

Appendix 1

COUNTY DURHAM CARE PARTNERSHIP EXECUTIVE

Terms of Reference

Effective from 23rd August 2022

1. Introduction

1.1. The County Durham Care Partnership Executive (CDCPE) has been established to progress and embed the County Durham (CD) Care Partnership arrangements, which have been in place since April 2017. The partnership arrangements are in line with the proposals in the NHS White Papers, published in February 2021 and February 2022. The Executive has been established as a result of the revised Memorandum of Understanding (MoU), between the organisations set out below, being agreed in July 2022.

The CD Care Partnership includes the following organisations:

- North East and North Cumbria Integrated Care Board (ICB)
- Durham County Council (DCC)
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Harrogate and District NHS Foundation Trust (HDFT)
- Primary Care Networks in County Durham (PCNs)
- Durham Community Action
- HealthWatch

1.2. Within the County Durham Care Partnership, there are four thematic partnerships boards, focused on delivery:

- Acute Care Partnership Board
- Children and Young People's Partnership Board
- Primary, Community and Social Care Partnership Board
- Mental Health and Learning Disabilities Partnership Board

These thematic partnerships boards will be accountable to each of the organisations within the CD Care Partnership. The confirmed minutes of these meetings will be received by the CDCPE.

1.3. The CDCPE will be accountable to the Health and Wellbeing Board (HWBB) of Durham County Council, the ICB and other partner members. For the HWBB an update will be provided at each meeting under the heading of the Integration Update. Individual members will be responsible for keeping their own organisations informed and to ensure where required from a governance

perspective, decisions are made or ratified linked to the work of the CD Care Partnership.

2. Remit and responsibilities

The CDCPE is responsible for monitoring the shared ambitions set out in the revised Memorandum of Understanding (MoU) between the CD Care Partnership organisations. To do this activity within the scope of the CDCPE will:

- Be responsible for the strategic planning, delivery and oversight of health and social care in Durham.
- Develop and agree a plan to meet the health and care needs of the local population. Currently this is the County Durham Place Based Commissioning and Delivery Plan 2020-2025.
- Plan and commission services (to include developing business cases and procurement strategies), in line with the ICB's scheme of delegation and delegated financial limits
- Commission local primary care services (excluding nationally negotiated GP contracts)
- Develop local clinical leadership, including clinical pathway redesign and helping to shape the commissioning of acute services
- Build strong relationships with communities, the wider local system including Healthwatch, the voluntary sector and other partners
- Foster service development and delivery with a focus on neighbourhoods and communities, ensuring local engagement and consultations are undertaken as necessary
- Monitor local service quality and the place-based delivery of key enabling strategies as agreed by the ICB Board or Executive Committee and Durham County Council
- Monitor and deliver targets and outcomes set by the Secretary of State, NHS England, NICE, CQC and other authorised bodies and providing assurance to the ICB and Durham County Council on progress
- Work with the ICB place teams and Durham County Council to have oversight of health and social care in County Durham including:
 - Strategic planning,
 - Performance and delivery,
 - Workforce development
 - Integration across the County Durham health and social care system,
 - Financial performance,
 - Service quality and patient experience
 - The co-ordination of NHS input into local partnership initiatives to improve public health, prevent disease and reduce inequalities
 - Fulfil the NHS's statutory health advisory role in adults' and children's safeguarding
- Monitor the progress of work within the thematic partnership boards acting as an escalation point where necessary.

CDCPE recognises the vital role of ICB place teams in delivering our ambitions for health and care in County Durham, CDCPE aims to work with the ICB place team to jointly commission local, integrated, community-based services for children and adults including

- Care homes and domiciliary care
- Continuing health care
- Personal health budgets
- Community mental health, learning disabilities and autism
- Children and young people's services covering transitions, special educational needs and looked after children
- Service integration initiatives and jointly funded work through, for example, the Better Care Fund and Section 75 arrangements

The CDCPE, as an entity, does not have delegated authority as yet from any of the CD Care Partnership organisations, however, decisions may be made in line with the delegated authority conferred on individual members in line with each organisation's Constitution and Scheme of Delegation. It is our ambition to co-produce a Joint Committee by April 2023

The CDCPE will also:

Transformation

- Receive and approve prioritised Acute, Community and wider system Service Development Improvement Plans.
- Receive reports to provide assurance regarding joint work plans and agree mitigating actions relating to exceptions regarding non-delivery where appropriate.
- Call specific work stream leaders or relevant others to outline progress when required.
- Monitor system wide progress regarding cost reduction and improvement of clinical services.
- Devise, implement and monitor a driven collective vision and strategy congruent with The Long-Term NHS Plan.

Quality and Performance

- Receive reports relating to quality, financial and performance assurance, regarding patient safety, experience and clinical effectiveness of the services provided.
- Monitor finance and activity against demand plans (In addition to activity and Trust costs through quality, innovation, productivity and prevention (QIPP) and agree any mitigating actions as required.
- Ensure that any discussion includes quality and performance implications to facilitate a truly integrated approach including patient and public implications.

The CDCPE:

- Is responsible for discharging any statutory duties delegated or identified by partners relating to social care and health assessment, commissioning, provision, quality and safety, finance, and performance reporting. This will include any delegation from the ICB, Durham County Council or partners.
- Is answerable to the partner organisations and will engage with the ICB and any area-based style arrangements on behalf of partners.
- Will negotiate/agree any relevant delegated budgets with the ICB and Durham County Council as required.
- Will set medium, and long-term milestones based on a realistic vision and measurable goals.
- Will agree joint strategies, objectives and priorities for approval by the partner organisations
- Will work together to align priorities and overcome cultural and performance challenges.
- Will agree and prioritise high level population health and care outcomes based on public health evidence and establish a shared performance management and benefits realisation framework.
- Will agree any relevant budgets, shared financial plan and financial framework and a way of sharing any efficiency gains, as appropriate.
- Will have a specific responsibility to develop leadership across disciplines and sectors.
- Will allocate resources to the thematic partnership boards and others to deliver the prioritised outcomes, approve the partnership boards transformation plans, hold the thematic partnership boards accountable for this delivery and act when outcomes are not delivered.
- Will promote the cd care partnership to partners, external organisations and residents.

3. Membership

Membership comprises of the (following or their nominated deputies, must be of appropriate seniority):

Members (Voting):

- ICB Executive Director of Place Based Delivery
- ICB Medical Director and Directors of Finance and Nursing working in County Durham
- Chief Executive, County Durham and Darlington NHS Foundation Trust
- Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust
- Chief Executive, Harrogate District Foundation Trust
- Corporate Director of Adults and Health Services, Durham County Council
- Corporate Director of Children's Services, Durham County Council
- Director of Public Health
- PCN Clinical Director representation x2
- Director of Integrated Community Services
- Director of Place ICB/Durham County Council
- Executive Director, Durham Community Action

- HealthWatch Chair

The following will be invited to attend the meetings when necessary:

- Other senior ICB, Durham County Council, and partners. NECS staff will be in attendance as required

4. Frequency of Meetings

The meetings will be held at least once per month via MS Teams or in person.

5. Administration

Arrangements for secretarial support to the CDCPE will be via the ICB place team working with the Director of Integrated Community Services.

An annual cycle of business and agenda planner will be used to identify the regular agenda items to be discussed at the meetings, to underpin the governance structure of the committee and to ensure governance processes across the partner organisations is adhered to.

Agendas will be issued a minimum of three days prior to the meeting. Requests for items to be included on the agenda should be sent to the committee administrator at least 10 days before the meeting.

All papers for discussion must be submitted to the appropriate lead officer for approval before the agreed deadline.

If an item needs to be raised on the day, this will be covered under 'any other business', subject to its agreed urgency, importance and there being available time. Any items of other business must be declared at the beginning of the meeting and their inclusion agreed by the group.

If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.

At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests noted on the agenda.

When necessary, a separate confidential agenda of the meeting will be held only with agreed members, or their nominated deputies and individuals 'in-Attendance' may be required to leave the meeting.

Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

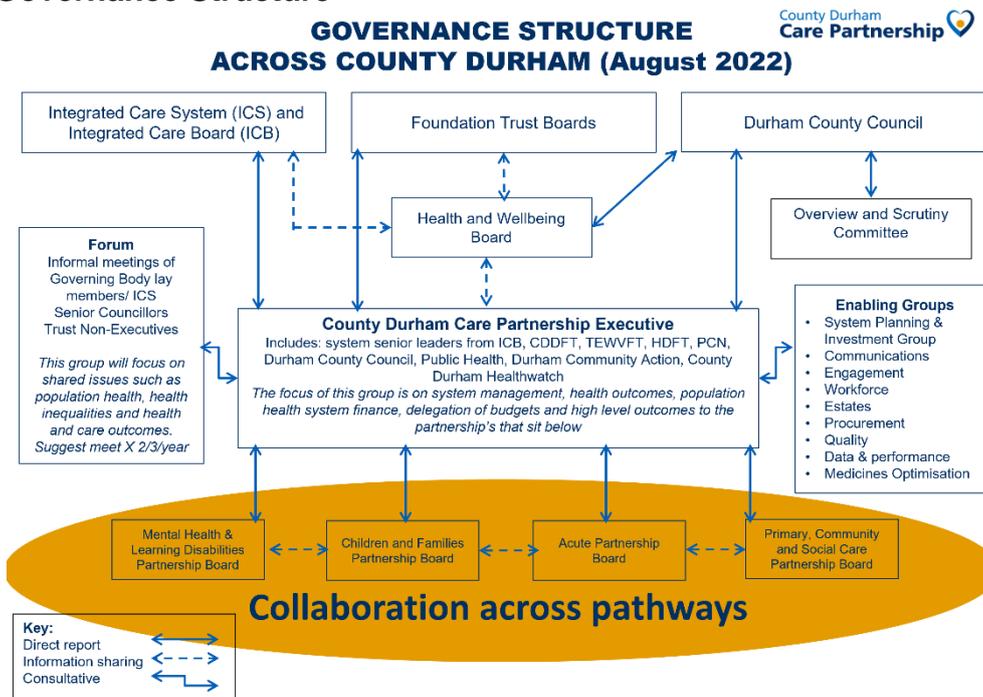
A verbal update with regard to the business of the CDCPE will be given to the County Durham Health and Wellbeing Board, via the Integration update.

Confirmed minutes of each meeting will be provided to each organisation involved in the CD Care Partnership.

6. Conflicts of interest

All members and those in attendance should comply with the ICB and Durham County Council Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis, which can be updated at any time, but which will be formally reviewed on a six-monthly basis. If a member feels compromised by any agenda item, they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting. In a situation whereby the Chair of the meeting is conflicted, a non-conflicted member will Chair the meeting.

7. Governance Structure



The CDCPE will operate in accordance with the Constitutions of each of the Care Partnership organisations and within the delegated authority of the individual members.

8. Policy and Best Practice

The CDCPE will apply best practice in its decision making, and in particular it will ensure that decisions are based on clear and transparent criteria.

9. Conduct of the Executive

All members of the CDCPE and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles and with the Local Authority Officer Code of Conduct.

Each partner will ensure that their organisation is kept informed of the work of the CDCPE and that strategies are aligned, and decisions have due regard to the shared ambitions and values of the organisations within the County Durham Care Partnership.

10. Quoracy

The meeting will be quorate with at least four members or their deputies present, including where possible, representation across health and social care. Members of the CDCPE may appoint a deputy to attend meetings in their place.

Effective from: 23 August 2022

Review date: as required but no later than 1 April 2023

Document Management:

Version	Date	Author	Amendments	Review
V2	23 August 2022	Michael Laing, Director of Integrated Community Services, CDDFT / DCC	New ToR	As required but no later than 1 April 2023



Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

Date: 23 August 2022

Introduction

The purpose of this Memorandum of Understanding (MoU) is to establish a framework for the discharge of delegated statutory duties, budgets, and outcomes between the following organisations regarding integrated care in County Durham:

- Durham County Council (DCC)
- North East and North Cumbria Integrated Care Board (ICB)
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Harrogate and District NHS Foundation Trust (HDFT)
- Primary Care Networks (PCNs)
- County Durham Community Action
- Healthwatch

Context

1. County Durham has a strong track record in the integration of health and care to improve outcomes for residents. The Health & Care Act 2022 and the Integration White Paper 2022 provide opportunities to build on our current arrangements. It is our intention to coproduce a Joint Committee for health and care in County Durham by April 2023 as suggested in the Integration White Paper.
2. It is now widely acknowledged that a new approach is needed to work towards greater levels of integration to bring positive benefits in terms of improving people's health, wellbeing and experience of care, particularly in wrapping services around people's needs and shifting the focus to keeping people well and happy at home, with reduced demand for hospital and other health and care services.
3. The aim of this MoU is to guide our work at "place" and strengthen our arrangements so that the County Durham Care Partnership (CDCP) will be able to:
 - Discharge statutory functions delegated by the ICB, Durham County Council and partners.
 - Allocate and manage budgets delegated by the ICB, Durham County Council and partners.
 - Through the supporting partnerships, deliver better outcomes for residents.

4. This version of the MoU is an updated version of that agreed in June 2021 to reflect the changing landscape and the development of the ICB.
5. **Schedule 1** sets out our approach to Strategic Integrated Commissioning.

Shared Vision

6. Our vision for integrated care is:

To bring together health and social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham

Our commitment to the people of County Durham is to:

- *Deliver the right care to you by teams working together.*
 - *Help you and those in your community lead a healthy life.*
 - *Build on existing teams already working together to help you stay well and remain independent.*
 - *Provide improved services closer to your home.*
 - *Offer a range of services working alongside GP practices which meet your needs.*
7. We will work together to develop a single comprehensive system delivery plan for health and care across County Durham which covers the whole life course. This plan will set out the key objectives for delivery and improvement across County Durham.

Structures and Governance

8. Our structures and governance are described in detail below and attached at Appendix 1.

Partnership Executive

9. The Partnership Executive will replace the Executives in Common. The Partnership Executive:
 - Is responsible for discharging the statutory duties delegated or identified by partners relating to social care and health assessment, commissioning, provision, quality and safety, finance, and performance reporting. This includes the delegation from the ICB of those activities which have been the statutory duty of the CCG.

- Is answerable to the partner organisations and will engage with the ICB and any Area style arrangements on behalf of partners.
- Will negotiate delegated budgets with the ICB, Durham County Council and partners.
- Will set medium, and long-term milestones based on a realistic vision and measurable goals.
- Will agree joint strategies, objectives, and priorities for approval by the partner organisations
- Will work together to align priorities and overcome cultural and performance challenges.
- Will agree and prioritise high level population health and care outcomes framework based on evidence and establish a shared performance management and benefits realisation system.
- Will agree a budget, shared financial plan and financial framework and a way of sharing any efficiency gains.
- Will have a specific responsibility to develop leadership across disciplines and sectors.
- Will allocate resources to the Partnership Boards and others to deliver the prioritised outcomes, approve the Partnership Boards Transformation Plans, hold the Partnership Boards accountable for this delivery and act when outcomes are not delivered.
- Will promote the County Durham Care Partnership to partners, external organisations and residents.

The Partnership Executive will:

- Lead the social care and health system and by example create a culture of collaboration, openness and joint working and ensure that the Partnership Boards and partner organisations work in the same way.
- Build commitment ensuring that integration is shared and rooted deeper within organisations at tactical and operational levels.
- Exercise the strategic management of the social care and health system respecting the different legislative and regulatory frameworks of partners.
- Agree, and periodically review, principles and protocols which underpin integration.
- Resolve differences between partners.
- Facilitate mutual support between partners when needed.
- Engage with representative bodies across County Durham with an interest in social care and health.
- Ensure that the Partnership Boards co-design services with those who receive services.
- Prefer to integrate senior posts and pool resources as the opportunity arises.
- Work collaboratively on those activities set out in the Terms of Reference

The Partnership Executive will:

- Be led, initially, by the Chief Officers and move towards the identification of an agreed integrated senior post which incorporates the responsibilities for social care and commissioning delegated to the Executive by the partners as set out in the Integration White Paper
- Have as members Corporate Directors of Durham County Council, ICB Executive Directors and Directors working in County Durham, joint postholders including the Director of Integrated Community Services, the Director of Place, the Director of Public Health, NHS Trust Chief Executives, representatives of the Primary Care Networks x2, County Durham Community Action and HealthWatch
- Be supported by a core team of other staff
- Draw on the expertise taking part in Enabling Groups
- Be advised when requested by members of the Partnership Boards.

The Partnership Boards

10. The Partnership Boards will build on our existing joint working groups and partnerships for acute services, children's and young people's services, mental health and learning disabilities and adult social care, primary care and community services. The Partnership Boards will:

Be answerable to the Partnership Executive.

- Be responsible for the delivery of the outcomes determined by the Partnership Executive.
- Be accountable for the best use of the resources allocated to them by the Partnership Executive.
- Adopt a shared performance management and benefits realisation framework.
- Share accountability for the successful delivery of outcomes and resolve challenges jointly.
- Resolve issues between themselves and hold each other accountable.
- Agree between partners the most effective and efficient way to deliver the outcomes regardless of organisational boundaries based on the partnership's principles.
- Agree lead partners on the delivery of outcomes and activity.
- Deploy resources jointly to deliver outcomes.
- Promote partnership working within operational teams.
- Co-operate with other Partnership Boards.

The Partnership Boards will:

- Take a lead their area of work with collaboration, openness and joint working.
- Agree shared Transformation Plans and projects to facilitate integration.
- Share resources to deliver the Transformation Plans.
- Involve residents and the voluntary sector in service development and improvement.
- Develop services which address the needs of localities and PCN areas taking account of the needs of the population, the geography and distribution of facilities, gaps in services and strengths.
- Share efficiency gains to further the overall aims of the partnership.
- Operate on an “open book” basis.
- Share good practice and innovation.

The Partnership Boards will:

- Have as members representatives of partners of enough seniority or experience to commit organisations within the bounds of delegated authority.
- Include advisers with financial, clinical, quality and safety, digital, communications and estates expertise.
- Be supported by an integrated Project Management Team.
- Link, via their members, with other groups within the system. For example, the Primary, Community and Social Care Partnership will link into the Primary Care Network Clinical Directors Group and co-produce improvements with them.
- Integrate posts when the opportunity allows across the partnership.

The Partnership Forum

11. The Partnership Forum will bring together, in an informal setting, ICB Lay or Partner Members, Councillors and Trust Non-Executive Directors, Healthwatch, the voluntary sector and other partners 3 times per year to focus on shared issues. These can range from health inequalities, the needs of groups, developments in national or regional policies and their impact locally and to foster a better understanding of each organisation. The forum will encourage the Executive and Partnership Boards to integrate services and highlight areas where the system is working well or may need to re-consider our approach. The Forum may wish to have themed meetings covering each Partnership or a particular condition or geographical area.

The Enabling Groups

12. It is expected that the expertise mentioned in the Enabling Groups meet regularly and work together to support the Executive and Partnership Boards. It

is anticipated that over time, shared plans on digital and IT management and estates will be developed.

13. All MoU signatory organisations are an integral part of the governance structure and are represented at all levels of decision-making.
14. The governance structure is based on the principle that decisions will be taken by the relevant partner organisation(s) at the most appropriate level.
15. Partners are committed to delegating functions to the Executive Partnership and exercising oversight. It is acknowledged that individual partner organisations will retain their responsibility for their statutory duties and governance.

Guiding Principles

16. The following guiding principles underpin the work of the County Durham Care Partnership:

- Partners are all equal status and will work collaboratively and support each other in the spirit and intention of this MoU.
- Partners will be open and transparent and act in good faith towards each other.
- Partners will commit resources appropriately to support the delivery of the agreed objectives.
- Partners will demonstrate a willingness to put the needs of the public before the needs of individual organisations.
- All partners recognise and acknowledge that integration is an interactive and iterative process.
- The CDCP will review its progress at regular intervals with the aim of challenging the level of ambition to enhance the integrated offer further.

Objectives

17. Partners agree the following objectives of development, commissioning and delivery of integrated care:
 - To commission and deliver integrated care at “place” as part of a reformed Integrated Care System.
 - A whole system approach, moving from fragmented to integrated care, with a willingness to put the needs of the public before the needs of individual organisations.
 - Person-focused to promote wellbeing, prevention and independence.

- Providing the right care and support, in the right place, at the right time, by the right person.
- Delivering a sustainable health and social care system within existing resources, using a multidisciplinary team approach.
- A system built on trust, not only between leaders and organisations but also with local people and communities.
- Supporting and developing staff to develop a shared culture, behaviours and ownership.
- Everyone's contribution matters – from local people, frontline teams, healthcare practitioners, providers, voluntary and community sector leaders and board members.
- The integrated model will be developed to link with the wider system including housing, employment, the environment, voluntary and community facilities, to align priorities for the benefit of local communities. This evolving partnership approach will involve primary care being at the centre of patient activity and taking a proactive role in the commissioning of both NHS and integrated service provision.

18. Partners have agreed and developed a set of standards which represent the ambition to deliver the vision, based on four key principles:

- Prevention
- Proactive care
- Responsive and accessible care
- Coordinated approach

19. The anticipated outcomes of successful delivery of the vision are shown in **Schedule 2**.

Sharing information

20. The partners agree that they will share all information relevant to delivery of the vision for integrated care in an honest, open and timely manner.
21. The CDCP will consent to an information-sharing agreement, which will allow the partners to manage their relationships and the flow of information between them in a confidential manner and with the best interest of the client (service user, patient and carer) at its core.
22. The partners have developed an approach to risk sharing which forms the basis of any future formal agreements. This will be reviewed as required and does not negate the need for risks to be reflected in individual partner organisations risk management systems as well as the CDCP risk register.

Conflicts of Interest

23. The partners agree that they will:

- Disclose to each other the full particulars of any real or apparent conflict of interest which may arise in connection with this MoU.
- Not allow themselves to be placed in a position of conflict of interest or duty with regard to any of their obligations under this MoU.
- Use their best endeavours to ensure that all associated partners also comply with the guiding principles and aims when acting in connection with this MoU.

Term and Termination

24. This MoU will commence on the date of signature of the partners and shall continue for an initial period of one year, to be reviewed at least annually.

25. This MoU, including the Schedules, may only be varied by written agreement of all the signatory organisations.

26. This MoU is not intended to be legally binding, and no legal obligations or legal rights will arise between the partners from this MoU. The partners enter the MoU intending to honour all their mutual obligations.

27. In the event of a partner leaving the CDCP the following will apply:

- The relevant partner will notify the other signatory organisations in writing
- This MoU will be amended as appropriate
- The annual review date for this MoU will be revised accordingly

Signatories

Signature _____

Date _____

*John Hewitt, Chief Executive,
Durham County Council*

Signature _____

Date _____

*Samantha Allen, Chief Executive
North East and North Cumbria Integrated Care Board*

Signature _____

Date _____

*Sue Jacques, Chief Executive,
County Durham and Darlington NHS Foundation Trust*

Signature _____

Date _____

*Brent Kilmurray, Chief Executive,
Tees, Esk and Wear Valleys NHS Foundation Trust*

Signature _____

Date _____

*Chief Executive,
Harrogate and District NHS Foundation Trust*

Primary Care Network Representatives

Signature _____

Date _____

Representative, County Durham PCN

Signature _____

Date _____

Representative, County Durham PCN

Signature _____

Date _____

Kate Burrows, Executive Director
Durham Community Action

Signature _____

Date _____

Chris Cunnington-Shore
HealthWatch

Schedule 1

Development of the Strategic Integrated Commissioning Function

The inclusion of local government in integrated care systems represents a significant opportunity to include social care, public health and wider population health, bringing the relevant skills that they have. The NHS cannot do this alone. Generally, local government has a more direct relationship with its citizens and has a different understanding of insight. Bringing these skills together with the work already done in the NHS will only increase capacity, capability and understanding in the system overall.

<https://www.kingsfund.org.uk/publications/joined-up-listening-integrated-care-and-patient-insight>

Introduction

1. We have agreed to develop this annexe to the Memorandum of Understanding to help strengthen our joint working arrangements and to support the development of our Strategic Integrated Commissioning Function. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.
2. This 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 the Partners who have entered this Memorandum intending to honour all their obligations under it.
3. It is based on an ethos that the partnership is for the people of County Durham; it does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Council. Instead, it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

Background

4. The focus for 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.
5. Nationally the agenda is shifting to promote integrated commissioning across larger footprints, however, systems are being allowed to put forward local solutions, which align to this agenda and are being allowed to proceed if they can

demonstrate they have a clear plan in place and are already in the process of implementation.

6. The proposed direction of travel to develop a Health and Social Care Plan for County Durham has been agreed, including the integration of commissioning functions; the Integrated Commissioning Group has been developing options for an Integrated Strategic Commissioning function
7. This is likely to include the commissioning of community-based services for children and adults across the County. Acute (hospital based) and other health care commissioning may sit outside of this model, being undertaken by the ICB at scale.
8. The arrangements for integrated commissioning in County Durham will complement the ICB's operating model

Principles

9. The following have been proposed as working principles upon which a new model for Integrated Commissioning will be developed and have been agreed by Cabinet and Governing Body:
 - Function will capture all ages i.e., commissioning for Children and Adults across the whole life course.
 - Whilst the initial focus is on Community Services it is acknowledged in line with national policy, that the direction of travel is for more hospital-based services to be provided in the Community.
 - Any model will need to work with existing and emerging elements on a potential Hub and Spoke model i.e., links with Primary Care Networks (including Teams Around Patients), the Mental Health and Learning Disability Partnership.
 - Joint Management arrangements will be required reporting to the Corporate Director of Adult and Health Services and the ICB Executive Director of Place Based Delivery.
 - Any integrated team will follow the same approach adopted within the Community Services model where staff retain their employment status with their own organisation and associated Terms and Conditions.
 - Durham County Council will host an Integrated Function giving opportunities to explore support to the ICB, for example in terms of legal support.
 - Existing connections with Primary Care will be enhanced to ensure the local influence of clinical leads across the Primary Care Network is maximised
 - Both Durham County Council and the ICB will retain their statutory responsibilities and decision-making processes.

County Durham Care Partnership (CDCP)

10. CDCP arrangements bring together the Council, voluntary and community groups, and NHS commissioners and providers (including Primary Care), to take responsibility for the cost and quality of care for the whole population.
11. These ways of working reflect local priorities and relationships and 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.
12. Our partnership approach is 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.

Governance

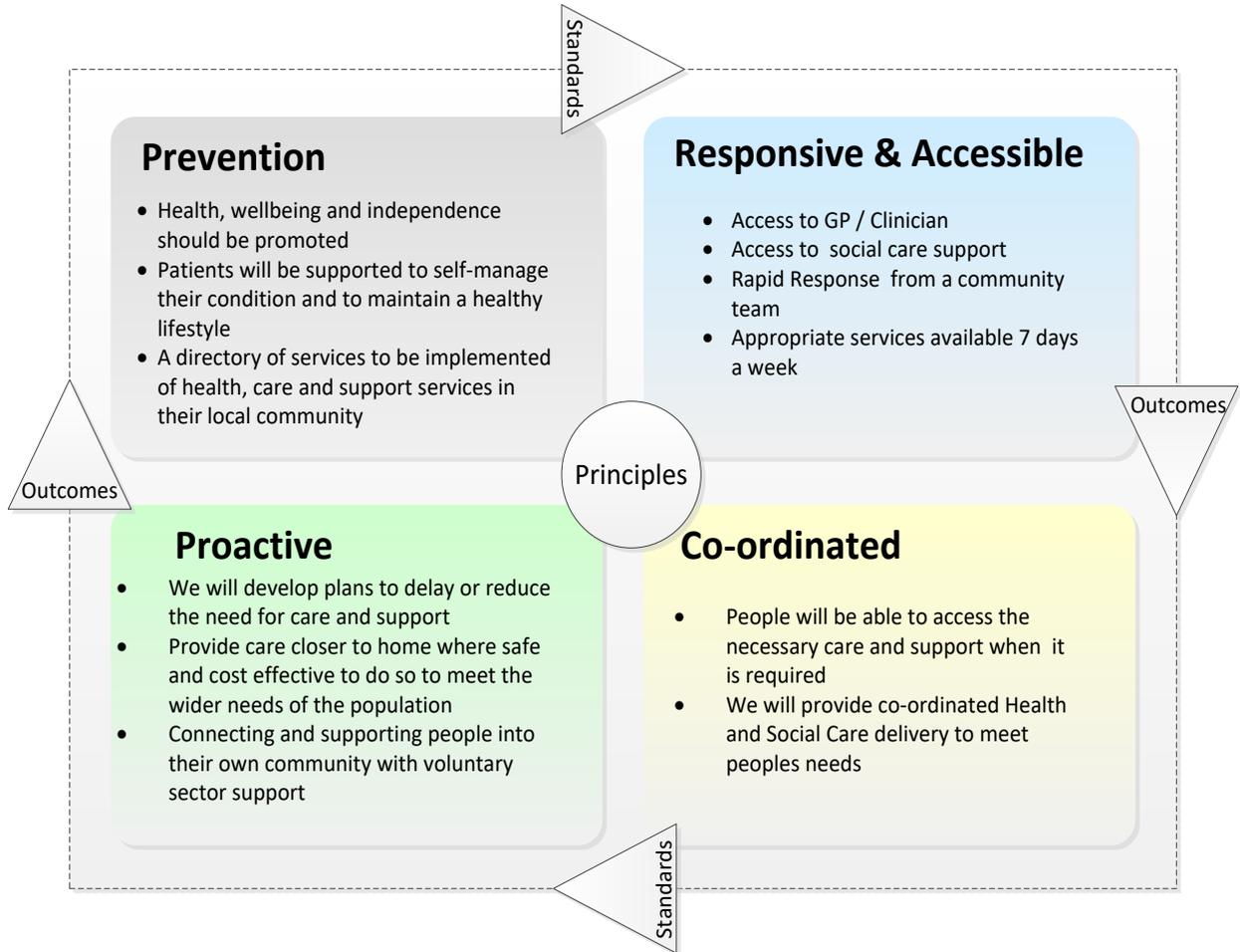
13. The CDCP Executive is the key coordinating body and with membership including leaders from all organisations in the system, will be able to act as a forum where whole-system challenges can be addressed, and solutions identified and initiated.
14. Durham County Council is not subject to NHS financial controls and its associated arrangements for managing financial risk, however, through this Memorandum, they agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. Democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers
15. Partners understand no decision shall be made to make changes to services in County Durham or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

Financial Framework

16. All partners are ready to work together, manage risk together, and support each other when required. 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.
17. Partners commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised in the event of the emergence of financial risk outside plans.
18. A set of financial principles have been agreed and confirm we will:
 - Aim to live within our means, i.e., the resources that we have available to provide services

- Develop a County Durham system response to the financial challenges we face
 - Develop payment and risk share models that support a system response rather than work against it.
19. Partners agree to adopt an open-book approach to financial plans and risks leading to the agreement of fully aligned operational plans.
20. A detailed financial risk share agreement will be developed as part of the Strategic Integrated Commissioning Function and will be agreed by all partners.

Schedule 2



Appendix 3

**GOVERNANCE STRUCTURE
ACROSS COUNTY DURHAM (August 2022)**

