

Item 5.3

Title		Liverpool Provider Alliance Memorandum of Understanding		
Author		Helen Bennett		
Target Audience		Members of Liverpool Provider Alliance		
Version		V1.0		
Created – date		19/07/2018		
Date of re-issue		24/10/18		
Document Status		FINAL		
Document History:				
Date	Version	Author	Details	
04/06/2018	0.1	Helen Bennett	Initial draft for review	
26/06/2018	0.2	Helen Bennett	Comments received	
27/06/2018	0.3	Hempsons	Legal review	
19/07/2018	0.4	Helen Bennett	Amendments to member details (names and titles) and quoracy clarification.	
15/10/18	0.5	Helen Bennett	Amendment to reflect system wide working and no affect on individual organistions’ accountability.	
24/10/18	1.0	Helen Bennett	Amendments as requested at LPA meeting on 19/10/18 and recorded in minutes.	
Approved by:				
Governance route:				
Group		Date	Version	Purpose
Liverpool Provider Alliance		19/10/18	0.5	For final approval with discussions of amendments made.
Purpose				
Document the Memorandum of Understanding of the Liverpool Provider Alliance				

Aintree University Hospital NHS Foundation Trust
Alder Hey Children's Hospital NHS Foundation Trust
The Clatterbridge Cancer Centre NHS Foundation Trust
Mersey Care NHS Foundation Trust
Liverpool City Council
Liverpool General Practice Provider Organisation
Liverpool Heart and Chest Hospital NHS Foundation Trust
Liverpool Women's Hospital NHS Foundation Trust
Onward
PSS (UK) Ltd
Royal Liverpool Broadgreen University Hospital NHS Trust
The Women's Organisation
Urgent Care 24
The Walton Centre NHS Foundation Trust

October 2018

MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT is made on _____

BETWEEN

- a) Aintree University Hospital NHS Foundation Trust
- b) Alder Hey Children's Hospital NHS Foundation Trust
- c) The Clatterbridge Cancer Centre NHS Foundation Trust
- d) Mersey Care NHS Foundation Trust
- e) Liverpool City Council
- f) Liverpool GP Federation
- g) Liverpool Heart and Chest Hospital NHS Foundation Trust
- h) Liverpool Women's Hospital NHS Foundation Trust
- i) Onward
- j) PSS (UK) Ltd
- k) Royal Liverpool Broadgreen University Hospital NHS Trust
- l) The Women's Organisation
- m) Urgent Care 24
- n) The Walton Centre NHS Foundation Trust

each a 'Party' and together the 'Parties'.

This Memorandum of Understanding (MoU) is entered by the above listed organisations. Nominated representatives from the above organisations will be designated members of the "Liverpool Provider Alliance".

Representatives from Onward, PSS (UK) Ltd and The Women's Organisation will bring community and voluntary sector perspective and support wider engagement with housing, voluntary and independent sectors and this MOU will be reviewed to ensure that wider engagement of these sectors is undertaken in a timely and effective way.

This MoU reflects an arrangement between the above listed organisations to operate within the agreed Terms of Reference to carry out the roles and responsibilities of the Liverpool Provider Alliance.

The MoU does not and is not intended to affect each Parties' individual accountability as an independent organisation.

INTRODUCTION

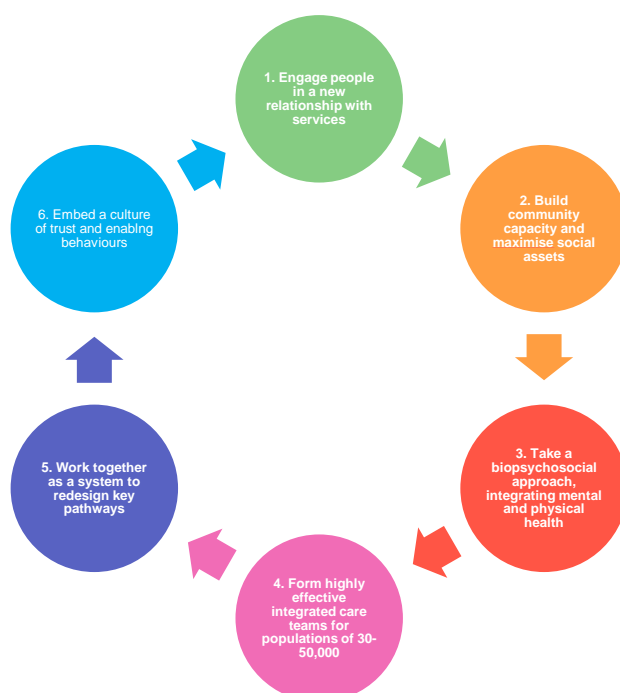
1. The Parties are providers and commissioners of a wide range of healthcare, social care and community services for the populations of Liverpool and have agreed to collaborate to deliver the Liverpool Provider Alliance Plan in support of the One Liverpool plan. This Memorandum of Understanding does not seek to limit the scope solely to the delivery of the Liverpool Provider Alliance Plan and leaves open the potential for the Parties to explore future collaborations on the delivery of other services beyond this.

BACKGROUND

2. After a protracted period of instability, the acquisition of community services in Liverpool by Mersey Care provides opportunity for health and social care organisations to create place-based system change for the delivery of better health outcomes. Rather than continue to provide separate mental health, social care or physical community services, providers will collaborate to operate within a 'One Team' ethos for out of hospital care, integrating primary care, social care, community physical and mental health services and the voluntary sector; utilising the collective resources of the NHS, the Council, housing, the voluntary sector and other key partners. This will also enable providers and commissioners to achieve significant allocative efficiencies by deploying existing staff and teams differently, shifting resources to more preventative interventions, and stopping those activities which fail to add value to the patient or citizen.
3. The Provider Alliance Plan sets out the case for change and identifies key areas for collaboration which will address the problems identified within the current system; reducing duplication, improving outcomes and addressing inefficiencies.
4. The Alliance will work together using it's collective resources to deliver this change in the community, from prevention through to recovery, encompassing all ages and delivering parity of esteem for mental health with physical health.
5. The Provider Alliance will be responsible for agreeing and overseeing these developments, ensuring services work in partnership whilst sharing risks and benefits across the health and social care system.

SCOPE

6. **In scope:** Implementation of the all-age Liverpool Provider Alliance Plan, notably the development and implementation of a new operational model for care closer to home, as set out in the diagram below:



7. The model is based on the principle that we must address people's dependency on hospital services by changing their passive relationship to services, maximising social support in the community and taking a biopsychosocial approach that addresses people's needs holistically. This approach will be operationalised through the development of highly effective integrated care teams for populations of 30-50,000, and reflected in the whole-system redesign of key pathways such as urgent care, the frailty pathway to reduce hospital dependency.
8. The Liverpool Provider Alliance plan sets out how the Alliance will work together using its collective resources to deliver this change in the community, from prevention through to recovery, encompassing all-ages and delivering parity of esteem for mental health with physical health.
9. The following principles in relation to the model of care set out in the Provider Alliance Plan:
 - a) **We will empower those with long term conditions to take more control of their own health.** 80% of people using health services are now cared for in low acuity setting, where the overwhelming control is with the person/child/family. We will enable people to do more for themselves, helped along by people who are sensitive to the strengths and circumstances of that individual and through relationships developed over time that are based on behaviour change. With a clear focus on prevention and supportive self-managed care, we will offer alternatives to more traditional health and social care services.
 - b) **We will provide whole-person care through a biopsychosocial approach.** Psychological needs and social circumstances are a strong but often overlooked driver of a person's health needs and their use of public services. There is overwhelming evidence that developing an integrated response to people with both mental and physical health problems, in particular supporting people with common mental health problems (such as, depression or anxiety) alongside a physical long-term condition could dramatically improve outcomes and reduce cost. Addressing people's psychological needs can enhance their motivation to make healthier choices and take more control over their own health, particularly for long term conditions.
 - c) **We will break down existing barriers between primary, community, hospital, mental health and social care, to create a streamlined experience for patients and avoid duplication.** The integrated model of care being developed in Liverpool is not about the 'bolt-on' of other services to providers existing service portfolio, but a genuine integration of functions and services in order to deliver significant benefits for patients, neighbourhoods and commissioners. This will require aligned infrastructure, clinical governance and resources. We believe that such an approach will enable providers and commissioners to achieve significant allocative efficiencies by deploying existing staff and teams differently, shifting resources to more preventative interventions, and stopping ineffective interventions.
 - d) **We will maximise community assets.** We are clear that to improve health and wellbeing we will need to deliver much more of a 'social model of health' that addresses the broader influences on health, social, cultural, environmental and economic factors. Liverpool CCG commissions a range of non-medical programmes and the provider alliance will build on this, developing the existing

neighbourhood structure to actively engage health and social care teams with their local communities, involving other agencies to actively work together to improve the health and wellbeing of local communities.

- e) **We will make the health care system simpler, particularly for those with complex needs.** We will stop the practice of different specialists visiting patients to assess for particular needs, co-ordinating care through designated Care Co-ordinators operating within the neighbourhood integrated care team. Innovative approaches will be implemented to provide more specialist and targeted support where it is clear that the universal care offer is not delivering positive outcomes.
- f) **We will work with secondary care to ensure our patients have access to specialist knowledge in out of hospital settings so that care can be delivered as close to the patient/community as possible.** We will across the system to redesign stroke, cardiology and respiratory pathways. Hospital specialists will work with integrated care teams to ensure people are getting timely specialist access and assessment.

Out of Scope: Day to day operational issues are not the focus of the Alliance, and these will be handled by each organisation in liaison with their respective regulator. Examples of operational issues out of scope include but are not limited to information relating to:

- bids or tenders to provide services, procurement of goods or services;
- contracts with commissioners;
- recruitment;
- terms and conditions of employment;
- staff sharing arrangements;
- the costs or inputs of providing a service; and
- future strategy, plans or pricing for service provision.

10. The Liverpool Provider Alliance has been meeting since April 2018 and now wishes to agree an initial Terms of Reference which are included as Appendix 1. The membership is currently made up of senior Executives from within the list of membership organisations. The Terms of Reference will continue to be refreshed to reflect the current roles, responsibilities and membership of the Alliance.

PURPOSE

11. The purpose of this Memorandum of Understanding is to reflect the commitment of the organisations who make up the membership of the “Liverpool Provider Alliance” in relation to the Provider Alliance Plan.

PRINCIPLES

12. All Parties agree to the following principles in relation to the proposed collaboration:

- a) To act collaboratively and in the best interest of the collective membership of the Liverpool Provider Alliance recognising that the success of the Liverpool Provider Alliance will maximise benefits for each of the members and for the public.
- b) To act in the best interests of service users and an engaged public

- c) To demonstrably improve the quality and clinical outcomes of the in-scope clinical services which the Parties provide to their patients
- d) To work as a partnership of equals
- e) To adopt an open and constructive relationship with each other in relation to the collaboration
- f) At all times to act in good faith towards one another
- g) To be cognisant of the sustainability of the system
- h) To manage all information supplied by other parties in a confidential manner

DATA SHARING AND CONFIDENTIALITY

13. For the purposes of any applicable data protection legislation the Parties shall be the data controller of any Personal Data (as defined in the General Data Protection Regulation (EU) 2016/79 (GDPR)) created in connection with the conduct or performance of the principles of this MoU.
14. Where appropriate the Parties agree to use all reasonable efforts to assist each other to comply with their respective responsibilities under any applicable data protection legislation. For the avoidance of doubt, this may include providing other Parties with reasonable assistance in complying with subject access requests and consulting with other Parties, as appropriate, prior to the disclosure of any Personal Data (as defined in the GDPR) created in connection with the conduct or performance of this MoU in relation to such requests.
15. All Parties will adhere to all applicable statutory requirements regarding data protection and confidentiality. The Parties agree to co-operate with one another with its respective statutory obligations under the Freedom of Information Act 2000 and Environmental Information Regulations 2004.
16. The Parties, shall not, (save as permitted by this clause 14) either during or after the period of this Agreement divulge or permit to divulge to any person (including the parties to this MoU) any information acquired by connection with this MoU or in connection with this MoU which concerns:
 - a) Any matter of commercial interest contained or referred to in this MoU;
 - b) All Parties' manner of operations, staff or procedures;
 - c) The identity or address or medical condition or treatment of services received by any client or patient of any of the Parties;
 - d) Unless previously authorised by the parties concerned in writing provided that these obligations will not extend to any information which is or shall become public information available otherwise than by reason of a breach by the Parties of the provisions of this clause
17. For the avoidance of doubt, nothing in this MoU shall be construed as preventing any rights or obligations that the Parties may have under the Public Interest Disclosure Act (1998) and / or any obligations that the Parties have or may have to raise concerns about any malpractice with regulatory or other appropriate statutory bodies pursuant to his professional and ethical obligations including those obligations set out in the guidance issued by regulatory or other appropriate statutory bodies from time to time.
18. The Parties acknowledge and agree that each may be required to disclose Confidential

Information to others.. For the purpose of this MoU Confidential Information means the provisions of this MoU and all information provided in connection with this MoU 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-know, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this MOU. The Parties undertake for themselves and their respective Boards and employees:

- a) The disclosing Party shall confirm whether information is to be regarded as confidential prior to its disclosure by clearly marking all such documents with 'Confidential';
- b) All Parties shall use no lesser security measures and degree of care in relation to any Confidential Information received from the other Party than it applies to its own Confidential Information;
- c) The Parties shall not disclose any Confidential Information of the other Parties to any third party without the prior written consent of the other Parties;
- d) On the termination of this Agreement, each Party shall return any documents or other material in its possession that contains confidential information of the other Parties; and
- e) All Parties agree that there may be a need for external contractors to request and access information for the sole purposes of advancing the work of the Provider Alliance.

19. The Parties that are subject to this MOU agree to provide in an agreed timely manner and without restriction all information agreed as required by Alliance members to support the workplan and requested and required by the relevant designated Business Intelligence project team (either internal team or external contractor) to carry out the work including but not limited to relevant detailed financial, activity, workforce and estates related information pertaining to the proposed changes;

- a) All Parties agree that publicly available information may be shared fully with all other Parties that are subject to this agreement;
- b) Non-publicly available information provided to the designated team or contractor as part of this project including (but not limited to) relevant financial, activity, workforce and estates related information will be held securely by the contractor and not shared with the other providers, CCGs connected to this project without the express permission of the relevant originating organisation; and
- c) No information will be shared with parties outside of the membership of the Liverpool Provider Alliance (except those designated to work directly on the Liverpool Alliance Plan as per clause 15e)

20. Clause 15 shall not apply to any information which is already in the public domain (other than by a breach of this Agreement), or where disclosure is required by law or in relation to any information which is lawfully requested by government, Monitor or NHS England.

RESOURCING

21. All Parties agree that the success of the Provider Alliance Plan and new operational model for integrated care set out in this Plan relies on effective resources for

- a) operational service delivery of the new integrated care teams
- b) programme and project support for programme of work

- 22. All Parties commit to providing in-kind suitable resources to assist with the development and delivery of the Provider Alliance Plan wherever possible, including Integrated Care Teams once this resource requirement is established and agreed.
- 23. If any Party cannot provide suitable resource from existing internal structures, then the Party will seek to provide remuneration for alternative resource to be sourced.
- 24. The resourcing constraints of individual organisations, particularly those in the voluntary and community sector, are noted and all decisions regarding resourcing will be subject to discussion and agreement with individual organisations.
- 25. The Alliance will collectively agree the provision of resource or remuneration from Parties to ensure an equitable split based on the size and capacity of the organisation.
- 26. The Alliance will review the resourcing plan for on a quarterly basis to ensure appropriate resourcing.

TERM AND REVIEW

- 27. This MoU commences on the date it is entered into and will continue unless terminated in accordance with clause 26.
- 28. The Memorandum of Understanding shall be reviewed by the Parties one year after the last of the ten signatories have applied their signatures to this document.

NOTICE AND TERMINATION [NOTICE PERIOD?]

- 29. All Parties reserve the right to withdraw from the Memorandum of Understanding at any point without penalty, by informing the other Parties of their intention to do so in writing with a minimum of three months notice
- 30. Reasons for termination may include, but are not restricted to, where it is felt there is a detriment to the performance of any Parties because of this Agreement.

SEVERABILITY

- 31. If any provision of this Agreement is or becomes illegal, void or invalid, that shall not affect the legality and validity of the other provisions.

LEGAL STATUS

- 32. With the exception of the Parties' duties of data protection and confidentiality set out above at clauses 11 to 13 (inclusive), the Parties acknowledge that this MoU is a non-binding Agreement between the Parties. It has no legal standing and no party will seek redress through any legal process. It is expected, however, that for the duration of the

Agreement all parties will adhere to the terms of the Agreement as outlined.

33. Despite the general lack of legal obligation (with exceptions set out above) imposed by this MOU, the Parties have each given proper consideration to the terms set out in this MOU and agree to act in good faith and in accordance with its terms. The legally binding obligations of this MoU will cease to have effect upon termination of this MoU.

VARIATION TO THE AGREEMENT

34. Should it become necessary, this Agreement may be varied in writing subject to mutual Agreement by all parties.
35. Where mutual Agreement cannot be gained then the relevant notices outlined above may be invoked in order to terminate the Agreement.

ACRUED RIGHTS AND REMEDIES

36. Neither the expiration nor the termination of the Agreement shall prejudice or affect any right of action or remedy which shall have accrued or shall thereafter accrue to any party to this Agreement.

FORCE MAJEURE

37. No party to the Agreement shall be liable to the other party for any failure to perform its obligations under the Agreement where such performance is rendered impossible by circumstances beyond its control, but nothing in this condition shall limit the obligations of all parties to use their best endeavours to fulfil their obligations under the Agreement.

PARTNERSHIP

38. Nothing in this Agreement shall create, imply or evidence any partnership or joint venture between the parties or the relationship between them or principal and agent.

GOVERNING LAW AND JURISDICTION

39. This MoU shall be governed by and construed in accordance with English law and each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

APPENDIX 1

Title	Liverpool Provider Alliance Terms of Reference		
Author	Teresa Clarke/Helen Bennett		
Target Audience	Members of Liverpool Provider Alliance		
Version	V0.4		
Created – date	07/06/18		
Date of re-issue			
Document Status	DRAFT		
File name and path			
Document History:			
Date	Version	Author	Details
22/05/2018	0.1	Teresa Clarke	Initial draft for review
07/06/2018	0.2	Helen Bennett	Further draft
14/06/17	0.3	Helen Bennett	LWH inclusion
27/06/2018	0.4	Hempsons	Legal review
19/07/2018	0.5	Helen Bennett	Amendments to member details (names and titles) and quoracy clarification.
Approved by:			
Governance route:			
Group	Date	Version	Purpose
Purpose			
Document the Terms of Reference of the Liverpool Provider Alliance			

1. Background

Liverpool has a diverse and complex health and social care economy with a strong history of partnership working. It has a number of excellent hospitals, a thriving voluntary and third sector and good quality social care services. Despite this we are not solving the most intractable health challenges with huge variation in health outcomes even within neighbourhoods of Liverpool.

People's lives and associated health problems are increasingly complex and require services to work together in order to be effective, but all too often individual organisations offer services in isolation. As is set out in the *Five Year Forward View* and the Cheshire and Merseyside Sustainability and Transformation Plan, the NHS part of this system is not financially or clinically sustainable in its current form.

There is a shared ambition from all partners to improve health outcomes for the people of the City whilst moving towards financial and service sustainability for health and social care services.

2. Purpose

After a protracted period of instability community services in Liverpool are currently in the process of transferring to Mersey Care and this provides opportunity for health and social care organisations to create place-based system change for the delivery of better health outcomes. Rather than continue to run separate mental health, social care or physical community services, providers will collaborate to operate within a 'One Team' ethos for out of hospital care, uniting primary care, social care, community physical and mental health services and the voluntary sector; utilising the collective resources of the NHS, the Council, housing, the voluntary sector and other key partners. This will also enable providers and commissioners to achieve significant allocative efficiencies by deploying existing staff and teams differently, shifting resources to more preventative interventions, and stopping those activities which fail to add value to the patient or citizen.

The Provider Alliance Plan sets out the case for change and identifies key areas for collaboration which will address the problems identified within the current system; reducing duplication, improving outcomes and addressing inefficiencies.

The Provider Alliance will be responsible for agreeing and overseeing these developments, ensuring services work in partnership whilst sharing risks and benefits across the health and social care system.

3. Core Principles and Responsibilities

The Provider Alliance will operate with the principle of collective decision-making, recognising that certain decisions will ultimately be taken by commissioners or providers.

The following core principles will underpin the way the Provider Alliance will operate:

- New care models will be developed in partnership with commissioners, providers, citizens and communities;
- Decisions will be based on achieving better outcomes and experience for adults who require Health and Care Services;
- Service transformation will deliver an effective and efficient use of resources whilst assuring safe and effective standards of service;
- Services will be evidence-based and of the best quality, encompassing safety, effectiveness and experience;
- Liverpool residents will be given more choice and control of services, supporting self-care and independence;
- Clinical and democratic accountability will be implicit within all decisions;
- Respect for professional areas of knowledge and expertise;
- Collective management of risks and benefits; and
- Each organisation remains sovereign: whilst responsibilities may be delegated, accountability cannot.

4. Membership

Members of the Provider Alliance must:

- at all times act in good faith towards each other;
- act in a timely manner;
- share information and best practice, and work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
- at all times, observe relevant statutory powers, requirements and best practice to ensure compliance with applicable laws and standards

The Provider Alliance membership will consist of the following members, or their nominated representatives:

<u>Name</u>	<u>Title</u>	<u>Organisation</u>
Joe Rafferty	Chief Executive Officer	Mersey Care NHS FT
Neil Smith	Executive Director of Finance / Deputy Chief Executive	Mersey Care NHS FT
Louise Edwards	Director of Strategy and Planning	Mersey Care NHS FT
Trish Bennett	Director of Integration	Mersey Care NHS FT
Andy Meadows	Trust Secretary	Mersey Care NHS FT

Barney Schofield	Director of Operations and Transformation/Acting Deputy CEO	Clatterbridge Cancer Centre NHS FT
Maggie O'Carroll	Chief Executive Officer	The Women's Organisation
Helen Millne	Deputy CEO	The Women's Organisation
Jude Mahadanaarachchi	Chief Executive Officer	Liverpool General Practice Provider Organisation
Tom Jennings	Director	Liverpool General Practice Provider Organisation
Lesley Dixon	Chief Executive	PSS (UK) Ltd
Julie Purvis	Head of Service: Promoting Wellbeing	PSS (UK) Ltd
Mary Ryan	Chief Executive Officer	Urgent Care 24
Martin Farran	Director of Adult Social Care and Health	Liverpool City Council
Sandra Deane	Interim Assistant Director - Operations	Liverpool City Council
Steve Reddy	Director of Children and Young People's Services	Liverpool City Council
Sandra Davies	Director of Public Health	Liverpool City Council
Aiden Kehoe	Chief Executive Officer	Royal Liverpool Broadgreen University Hospital NHS Trust
Louise Shepherd	Chief Executive Officer	Alder Hey Children's Hospital NHS FT
Steve Warburton	Chief Executive Officer	Aintree University Hospital NHS FT
Jane Tomkinson	Chief Executive Officer	Liverpool Heart and Chest Hospital NHS FT
Tony Wilding	Director of Strategic Partnerships & Chief Operating Officer	Liverpool Heart and Chest Hospital NHS FT
Nicola Williams	Head of Wellbeing & Social Investment	Onward
Kathryn Thomson	Chief Executive	Liverpool Women's Hospital NHS Foundation Trust
Rob Barnett	Secretary	Liverpool LMC
Hayley Citrine	Chief Executive	The Walton Centre NHS Foundation Trust
Mike Gibney	Director of Workforce and Innovation	The Walton Centre NHS Foundation Trust

The Chair will be the Chief Executive of Mersey Care NHS Foundation Trust. A deputy chair will be identified.

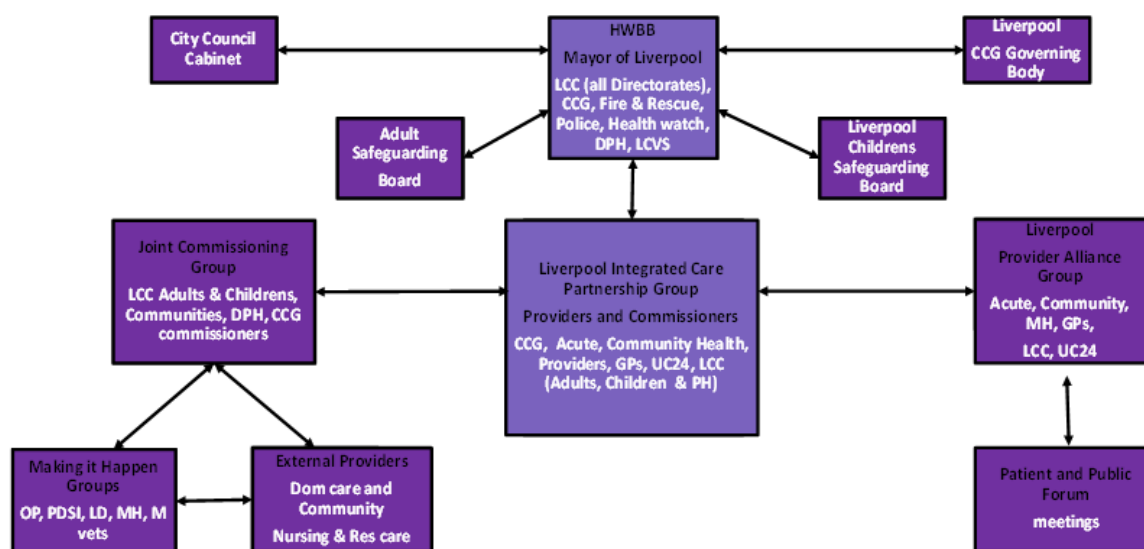
Liverpool CCG officers will attend the Provider Alliance, but shall not be members.

5. Governance

Each organisation within the Provider Alliance will be responsible for ensuring that its own internal governance arrangements are followed as appropriate.

However, improving health outcomes is a complex challenge which is bigger than any single organisation and therefore requires effective partnership working.

Effective partnership governance will be essential to unite local organisations around the improvement of out of hospital services, so that all partners in the local health system is playing their part in the 'One Team' ethos for the city. The Provider Alliance will report to the Integrated Care Partnership Group established by Liverpool City Council, and the Joint Commissioning Committee that reports to the Health and Wellbeing Board. These governance arrangements are set out in the summary diagram below.



6. Decision-making

Each Provider Alliance member will have a single vote exercisable by its representatives and decisions will be made by unanimous consensus. Where the Parties are not unanimous matters for decision will be escalated in accordance with clause 8.

Each Provider Alliance representative will have the delegated authority to make decisions on behalf of the Provider they represent. The Providers will ensure that such delegation arrangements are in place for the members of the Provider Alliance.

7. Conflicts of Interest

The general principle is that all potential or perceived conflicts of interest should be declared.

Where there are conflicts of interest these will be managed by the Chair and recorded in the minutes. Provider Alliance members may be asked to leave the meeting for specific discussions.

8. Escalation and Dispute Resolution

Provider Alliance members will seek to agree a collective view for recommendation to individual organisation's approving bodies. Where a collective view cannot be reached, the issue will be escalated to the Chief Executive / Chief Officer of each organisation to resolve and if resolution is still not reached to the Mayor/Chair of each organisation.

9. Frequency and notice of meetings

Meetings will initially be held on a monthly basis for a period of 6 months and frequency will be reviewed at the end of this period.

Unless otherwise agreed, not less than 1 months' notice shall be given for a meeting.

10. Quoracy

Meetings will be quorate when representatives from at least 8 organisations who are party to the Liverpool Provider Alliance Memorandum of Understanding are present, including the Chair or their deputy.

Members must be able to:

- Understand high level plans and have the ability to monitor progress against them.
- Understand and act on those factors that affect the successful delivery of plans.
- Hold each other to account for delivery of plans
- Broker relationships with stakeholders within and outside the Provider Alliance.
- Be aware of the broader perspective.

12. Meeting Papers

The agenda shall be developed by the Chair of the Provider Alliance. Administration of meetings will be provided by Mersey Care NHS Foundation Trust and papers will be circulated a minimum of 5 working days in advance of the meeting.

Unless otherwise agreed, meetings are to be held in private.

13. Date to review Terms of Reference

April 2019

SIGNATORIES

AGREED by the Parties, signed on behalf of the Board of each Party:

Signed by:

Signature

Name _____

Role _____

Organisation _____

Date _____

Signed by:

Signature

Name _____

Role _____

Organisation _____

Date _____

Signed by:

Signature

Name _____

Role _____

Organisation _____

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