exist.
6. SHARED VISION, PURPOSE AND OBJECTIVES

The Surrey Heartlands Partnership brings together a range of partners with a single shared vision and view of our collective enduring purpose:

OUR SHARED VISION:

*Working together with the people of Surrey Heartlands to improve health and care by 2022.*

OUR ENDURING SHARED PURPOSE:

*To take stewardship of the health and care system in Surrey Heartlands.*

OUR SHARED OBJECTIVES:

Our objectives are:  

<table>
<thead>
<tr>
<th>Objective</th>
<th>Expressed as</th>
<th>Deliver through (for example):</th>
</tr>
</thead>
<tbody>
<tr>
<td>To support and enable people in Surrey Heartlands to be healthier.</td>
<td>“Start well, live well, age well”</td>
<td>…focus on prevention, healthier lifestyles and the wider determinants of health.</td>
</tr>
<tr>
<td>For those who need it, to provide high quality and accessible care.</td>
<td>“Best care, where and when you need it”</td>
<td>…removing unwarranted variation in care …spreading best practice …meeting best quality standards / targets</td>
</tr>
<tr>
<td>To create partnerships that work better for the people we serve and those who provide care.</td>
<td>“One team, one Surrey Heartlands”</td>
<td>…at the leading edge of developing integrated care …taking opportunities such as devolution / digital to make the best use of our collective resources</td>
</tr>
</tbody>
</table>

At the heart of our Partnership is the commitment to a place-based approach to joining up health and social care – refreshed for 2018, the Surrey Heartlands Partnership programme balances a range of competing challenges and opportunities: meeting both national and local priorities; tackling immediate needs and transforming care models to be fit for the future; and working at the most appropriate geography to deliver care and a sustainable health and care system.

We have placed significant emphasis in our priorities to the collective impact we can have on the health and wellbeing of our population - progressing at speed to integrate service delivery, and embedding a focus on population health management into our work. We will be strengthening our system-wide focus on the 1st 1,000 days of a child’s life so that our legacy and impact goes beyond 2022, and we’re looking beyond traditional health and care services to work with all those partners that can impact the wider determinants of health and enable people to use the resources and assets they have to care for themselves.

Behind the scenes, we are making big strides to join up planning and decision-making; we’re continuing to explore the freedoms and flexibilities that our devolution agreement can provide; and we’re increasing local accountability, bringing more decisions about our health and care services to the people working in our local system. This in turn will enable us to better support the rapid development of our integrated care partnerships, delivering care on the ground with our citizens and communities.
7. KEY AREAS OF FOCUS / FEATURE OF OUR SYSTEM

Set out below are some of the key aspects or distinguishing features of the Surrey Heartlands Partnership programme:

- **System led - working as one team**
  
- **Devolution and new models of care**

- **The role of our citizens**

- **Surrey Heartlands Partnership**

- **Local priorities**

- **National priorities**

- **NHS / Local government**

Only the 2nd area in the country to secure a health and care devolution agreement, the devolution and delegation of additional responsibilities and freedoms to Surrey Heartlands is seen as crucial to ensuring the best outcomes for local residents. We’re one of only ten emerging Integrated Care Systems in the country and are developing new models of care (incl. frailty / last 1,000 days).

We are committed to leading the transformation and changes required as a system – providers and commissioners, NHS and local government, statutory, voluntary organisations and the public. And we have put clinical leadership at the heart of the Surrey Heartlands Partnership with the development of our Clinical Academy.

We have system wide agreement to focus on generational change – a commitment to improve the health of the next generation including the first 1,000 days of a child’s life and young people’s mental health. And we recognise that there are a wide range of factors that impact on a person’s health and wellbeing with only a relatively small proportion directly linked to health services (15-25%) – we’re focussing on those wider determinants such as lifestyle and the physical, social and economic environment.

We are making sure residents, patients, carers and staff have an opportunity to shape our plans and that we have a true understanding of what people feel is important. We have adopted an innovative approach that has already been nationally recognised, offering our population the opportunity to co-design health and social care service improvements and, using the resources and assets people, have enable self-care.

The partnership working between NHS partners and Surrey County Council has been a key feature of the Surrey Heartlands approach – sharing resources, expertise and bringing local democratic accountability to decision-making about the health and care system. And in connecting with our communities and delivering care locally we are connecting with our district and borough, parish and towns councils.

We remain absolutely committed to meeting the national priorities – the work of our individual organisations and our Partnership workstreams ensure a clear focus on national priorities including mental health (incl. learning disabilities and dementia), cancer (via Surrey and Sussex Cancer Alliance Board), urgent care (via UECN and LAEDBs), primary care, diabetes and continuing healthcare.
8. **SHARED VALUES AND BEHAVIOURS**

As system leaders we will work to an agreed set of values – these are a way of thinking and underpin everything we do and how we work. Alongside each of these are sets of behaviours – these are the things people will see and experience as we live our lives.

**Our shared values:**

- **Trust**
  - Trusting each other’s positive intent.
  - Being open and honest with each other.

- **Public Service**
  - Working as one team for the people of Surrey Heartlands.

- **Respect**
  - Valuing the contribution of each partner.
  - Sharing and learning together.

**Our behaviours (examples):**

- Prioritise resources and make decisions in the best interests of our populations based upon evidence and data.
- Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by our geography – e.g. Surrey Heartlands as a key part of the wider county of Surrey, building on the strength of neighbourhood / locality working.
- Work in an open and transparent way ensuring there are no surprises for other partners – ‘nothing about me without me’.
- Use consensus as the primary driver for decision making.
- Operate to a set of shared values that we have jointly developed, holding each other (and our organisations) to account.
- Make strategic decisions collectively about the investment required to support the transformation of the Surrey Heartlands health and social care system.
- Take collective ownership of improvement across the system, adopting a clinically led quality improvement approach focussed on system priorities.
- Agree a system wide performance framework to support the performance management of Surrey Heartlands as a place.
- Take decisions at the ‘lowest’ appropriate level (subsidiarity principle) to deliver changes in local neighbourhoods and natural communities.
- Seek to align local and system level success wherever possible.
In addition to our own principles, the seven ‘Nolan principles’ of public life will act as the guiding standards in discharging our responsibilities:

i. Selflessness
Holders of public office should act solely in terms of the public interest.

ii. Integrity
Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

iii. Objectivity
Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

iv. Accountability
Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

v. Openness
Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

vi. Honesty
Holders of public office should be truthful.

vii. Leadership
Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
PART TWO: OUR GOVERNANCE ARRANGEMENTS

10. SYSTEM GOVERNANCE ARCHITECTURE

Set out below are the key components of the Surrey Heartlands governance architecture established to oversee and drive delivery of the Partnership’s aims and objectives as an Integrated Care System.

Surrey Heartlands Partnership Forum

The Surrey Heartlands Partnership Forum brings together partners from across the area twice a year. The Forum will focus on key issues impacting on the health and wellbeing of Surrey Heartlands population providing an opportunity for partners to engage in the work of the Partnership, to shape and influence its direction and to help ensure a coherent and cohesive response to the challenges we face.

Surrey Heartlands Transformation Board

The Surrey Heartlands Transformation Board is the executive partnership board with accountability for the delivery of the Surrey Heartlands Sustainability and Transformation Plan and is the primary forum for collaborative systems leadership across health and social care commissioners and providers.

The Transformation Board provides is responsible for the leadership and overseeing delivery across the system with a focus on: quality; performance improvement; finance; strategy; and transformation.
**Joint Committee** (the ‘JC’)

The JC exercises strategic oversight for health and social care commissioning across Surrey Heartlands including any responsibilities delegated to it from local and national partners. The JC will be outcomes led, taking into account best clinical practice and the views of the citizens of Surrey Heartlands.

The JC will take a lead role in developing a strategic commissioning function that maximises freedoms under devolution and operates at the Surrey Heartlands system level. This function will play a key role (supported by the Clinical Academy) in setting outcomes and holding Integrated Care Partnerships to account for delivery of these consistently across Surrey Heartlands.

**Executive Leadership Group** (the ‘ELG’)

In accordance with the strategy and policies determined by the JC, the ELG will deliver various projects and plans in ensuring delivery of Surrey Heartlands joint commissioning. The ELG’s executive capacity will also support the function of its role to challenge, review and scrutinise proposals before they are presented to the JC for approval.

**The Academy**

The Surrey Heartlands Clinical Academy is responsible for setting clinical standards and driving the clinical model across Surrey Heartlands with the aim of standardising care to remove unwarranted variation.

**Emerging Integrated Care Partnerships**

Integrated care partnerships (ICPs) will adopt evidence-based, population health management approaches to design and deliver care models centred on individuals, integrating mental health, physical health and social care. ICPs will be responsible for local delivery of services for populations of 200-300k. ICPs could also be pathway based for some services.

**Finance Board**

The purpose of the Surrey Heartlands Finance Board is to provide system wide leadership and accountability for the delivery of transformational change across Surrey. Key objectives of the Finance Board include: system control and efficiency, payment and operating models, reporting and planning, programme support and managing the health economy.

**Surrey Heartlands Delivery Board**

The purpose of the Surrey Heartlands Delivery Board is to provide system wide leadership and accountability for the delivery of transformational change across Surrey. The Board is accountable for the delivery of outcomes of the programme workstreams and the system wide QIPP Programmes.

**Quality and Performance Board**

A formal board has not been established at this stage. Task and finish groups commissioned from the Transformation Board, will focus on key system challenges and responses.