

Memorandum of Understanding (MOU)

An Integrated Approach to Health and Care in Thurrock

Parties to this Memorandum of Understanding

This Memorandum of Understanding is between: Thurrock Council; Basildon and Thurrock Hospitals NHS Foundation Trust (BTUH); Essex Partnership University NHS Foundation Trust (EPUT); NHS Thurrock Clinical Commissioning Group (TCCG) and North East London NHS Foundation Trust (NELFT).

What is a Population Health System?

A Population Health System typically involves a range of partners (statutory and non-statutory) working together to define and agree a set of desired health and wellbeing outcomes and committing to working collaboratively to ensure they are delivered. There is generally a strong focus on place and, in some of the most advanced systems, a single population based capitated budget is established.

Existing population health systems share a number of characteristics, including: a strong history of partnership working for a defined population; access to population-level data so that needs are well understood; a strong focus on prevention and the wider determinants of health such as housing and education; a willingness to integrate services and be 'organisationally agnostic'; ensuring that there is a strong user 'voice'; and developing new ways of commissioning and providing services that incentivise all parties to deliver the agreed outcomes.

When applied to the Thurrock context, there are two key aspects that need to be highlighted:

- Firstly, to deliver shared objectives and outcomes, it will be increasingly important to take a different approach to funding. For example, financial plans will need to be longer term than has historically been the case – delivering key priorities in areas such as prevention, promoting independence and ensuring equity of care are long term objectives, not generally amenable to 'quick wins' solutions. In addition, funding routes that are at present separate and siloed will increasingly need to be challenged and opportunities to pool funds in a more flexible way will need to be explored. Thinking will need to move away from organisational budgets towards the 'Thurrock health and well-being pound'
- Secondly, over time it will be vital that across the Alliance investment and other strategic decisions are taken collectively rather than separately. The delivery of a set of shared outcomes will require organisational priorities, work programmes and investment decisions to be aligned. Investment decisions taken by organisations within the Alliance will increasingly need to prioritise the benefit of the system over and above individual organisational self-interest, whilst recognising the need to mitigate risks for individual organisations.

Purpose of this Memorandum of Understanding

The purpose of this MoU is to describe a framework within which partners can work with the residents of Thurrock and our community assets to build a Population Health System. By working closely together, we already have a shared understanding of the needs of the people who live in Thurrock, what needs to change if we are to better meet these needs in future, what our new service models should look like - and how we need to change how we work together in order to deliver on our promises.



What is absolutely clear from our work so far is that none of our organisations can meet the needs of local people alone – as our case for change identified, “*actions taken by one organisation in isolation of others cannot achieve system sustainability*”.

We have for some time been working more and more closely together – through our work on the Better Care Fund, our shared Health and Wellbeing Strategy and in implementing our New Model of Care in Tilbury Chadwell.

This Memorandum of Understanding builds on these foundations of joint working. It is part of our wider journey that started with organisations largely operating independently and is intended to develop into a fully integrated approach to planning and delivery.

This MOU codifies how we work together now, how this will develop in the future and articulates what we are trying to achieve. It also outlines a series of clear ‘commitments’ that we all sign up to.

Our integrated approach to planning is inclusive: we welcome input into our work from a wide range of local partners, including those that are not formal signatories to this MoU.

Aims and Objectives

We are clear that joint or integrated work is not an end in itself – it must always be for a purpose that benefits residents and patients.

Last year, our Cabinet and Boards agreed a number of key aims that encapsulate what we are trying to do by working together as a single system. These aims cut across primary, community and acute care and include physical and mental health: :

1. Reducing the number of unplanned hospital and residential admissions
2. Reducing the number of A&E attendances for conditions that could have been treated elsewhere within the community
3. Reducing the number of Delayed Transfers of Care
4. Keeping people as independent as possible for as long as possible, and reduce/prevent/delay entry into care and support services
5. Moving more services out of hospital/acute care into the community

All parties to this MOU have agreed that these are the four tests that we will continue to use to measure our success in working in partnership together.

Our pledge to our local community is that:

- You are less isolated and have the opportunity to be well connected where you live;
- You are able to get the majority of the support you need from within your neighbourhood and as a result you access health and care services less frequently;
- You are enabled to live a healthy and happy life based on the quality of services that you receive;
- Our health and care system treats you as an individual and does not define you by your illness or condition;
- You can get the physical and mental health support and care you need at the right place and at the right time;
- By bringing health and social care services and resources together we will reduce duplication, improve efficiency and provide a better response;



- We act before you reach crisis point and reduce the number of times you need emergency health or care services.

Values

By agreeing to this MoU, all parties are agreeing to a set of values setting out how we will work together. These are based on:

- Equality;
- Mutual respect and trust;
- Open and transparent communications;
- Co-operation and consultation;
- A commitment to being positive and constructive in outlook;
- A willingness to share and learn from others;
- An inclusive approach.

Commitments

Although this Memorandum of Understanding is not legally binding, it is a statement of intent. By signing up to it, we are not only committing to continuing to deepen our partnership working, but also to how we will work together.

We commit to:

- **Agree a set of Population Health System Outcomes** so that our objectives are fully aligned and so that we can move away from process measures and focus on population outcomes
- **Plan together** – for example, we will align the way in which we plan NHS and council services, and will include all partners – encompassing providers and commissioners – in our discussions. Longer term considerations will include developing a single planning timetable with the ambition of synchronising contracting timeframes.
- **Change the way we commission services** including:
 - Encouraging and incentivising service providers to develop joint proposals rather than compete with one another
 - Developing longer term (e.g. 5 years plus) contracts to enable a long-term focus on delivery of shared outcomes without restricting organisations from terminating contracts in the event of providers not achieving agreed contractual requirements
 - Being open minded about who is best placed to deliver services, recognising the vital role of the third sector and other alternative providers
 - Ensuring that all providers are treated equally and fairly, regardless of whether they are statutory or third sector partners
 - Aligning financial incentives so that all parts of the system are encouraged and enabled to work in the interests of the population needs
 - Developing an approach to financial risk and gain sharing, so that the decisions we take are always in the best interests of the population, rather than those of individual organisations



- **Prioritise Prevention** – we will work collectively to commission and deliver services that aim to intervene at the earliest possible opportunity to keep people as healthy and independent as possible for as long as possible
- Develop **shared or common models of care** that integrate services around the person and reduce fragmentation
- **Enable staff to work more flexibly across organisations and settings** so that they have greater autonomy and can focus on meeting the needs of individuals, not organisational or professional boundaries
- Ensure we have an **equal focus on physical and mental health**
- **Reduce bureaucracy and transactions costs** – for example by sharing assets between us and avoiding complex cross-charging arrangements
- **Put the improvement of health and well-being for the people of Thurrock at the forefront of all of our decision making**, even when they may appear challenging to the priorities of the organisations within the Alliance
- **Ensure that all areas of service whether they support acute or primary care or adults or children’s services work in an integrated way**

Next steps

We want to use this Memorandum of Understanding to further embed partnership working at the heart of the Thurrock health and care system.

Over the next few months we plan to develop a more formal ‘Alliance Agreement’ – this will set out in detail how we will increasingly take decisions together once, as a single system. In it, we will describe how a more integrated approach to governance and decision making will work, how we will plan and pay for services, what targets we are setting and how we will assess the progress we are making.

We plan to ask Cabinet and our Boards to consider our draft Alliance Agreement in late 2018 or early 2019.

Over the longer term as the Alliance matures and develops other providers including GPs, the community and voluntary sector and the private sector may be invited to sign up to this agreement.

Review

We will review this MoU annually, alongside the Terms of Reference of the Alliance.

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Signatories

Roger Harris

Corporate Director of Adults, Housing & Health,
Thurrock Council

Mandy Ansell

Accountable Officer,
NHS Thurrock CCG

Malcolm McCann

Executive Director of Community Services
Essex Partnership University Foundation NHS Trust

Tom Abell

Chief Transformation Officer,
Basildon and Thurrock University
Hospitals NHS Trust

Stephanie Dawe

Chief Nurse & Chief Operating Officer
North East London NHS Foundation Trust and Provide

Cllr James Halden

Chair Thurrock Health and Wellbeing Board