



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 7 July 2020		Agenda item: 82/20	
Report title:		Joint Committee governance	
Joint Committee sponsor:		Chair	
Clinical Lead:		N/A	
Author:		Stephen Gregg – Governance Lead	
Presenter:		Stephen Gregg	
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	✓
Assurance			
Executive summary			
<p>1. This report summarises key governance issues since the Joint Committee last met in public on 14th January 2020.</p> <p>Background</p> <p>2. As a result of the COVID lockdown, the Joint Committee has not met in public since 14th January 2020. The refocus on dealing with COVID has meant that some ‘business as usual’ activities, such as approval of the Committee’s annual report for 2019/20, have been carried out virtually (Appendix 1).</p> <p>3. COVID has significantly disrupted both normal services and governance arrangements. Partnership Programmes have been refocussed and priorities have shifted. Other activities have been postponed, including refining the high level work plan into a more detailed plan for 2020/21. This, combined with the fact that the existing Joint Committee work plan had largely run its course, has meant that there has been no requirement for the Joint Committee to take any formal commissioning decisions during the COVID lockdown.</p> <p>Memorandum of Understanding</p> <p>4. At its meeting in public in January, the Joint Committee agreed a revised Memorandum of Understanding for Collaborative Commissioning (MoU) and work plan, subject to the inclusion of further detail about urgent and emergency care. At its development session in March, the Committee recommended that the revised MoU and work plan be presented to the individual CCGs for consideration and approval.</p> <p>5. The main substantive changes in the new MoU are:</p>			

- The delegation of new commissioning decisions – both service and non-service specific - to the Joint Committee (see schedules 2 and 4 of the MoU attached at **Appendix 2**); and
 - Changes in the membership of the Committee, with North Yorkshire CCG becoming an associate member, invited to attend meetings and contribute to the discussion but not able to vote (see the revised terms of reference for the Joint Committee at schedule 3 of **Appendix 2**)
6. Bradford, Calderdale Leeds, North Kirklees and Wakefield CCGs have approved the MoU and workplan, which is currently being considered by members in Greater Huddersfield CCG. Progress on this will be reported verbally at the meeting. North Yorkshire CCG has agreed to adopt the principles of collaboration set out in the MoU and has agreed to become an Associate member of the Joint Committee.
7. The new MoU and workplan will come into effect once it has been approved by all of the West Yorkshire CCGs.

Moving forward

8. Moving forward, the Committee's work plan and role will need to evolve to reflect the priorities in the revised work plan and the new priorities arising from the stabilisation and reset process. The Committee's risk framework will also be refreshed to reflect these changes.
9. In view of the forthcoming departure of Richard Wilkinson, a process is underway to recruit a new CCG lay representative to the Committee.
10. CCG mergers have meant that the PPI Assurance Group, which provides assurance to the Committee on patient and public involvement, now only has a core membership of only 5. At its meeting on 15th June, the Group gave initial consideration to the implications of this, including how the Group might link into other patient and public assurance mechanisms across the WY&H Partnership. It is proposed that further work be done to explore the future membership and role of the PPI Assurance Group.

Practical considerations during COVID

11. While social distancing rules remain in force, the Committee will continue to meet virtually. We will review how future meetings are held as the guidance evolves.

Recommendations and next steps

The Joint Committee is asked to:

- a) **Note** the 2019/20 annual report.
- b) **Note** the progress in agreeing the new MOU and work plan and that the MoU will be presented to the Accountable Officers once it has been agreed by all of the CCGs.
- c) **Request** that a detailed schedule, based on the revised work plan, be presented to the meeting in public in October, together with the refreshed risk framework.

d) **Request** that further work be done to explore the future membership and role of the PPI Assurance Group.

Delivering outcomes: describe how the report supports the delivery of priority outcomes (Health and wellbeing, care and quality, finance and efficiency)

The MoU and work plan focuses on the delivery of priority outcomes.

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	A key element of the work plan and critical path for Joint Committee decisions.
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Public involvement:	As above.
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Finance:	As above.
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Risk:	A refreshed risk framework will be presented to the next meeting in public.
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Conflicts of interest:	None identified.
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West Yorkshire & Harrogate Joint Committee of CCGs

Annual report 2019/2020

Chair's foreword

I'm pleased to present the third Annual Report of the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups. The Joint Committee is part of the West Yorkshire and Harrogate Health and Care Partnership ('the Partnership') and plays an important role in delivering its priorities. The Committee's work has a real impact on people's lives. For example, the Healthy Hearts project has led to more than 8,000 people across West Yorkshire and Harrogate now having their blood pressure monitored, meaning fewer heart attacks, strokes and deaths.

The Committee brings together the Clinical Commissioning Groups (CCGs) from our local places – Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield – to take joint decisions that help improve the health and wellbeing of people across West Yorkshire and Harrogate. As the Lay Chair of the Joint Committee, I am independent of the CCGs. I'm supported by two CCG lay members and together we make sure that the Joint Committee puts people at the centre of its work and takes fair, transparent decisions.

Over the year, the Committee has agreed:

- a range of treatment pathways and policies which are helping to improve equity in access to services, reduce health inequalities and avoid the 'postcode lottery'. They include:
 - a new pathway for musculoskeletal conditions – those affecting the joints, bones and muscles
 - policies for treating shoulder, knee and hip conditions
 - a pathway and policy for cataract surgery
 - a policy to support people with diabetes, which reduces the need for 'finger prick' testing.
- simplified treatment guidance for people with high cholesterol which has reduced the number of people having heart attacks and strokes.
- new ways of providing joined up urgent care services, which have increased access to clinical advice and face to face appointments.

In March 2020, the Partnership published 'Better health and wellbeing for everyone: Our five year plan ([make link](#))'. This sets out big ambitions to reduce health inequalities and improve the wellbeing of people across our localities. The Joint Committee has already made an important contribution to these ambitions and our work plan is changing to make sure that we can continue to do so. We know there is still more to do to join up strategic commissioning across West Yorkshire and Harrogate and work collaboratively with health and care providers. I am delighted that the Joint Committee will be leading this important work over the next twelve months.

The national coronavirus outbreak has highlighted the vital importance of everyone across the health and care system working together effectively. I very much look forward to working with CCG leaders to further develop the important role of the Joint Committee once we can return to business as usual.

Marie Burnham

Independent Lay Chair, West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

You can watch our meetings 'live' on the internet and find out more about the Joint Committee here: <https://www.wyhpартnership.co.uk/meetings/west-yorkshire-harrogate-joint-committee-ccgs>

You can read more about the difference our Partnership is making, including case studies, here: <https://www.wyhpартnership.co.uk/>

The role of the Joint Committee

The Joint Committee is part of the West Yorkshire and Harrogate WY&H) Health and Care Partnership ('the Partnership'). The Committee enables the WY&H Clinical Commissioning Groups to work together effectively – making sure that when it makes sense, work is done once and is then shared across WY&H. The Committee has delegated authority from the CCGs to take joint decisions on agreed priorities. As well as formal decisions, the Committee also makes recommendations to the CCGs when a collaborative approach will help to achieve better outcomes. Each CCG agrees the Committee's Terms of Reference and its work plan, which sets out the decisions for which it is responsible.

1. Membership and attendance

The Committee is made up of two representatives from each of the WY&H CCGs – usually the Clinical Chair and the Accountable Officer. To ensure that decision making is open and transparent, the Committee has an independent lay chair and two lay members appointed from the CCGs. Representatives from the Partnership team and NHS England/Improvement also attend. The Committee met five times in 2019/20. The attendance record is at Appendix 1.

2. Public and patient involvement (PPI)

In 2018, the Joint Committee established a PPI Assurance Group made up of the PPI Lay Members from each CCG. The PPI Group provides assurance that the public and patient voice informs the Committee's decisions. Reports submitted to the Committee identify what patient and public involvement has already taken place or is planned.

We hold our Committee meetings in public and also stream them 'live' on the internet. The Committee invites questions about its business and, if there is time, answers them during each meeting. We promote the Joint Committee meetings in public and publish written answers to all questions after each meeting on our website ([make link](#)).

3. Achievements

The Committee has led important work to improve health and wellbeing across WY&H:

Reducing variation in planned care

The Committee has agreed commissioning policies which improve equity in access to services, help reduce health inequalities and tackle the 'postcode lottery':

Musculoskeletal pathway

Musculoskeletal (MSK) conditions affect the joints, bones and muscles. The Committee agreed a pathway to address high demand and variation in MSK services across West Yorkshire and Harrogate. The pathway aims to ensure that all, but the most urgent, MSK cases are managed in primary care or through referral to an MSK service and that patients receive the right care in the right place at the right time. The pathway reflects feedback from patient and public engagement, which showed support for self-management of MSK

conditions, an increase in the range of services available in GP practices and better co-ordination of services.

Knee, shoulder and hip policies

The Committee agreed WY&H policies covering surgical and non-surgical procedures for a range of conditions relating to:

- shoulder pain and instability
- knee pain
- hip problems.

Having single policies helps to address any unnecessary variations in care across WY&H. Evidence-based clinical thresholds mean that surgical procedures are carried out only when they are clinically effective, and where alternative non-surgical options have been ineffective. They also require lifestyle factors like Body Mass Index and smoking status to be assessed, as they may influence long term health outcomes. Shared decision-making between patients and clinicians help patients to understand the risks and benefits of the procedures.

Cataract surgery

The Committee agreed a WY&H-wide pathway and policy for cataract surgery, which is the most common planned surgical procedure in the UK. Across WY&H there are around 25,000 procedures every year, which is expected to increase as people live longer and the population increases.

The Committee agreed proposals to make better use of community optometrists, including high street opticians. Community optometrists will evaluate a patient's suitability for surgery, discussing options with them before making a shared decision. Making better use of our community optometrists will release specialist capacity in hospitals to see higher risk patients with potentially sight-threatening conditions.

Flash glucose monitors

The Committee agreed a WY&H commissioning policy for flash glucose monitors. These are small sensors worn on the skin for monitoring the glucose levels of people with diabetes, which help people to monitor their blood sugar levels and reduce the need for 'finger prick' testing.

NHS England and Improvement Medicines Value Programme

The Committee agreed the recommendations of the NHS England and NHS Improvement Medicines Value Programme. The programme aims to increase value from the prescribing budget and reduce unwarranted variation in prescribing practice. The Committee agreed that primary care prescribers should not initiate and in many cases should de-prescribe a number of items, mainly relating to skin and cardiac conditions. These items are of low clinical effectiveness or more cost-effective products were available.

West Yorkshire and Harrogate Healthy Hearts

In 2018/19, following a recommendation from the Joint Committee, the WY&H CCGs adopted the Healthy Hearts improvement project, which built on successful work in Bradford. The project aims to identify more people with high blood pressure, help them to control it better and as a result reduce the risk of heart attacks and strokes. To support Phase 2 of the project, the Committee approved simplified guidance for treating people with high cholesterol.

By the end of January 2020, WY&H Healthy Hearts had seen an increase of nearly 8,000 patients with controlled blood pressure and in addition, more than 7,500 patients had been

added to hypertension registers. Over the next five years these interventions have the potential to prevent 65 deaths, 82 heart attacks and 122 strokes.

Urgent and emergency care

In December 2018, the Committee approved a new approach to Integrated Urgent Care services which aimed to ensure that people who call 111 needing urgent medical attention receive the most appropriate help. A progress report to the Committee showed that the changes had increased access to clinical advice for patients and had also increased the ability for patients to book face to face appointments in primary care.

4. Working better together

The Committee is leading on new approaches to enable the CCGs to work more efficiently and effectively together as commissioners and with service providers:

Commissioning futures

The Committee has led work on future arrangements for commissioning at scale across WY&H, including expanding and developing the role of the Joint Committee. Proposals for the Committee to take on new commissioning responsibilities, including maternity services and assessment and treatment units for people with complex learning disabilities, will be considered by the individual CCGs during the first quarter of 2020/21.

Quality and equality impact assessment

In 2018/19 the Committee approved a new approach to providing assurance that its decisions are supported by robust impact assessments, avoiding unnecessary duplication across the CCGs. This 'do once and share' approach to Quality and Equality Impact Assessment has been successfully used for all new commissioning policies and the Committee has recommended its use across the wider Partnership.

5. Governance

In March 2020, CCG Accountable Officers agreed a three month extension of the Memorandum of Understanding which established the Committee. During the first quarter of 2020/21 the individual CCGs will be asked to approve a revised MoU which reflects changes in the configuration of CCGs across WY&H and includes a new work plan for the Committee. You can read this on our website [here](#). (add link)

The Committee maintains a register of members' interests and declarations of interest are a standing item on all agendas. At each meeting, the Committee reviews the significant risks to the delivery of its work programme and assesses how these risks are being mitigated.

As a result of the national COVID-19 outbreak in March 2020, the Committee's annual evaluation of its performance was postponed. It will now take place in early 2020/21. The Committee will use the learning from the evaluation to help develop its work during the year.

Attendance record

Appendix 1

Organisation and role	Member	Attendance (eligible)
Independent Lay Chair	Marie Burnham	5 (5)
CCG Lay members (to 19/05/19 meeting) (from 01/10/19 meeting)	Richard Wilkinson Fatima Khan-Shah Stephen Hardy	5 (5) 1 (1) 3 (3)
NHS Airedale, Wharfedale and Craven CCG Clinical Chair	Dr James Thomas	5 (5)
NHS Bradford City CCG Clinical Chair (to 19/05/19) Clinical Chair (from 02/07/19)	Dr Akram Khan Dr Sohail Abbas	1 (1) 3 (4)
NHS Bradford Districts CCG Clinical Chair	Dr Andy Withers	5 (5)
NHS Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs Chief Officer	Helen Hirst	5 (5)
NHS Calderdale CCG Clinical Chair Chief Officer (Deputy: Chief Finance Officer)	Dr Steven Cleasby Dr Matt Walsh Neil Smurthwaite	5 (5) 3 (5) 2 (2)
NHS Greater Huddersfield CCG Clinical Leader	Dr Steve Ollerton	5 (5)
NHS North Kirklees CCG Clinical Chair	Dr David Kelly	3 (5)
NHS Greater Huddersfield and North Kirklees CCGs Chief Officer	Carol McKenna	5 (5)
NHS Harrogate & Rural District CCG Clinical Chair Chief Officer	Dr Alistair Ingram Amanda Bloor	5 (5) 5 (5)
NHS Leeds CCG Clinical Chair Chief Executive (Deputy: Director of Operational Delivery)	Dr Gordon Sinclair Tim Ryley Sue Robins	4 (5) 3 (5) 2 (2)
NHS Wakefield CCG Clinical Chair (to 19/05/19) Clinical Chair (from 02/07/19) Chief Officer (Deputy: Chief Finance Officer)	Dr Phillip Earnshaw Dr Adam Sheppard Jo Webster Jonathan Webb	1 (1) 4 (4) 3 (5) 2 (2)

Dated – 30th June 2020

**MEMORANDUM OF UNDERSTANDING
FOR
COLLABORATIVE COMMISSIONING
BETWEEN
CLINICAL COMMISSIONING GROUPS
ACROSS
WEST YORKSHIRE AND HARROGATE**

VERSION 1.2

Version	Variations and amendments	Date
1.0	Original version	2 May 2017
1.1	Variations to reflect changes to the Committee voting arrangements and Work Plan. Administrative amendments to reflect the merger of the 3 Leeds CCGs, update membership details and correct drafting and typographical errors.	25 June 2018
1.2	Variations to reflect: Changes in the configuration of the CCGs in West Yorkshire and Harrogate, the membership of the Joint Committee and its voting arrangements. The establishment of the status of Associate Member of the Joint Committee of CCGs. New service and non-service specific matters delegated to the Joint Committee. The priorities set out in the West Yorkshire and Harrogate Five Year plan.	1 April 2020

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THIS AGREEMENT is dated the xx day of xxxx 2020 **BETWEEN**

- (1) **NHS Bradford district and Craven Clinical Commissioning Group** whose principal office is at Scorex House (West), 1 Bolton Road, Bradford, BD1 4AS ("**Bradford district and Craven CCG**");
- (2) **NHS Calderdale Clinical Commissioning Group** whose principal office is at 5th Floor, F Mill, Dean Clough Mills, Halifax, West Yorkshire, HX3 5AX ("**Calderdale CCG**");
- (3) **NHS Greater Huddersfield Clinical Commissioning Group** whose principal office is at Norwich Union House, 2nd Floor, Market Street, Huddersfield HD1 2LF ("**Greater Huddersfield CCG**");
- (4) **NHS Leeds Clinical Commissioning Group** whose principal office is at Suites 2-4, Wira House, Wira Business Park, Leeds, West Yorkshire, LS16 6EB ("**Leeds CCG**");
- (5) **NHS North Kirklees Clinical Commissioning Group** whose principal office is at Norwich Union House, 2nd Floor, Market Street, Huddersfield HD1 2LF ("**North Kirklees CCG**"); and
- (6) **NHS Wakefield Clinical Commissioning Group** whose principal office is at White Rose House, West Parade, Wakefield, West Yorkshire, WF1 1LT ("**Wakefield CCG**"),

each a "**Party**" and together the "**Parties**".

ASSOCIATE MEMBERS

NHS North Yorkshire Clinical Commissioning Group ("North Yorkshire CCG") is not a "**Party**", but is an Associate Member of the West Yorkshire and Harrogate Joint Committee of CCGs. It is signatory of this document to signify its commitment to the objectives of the collaborative and its agreement to the principles, values and behaviours set out in the West Yorkshire and Harrogate Partnership Memorandum of Understanding.

BACKGROUND

- (A) The Parties wish to enter into an arrangement to collaboratively commission the delivery of healthcare services across the geographic area covered by the Parties. Under section 14Z3(2A) of the NHS Act 2006, the Parties may establish a joint committee of the Parties to exercise the Parties' commissioning functions jointly.
- (B) Under 'Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21'¹ published in December 2015, all health and care systems nationally produced a Sustainability and Transformation Plan (STP), setting out how they would accelerate implementation of the Five Year Forward View up to 2021.
- (C) This was followed in 2019 by the NHS Long Term Plan. Health and care systems were required to produce a Five Year Plan, setting out how they would implement the Long Term Plan. This Agreement sets out a framework for collaborative decision-making by the Parties in accordance with section 14Z3 of the NHS Act 2006 through a joint committee of the Parties. It will play a crucial role in underpinning the Five Year Plan of the West Yorkshire and Harrogate Health and Care Partnership.
- (D) From 1st April 2020, Harrogate and Rural District CCG will merge with Hambleton, Richmondshire and Whitby CCG and Scarborough and Ryedale CCG to form North Yorkshire CCG. North Yorkshire CCG are not Party to this agreement, but have the status of Associate Member of the Joint Committee of CCGs.

IT IS AGREED:

1. DEFINITIONS AND INTERPRETATION

1.1 In this Agreement unless the context otherwise requires the following words and expressions shall have the following meanings:

"Agreement"	this agreement between the Parties comprising these terms and conditions, together with the Schedules;
"Annual Contribution"	the annual financial contribution of each Party (as set out in Schedule 6) to the Programme Management Budget and such other costs of the Collaborative as the Joint Committee may agree;
"CCG Decisions"	has the meaning set out in Clause 6.1.1;
"Claim"	any legal proceedings or claim including but not limited to: (a) pre-action correspondence and claims for judicial review and any enforcement action brought by the Information Commissioner; and (b) any referral of a dispute to the Secretary of State for Health in accordance with section 9(6) of the National Health Service Act 2006;
"Clinical Chair"	the GP chair of a Party;
"Collaborative"	the collaborative commissioning arrangements set out in this Agreement;
"Commencement Date"	1 st April 2020;
"Commissioning Contract"	any agreement with a Provider for any Services listed in the Workplan;
"Commissioning Contract Variation Report"	has the meaning set out in Clause 10.8;
"Data Protection Legislation"	the Data Protection Act 1998, the Data Protection Directive (95/46/EC), the General Data Protection Regulation (Regulations (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016) once in application, the Regulation of Investigatory Powers Act 2000, the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (SI 2000/2699), the Electronic Communications Data Protection Directive (2002/58/EC), the Privacy and Electronic Communications (EC Directive) Regulations 2003 (SI 2426/2003), the common law duty of confidentiality and all applicable laws and regulations relating to the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner;
"Defaulting Party"	a Party that commits a persistent or material breach of this Agreement;
"Deputy"	has the meaning in paragraph 2.12 of Schedule 3;
"First MoU"	the memorandum of understanding entered into by the Parties dated 14 June 2016 in respect of collaborative

	commissioning across West Yorkshire and Harrogate;
"Exiting Party"	has the meaning in Clause 15.1;
"Expiry Date"	31 March 2021;
"FOIA"	the Freedom of Information Act 2000, as amended from time to time;
"Five Year Plan"	the Five Year Plan of the West Yorkshire and Harrogate Health and Care Partnership
"Functions"	the commissioning functions of each of the Parties in arranging for the provision of the Services, and "commissioning functions" has the meaning set out in section 14Z3(7) of the NHS Act 2006;
"Guidance"	any applicable health or social care guidance, guidelines, direction or determination, framework, code of practice, standard or requirement to which the Parties and/or a Provider have a duty to have regard (and whether specifically mentioned in a relevant Commissioning Contract or not), to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Provider by the Parties and/or any relevant Regulatory or Supervisory Body;
"Holding"	in relation to each of the Parties, the percentage by value attributable to it of the annual contract value of the relevant Commissioning Contract, calculated at the start of the relevant financial year;
"Host Party"	the Party which hosts the Programme Management Office from time to time, being NHS Wakefield CCG as at the Commencement Date;
"Information Sharing Agreement"	the information sharing agreement to be entered into between the Parties on or about the date of this Agreement;
"Initial Term"	the period beginning on the Commencement Date and ending on the Expiry Date;
"Joint Committee"	the joint committee established by the Parties for the purpose of the Collaborative;
"Joint Committee Decisions"	has the meaning set out in Clause 6.1.2;
"Joint Committee Member"	means the nominated representative of a Party who is a member of the Joint Committee, in accordance with the terms of reference set out in Schedule 3;
"Joint Committee Associate Member"	means a CCG which attends the Joint Committee of CCGs but does not have voting rights or the same responsibilities as the Parties to this agreement.
"Law"	(a) any applicable statute or proclamation or any

	delegated or subordinate legislation or regulation;
	(b) any enforceable EU right within the meaning of section 2(1) European Communities Act 1972;
	(c) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;
	(d) Guidance;
	(e) National Standards; and
	(f) any applicable code,
	in each case in force in England and Wales;
"Lead Commissioner/Contractor"	in relation to a particular service, the Party listed as the lead commissioner/contractor in Schedule 4 and/or the Workplan;
"Lead Commissioner/Contractor Decisions"	has the meaning set out in Clause 6.1.3;
"National Standards"	those standards applicable to the Provider under the Law and/or Guidance as amended from time to time;
"Partnership"	the West Yorkshire and Harrogate Health and Care Partnership
"Personal Data"	has the meaning given to it in the Data Protection Legislation;
"Programme Management Budget"	the budget for the Programme Management Costs in each financial year, to be agreed by the Joint Committee in accordance with Clause 8.3.4;
"Programme Management Office"	the programme management office providing Programme Management Support to the Collaborative and the Joint Committee;
"Programme Management Support"	the programme management support provided to the Collaborative and the Joint Committee by the Programme Management Office as further detailed in Schedule 5;
"Provider"	a provider under any Commissioning Contract as may be set out in the Workplan;
"Regulatory or Supervisory Body"	any statutory or other body having authority to issue guidance, standards or recommendations with which the relevant Party must comply or to which it must or should have regard, including: <ul style="list-style-type: none"> (a) Care Quality Commission; (b) NHS England/Improvement (c) the Department of Health;

	(d) NICE; and
	(e) HealthWatch England;
"Services"	the services described in the Workplan;
"Service Users"	any individual for whose benefit the Services are provided;
"Terminating Party"	a Party exercising its rights to terminate this Agreement in accordance with Clauses 14.4 or 14.5;
"Variation"	an addition, deletion or amendment in the Clauses of or Schedules or Appendices to this Agreement, agreed to be made by the Parties in accordance with Clause 10 (Variations); and
"Variation Report"	has the meaning in Clause 10.3;
"Working Day"	any day other than Saturday, Sunday, a public or bank holiday in England and Wales;
"Workplan"	has the meaning set out in paragraph 2.1 of Schedule 4.

- 1.2 References to statutory provisions shall be construed as references to those provisions as respectively amended or re-enacted (whether before or after the Commencement Date) from time to time.
- 1.3 The headings of the Clauses in this Agreement are for reference purposes only and shall not be construed as part of this Agreement or deemed to indicate the meaning of the relevant Clauses to which they relate. Reference to Clauses are clauses in this Agreement.
- 1.4 References to Schedules are references to the schedules to this Agreement and a reference to a Paragraph is a reference to the paragraph in the Schedule containing such reference. References to Appendices are references to the appendices to this Agreement.
- 1.5 References to a person or body shall not be restricted to natural persons and shall include a company, corporation or organisation.
- 1.6 Words importing the singular number only shall include the plural.
- 1.7 Where anything in this Agreement requires the mutual agreement of the Parties, then unless the context otherwise provides, such agreement must be in writing.
- 1.8 If there is any conflict between the terms of this Agreement and the terms of a Commissioning Contract in respect of a particular Service, the terms of the Commissioning Contract will prevail.
- 1.9 If there is any conflict between the Clauses of this Agreement and the provisions of any Schedule or Appendix to this Agreement, the Clauses of this Agreement will prevail.

2. DURATION OF THE AGREEMENT

- 2.1 This Agreement comes into effect on the Commencement Date and shall remain in force until the Expiry Date, subject to earlier termination in accordance with Clause 14 (Termination) and any extension agreed in accordance with Clause 2.2. The Parties agree that the First MoU is hereby terminated and this Agreement shall supersede it in accordance with Clause 24.

- 2.2 The Parties may agree in writing to extend the Initial Term any number of times but each time by a period of up to twelve (12) months. The Agreement shall expire automatically without notice at the end of the extended term (subject to earlier termination in accordance with Clause 14 (Termination)).

3. PRINCIPLES OF COLLABORATION

- 3.1 In performing their respective obligations under this Agreement, the Parties will adopt the principles, values and behaviours set out in the West Yorkshire and Harrogate Partnership Memorandum of Understanding. In particular the parties must:
- 3.1.1 adhere to the principles and objectives set out in Schedule 7;
 - 3.1.2 work proactively with Service Users and the public, actively seeking their engagement at all stages of the commissioning cycle;
 - 3.1.3 at all times act in good faith towards each other;
 - 3.1.4 collaborate and co-operate to work towards ensuring that the commissioning ambitions and intentions of each of the Parties are met;
 - 3.1.5 be ambitious for the populations the Parties serve and the staff the Parties employ;
 - 3.1.6 undertake shared analysis of problems and issues as the basis of taking action;
 - 3.1.7 act in a timely manner and recognise the time-critical nature of the Commissioning Contracts and respond accordingly to requests for support;
 - 3.1.8 be accountable by taking on, managing and accounting to the other Parties for the performance of their respective roles and responsibilities set out in this Agreement;
 - 3.1.9 learn from best practice of other commissioning organisations and seek to develop as a collaborative to achieve the full potential of the relationship;
 - 3.1.10 share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
 - 3.1.11 adopt a positive outlook and behave in a positive, proactive manner;
 - 3.1.12 act in an inclusive manner with regards to collaboration;
 - 3.1.13 adhere to statutory powers, requirements and best practice to ensure compliance with applicable Law, Guidance and standards including those governing procurement, data protection and freedom of information;
 - 3.1.14 work effectively with internal and external stakeholders;
 - 3.1.15 work toward a reduction in health inequality and improvement in health and well-being;
 - 3.1.16 focus on quality;
 - 3.1.17 seek best value for money, productivity and effectiveness;
 - 3.1.18 develop towards a level of commissioning that is equal to best international practice; and
 - 3.1.19 promote innovation.

3.2 Associate Members of the Joint Committee agree to adopt the principles of collaboration set out in Paragraph 3.1 and to seek the objectives set out in Paragraph 4.1 and at Schedule 7. They have no formal obligations in relation to this Agreement, in particular those set out at Section 5 – Roles and Responsibilities, Section 6 - Governance and Monitoring and Section 8 - Collaborative Costs and Resources.

4. OBJECTIVES OF COLLABORATION

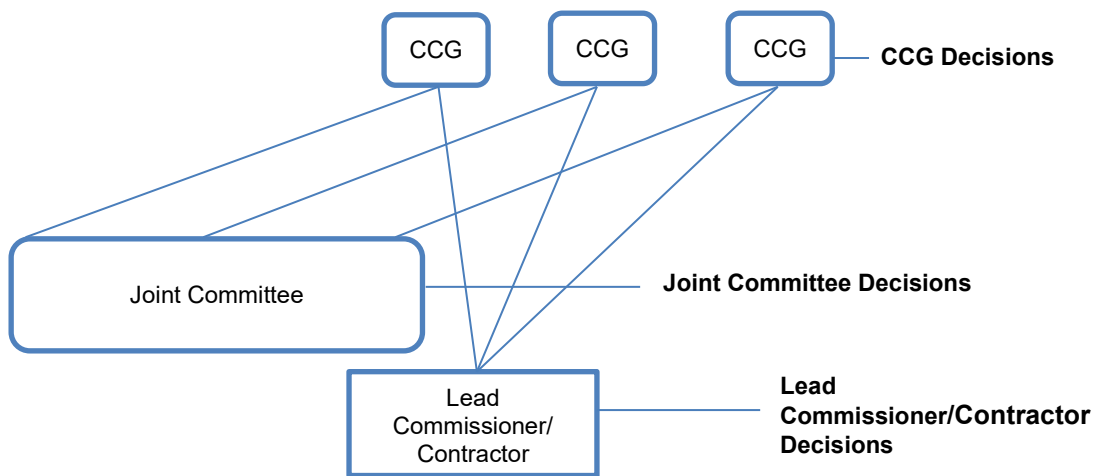
- 4.1 The Parties agree that the main objective of the Collaborative is to contribute to the development and implementation of the Five Year Plan of the West Yorkshire and Harrogate Health and Care Partnership, set out in Schedule 7. It will do this by ensuring that the work of the Collaborative aligns with place-based commissioning and the Partnership arrangements set out in the West Yorkshire and Harrogate Partnership MoU. .
- 4.2 The Parties agree to seek to achieve the main objective of the Collaboration through:
 - 4.2.1 planning for the provision of the Services to meet the health needs of the relevant local population on a place basis in accordance with the Parties' respective commissioning intentions and ambitions and all relevant Law and Guidance applicable to the Parties;
 - 4.2.2 agreeing the extent of the Services, and procuring the Commissioning Contracts (where relevant);
 - 4.2.3 where relevant, managing and maintaining the Commissioning Contracts, including in respect of quality standards, observance of service specifications, and monitoring of activity and finance, so as to obtain best performance, quality and value from the Services; and
 - 4.2.4 where relevant, managing variations to the Commissioning Contracts in accordance with national policy, the needs of Service Users and clinical developments.

5. ROLES AND RESPONSIBILITIES

- 5.1 The Parties agree that where a Deputy assumes the role of its nominated Joint Committee Member for a meeting, all references in this Agreement to a Joint Committee Member that are relevant to the meeting will be read as referring to the Deputy.
- 5.2 Each Party must:
 - 5.2.1 ensure its Joint Committee Members attend every meeting of the Joint Committee;
 - 5.2.2 ensure its Joint Committee Members have considered all documentation and are prepared to discuss matters at meetings of the Joint Committee;
 - 5.2.3 make all reasonable efforts to inform the Chair in advance if its Joint Committee Member or Deputy is unable to attend meetings of the Joint Committee;
 - 5.2.4 ensure it engages with all other Parties in matters related to the Collaborative;
 - 5.2.5 communicate openly and in a timely manner about concerns, issues or opportunities relating to this Agreement; and
 - 5.2.6 respond promptly to all requests for, and promptly offer, information or proposals relevant to the operation of the Collaborative.

6. GOVERNANCE AND MONITORING ARRANGEMENTS

- 6.1 The Parties agree that, for matters relating to the Services, there are three different levels of decision-making:
- 6.1.1 those decisions reserved to each Party ("**CCG Decisions**");
 - 6.1.2 those decisions which are delegated by each Party to the Joint Committee ("**Joint Committee Decisions**"); and
 - 6.1.3 those decisions which are delegated to the Lead Commissioner/Contractor by each Party, if relevant ("**Lead Commissioner/Contractor Decisions**").
- 6.2 Where, in relation to a particular Service, a Lead Commissioner/Contractor is not appointed, there will be no Lead Commissioner/Contractor Decisions.
- 6.3 The following diagram illustrates the levels of decision-making:



- 6.4 The Parties agree that matters that are not related to the Services ("**Non-Service Specific Matters**") shall be dealt with in accordance with Clause 6.10.3.

CCG Decisions

- 6.5 Each Party must ensure that the matters set out as CCG Decisions in Schedule 4 and/or the Workplan are reserved to each Party (or governing body or committee of each Party as appropriate).
- 6.6 The Parties agree that neither a Lead Commissioner/Contractor nor the Joint Committee has delegated authority to make CCG Decisions.
- 6.7 Each Party shall put in place mechanisms to ensure CCG Decisions are notified to:
- 6.7.1 the Lead Commissioner/Contractor (if relevant); or
 - 6.7.2 the relevant Provider,
- for action to be taken under the relevant Commissioning Contract, if appropriate.
- 6.8 Each Party shall report to the Joint Committee through its Joint Committee Member any CCG Decisions that affect the Collaborative.
- 6.9 Clauses 6.5 – 6.8 do not apply to Associate Members of the Joint Committee. For the avoidance of doubt, this means that Associate Members are not required to take the CCG Decisions in Schedule 4 and/or the Workplan.

Joint Committee Decisions

- 6.10 Each Party must:
- 6.10.1 appoint two representatives to represent it as Joint Committee Members;
 - 6.10.2 provide the names and contact details of its nominated Joint Committee Members and Deputy in Schedule 1;
 - 6.10.3 ensure that the matters set out as:
 - (a) Joint Committee Decisions in Schedule 4 and/or the Workplan; and
 - (b) the Non-Service Specific Matters set out in Schedule 2,are delegated effectively and lawfully to the Joint Committee such that the Joint Committee has the appropriate authority to bind that Party in relation to Joint Committee Decisions and Non-Service Specific Matters;
 - 6.10.4 ensure that the relevant Joint Committee Members are sufficiently appraised of the scope of the delegation by the relevant Party to the Joint Committee in relation to Joint Committee Decisions relating to the relevant Service and the Non-Service Specific Matters; and
 - 6.10.5 ensure the relevant Joint Committee Members are able to give and receive notices and other communications that relate to the relevant Service.
- 6.11 Where a Party sends a Deputy to meetings of the Joint Committee in place of a Joint Committee Member in accordance with paragraph 2.12 of Schedule 3, the Parties shall ensure that the Deputy assumes the role of the Joint Committee Member for that meeting.
- 6.12 The Parties acknowledge and agree that:
- 6.12.1 the terms of reference of the Joint Committee will be as set out in Schedule 3; and
 - 6.12.2 it is the Joint Committee that makes Joint Committee Decisions which bind the Parties and not the Joint Committee Members nominated by each Party.
- 6.13 The Parties agree that a Lead Commissioner/Contractor does not have delegated authority to make Joint Committee Decisions.
- 6.14 The Joint Committee shall implement reporting mechanisms to ensure that Joint Committee Decisions are notified to:
- 6.14.1 the Lead Commissioner/Contractor (if relevant); or
 - 6.14.2 the Provider,
- for action to be taken under the relevant Commissioning Contract, if relevant; and
- 6.14.3 each Party for onward dissemination to its members and governing body, as each Party deems appropriate.
- 6.15 Clauses 6.10 – 6.14 do not apply to Associate Members of the Joint Committee. For the avoidance of doubt, this means that Associate Members do not delegate any matters to the Joint Committee and are not bound by Joint Committee Decisions and Non-Service Specific Matters.

Lead Commissioner/Contractor Decisions

- 6.16 Where the Parties have appointed a Lead Commissioner/Contractor for a Service, each Party must ensure that the matters set out as Lead Commissioner/Contractor Decisions Schedule 4 and/or the Workplan are delegated effectively and lawfully to the Lead Commissioner/Contractor.
- 6.17 Subject to Clause 6.16, the Parties acknowledge that where the Parties have appointed a Lead Commissioner/Contractor for a Service, the Lead Commissioner/Contractor is able to:
- 6.17.1 make Lead Commissioner/Contractor Decisions and such decisions will bind all of the Parties in relation to the Service; and
 - 6.17.2 take action under the Commissioning Contracts in relation to Lead Commissioner/Contractor Decisions without reference to the Parties or the Joint Committee; and
 - 6.17.3 implement Joint Committee Decisions as directed by the Joint Committee.
- 6.18 The Lead Commissioner/Contractor shall report to the Joint Committee in accordance with any reporting requirements as may be set out in the Workplan.
- 6.19 Clauses 6.16 – 6.18 do not apply to Associate Members of the Joint Committee. For the avoidance of doubt, this means that Associate Members do not delegate any matters to the Lead Commissioner/Contractor.

7. INSPECTION

The Parties shall co-operate with any investigation undertaken by any Regulatory or Supervisory Body in respect of any of the Services.

8. COLLABORATIVE COSTS AND RESOURCES

- 8.1 The Parties agree that payments due under Commissioning Contracts shall be made in accordance with the provisions of the relevant Commissioning Contract.
- 8.2 The Parties agree that the Host Party shall host the Programme Management Office which shall provide Programme Management Support to the Collaborative and the Joint Committee as set out in Schedule 5. Such hosting shall include the employment and/or engagement of staff.
- 8.3 The Parties agree that:
- 8.3.1 the Host Party shall manage the Programme Management Budget on behalf of the Parties;
 - 8.3.2 each Party shall make an Annual Contribution to the Host Party in respect of the Programme Management Budget in accordance with this Clause 8 and Schedule 6;
 - 8.3.3 the Programme Management Budget shall include (but not be limited to) costs which fall into the categories set out in Schedule 6;
 - 8.3.4 the Joint Committee may agree that costs which do not fall within the categories set out in Schedule 6 will be shared between the Parties and may determine the proportions in which such costs shall be shared between the Parties; and
 - 8.3.5 at least 30 days prior to the start of each financial year, the Joint Committee shall agree:

- (a) the Programme Management Budget for the next financial year; and
- (b) the proportions in which the Parties shall make Annual Contributions to the Programme Management Budget in the forthcoming financial year.

8.4 The provisions of Schedule 6 shall apply in relation to the management of the Programme Management Budget.

8.5 Clauses 8.1 – 8.4 do not apply to Associate Members of the Joint Committee.

9. **INDEMNITY**

9.1 Nothing in this Agreement shall affect the liabilities of the Parties to the Service Users in respect of their Functions.

9.2 Each Party undertakes to indemnify each other Party against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses, whether arising in tort (including negligence) or as a result of default or breach of this Agreement, to the extent that any loss or claim is due to the breach of contract, negligence, wilful default or fraud of the indemnifying Party (or its employees, agents or sub-contractors), except to the extent that the loss or claim is directly caused by or directly arises from the negligence, breach of this Agreement, or applicable Law by the indemnified Party or (or its employees, agents or sub-contractors).

9.3 Each Party further undertakes to indemnify the Lead Commissioner/Contractor against any liability, damages, costs, claims or proceedings arising out of or in connection with any act or omission (which is not recklessly negligence, fraudulent or involving criminal liability) committed or omitted by it during the course of performing its obligations under this Agreement, provided that the liability of each Party under such indemnity will be limited to the proportion of the total amount from time to time indemnified under this Clause 9.3 equal to that Party's Holding.

9.4 In the event that any Party (or Parties) receives a Claim against it which relates to a decision of the Joint Committee made on behalf of that Party (or Parties) (the "Receiving Party") in accordance with this Agreement, then the Receiving Party shall inform the Joint Committee as soon as reasonably practicable. Notwithstanding that such Claims shall be responded to by the Receiving Party, each Party agrees (whether through the Joint Committee or otherwise) to assist and co-operate with the Receiving Party to enable the Receiving Party to respond to the Claim.

9.5 Each Party shall bear its own costs and expenses incurred in connection with responding to any Claims received by it which relate to decisions of the Joint Committee made on its behalf or otherwise.

9.6 Each Party shall ensure that it maintains appropriate insurance arrangements in respect of employer's liability, liability to third parties and all other potential liability under this Agreement.

10. **VARIATIONS**

10.1 If at any time during the term of this Agreement any Party requests in writing any Variation to this Agreement (which may include changes required as a result of a change in law), Clauses 10.3 to 10.7 shall apply.

10.2 If at any time during the term of this Agreement any Party requests in writing any variation to a Commissioning Contract, Clauses 10.8 to 10.10 shall apply.

Variations to this Agreement

- 10.3 The Party proposing the Variation shall provide a report in writing to the Joint Committee (the "**Variation Report**") setting out:
- 10.3.1 the Variation proposed;
 - 10.3.2 the date upon which the Variation is to take effect;
 - 10.3.3 a statement of the impact the Variation will have on, and any change required to, this Agreement;
 - 10.3.4 a statement on the individual responsibilities of the Parties for any implementation of the Variation; and
 - 10.3.5 details of any proposed staff and employment implications.
- 10.4 Following receipt by the Joint Committee of the Variation Report and allowing twenty (20) Working Days in which to consider the Variation Report, the Joint Committee shall meet to discuss the proposed Variation and acting reasonably and in good faith shall use reasonable endeavours to agree the Variation.
- 10.5 Where the Joint Committee is unable to agree on the terms of the Variation then any Party may refer the matter to dispute resolution under Clause 12 (Dispute Resolution).
- 10.6 All Variations made to this Agreement shall be agreed between the Parties. Such Variations to this Agreement are only to be effective if made in writing and signed by all the Parties.
- 10.7 Variations to this Agreement shall be appended to this Agreement at Schedule 8 (Variations).

Variations to a Commissioning Contract

- 10.8 The Party proposing any variation to a Commissioning Contract shall provide a report (the "**Commissioning Contract Variation Report**") in writing to the Lead Commissioner/Contractor (if relevant) or the Joint Committee (if there is no Lead Commissioner/Contractor) setting out:
- 10.8.1 the variation proposed;
 - 10.8.2 the date upon which the variation is to take effect; and
 - 10.8.3 a statement on the individual responsibilities of the Parties for any implementation of the variation.
- 10.9 Following receipt by the Joint Committee or Lead Commissioner/Contractor (as relevant) of the Commissioning Contract Variation Report and allowing twenty (20) Working Days in which to consider the Commissioning Contract Variation Report, the Joint Committee shall meet to discuss the proposed variation.
- 10.10 Where the variation is agreed by the Joint Committee, the Lead Commissioner/Contractor (if relevant) or the Party proposing (if there is no Lead Commissioner/Contractor) the variation shall put the variation to the Provider in accordance with the relevant provisions of the Commissioning Contract.

11. NOTICES

- 11.1 Any notices to be given under the Agreement must be in writing and served on the Parties' first named Joint Committee Member in Schedule 1 either by hand, post, or e-mail to the address for that Joint Committee Member as set out in Schedule 1.

- 11.2 Notices:
- 11.2.1 by post will be effective upon the earlier of actual receipt, or five (5) Working Days after mailing;
 - 11.2.2 by hand will be effective upon delivery;
 - 11.2.3 by e-mail will be effective when sent in legible form subject to no automated response being received.

12. **DISPUTE RESOLUTION**

- 12.1 Where any dispute arises between the Parties including the Lead Commissioner/Contractor (if relevant) or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the Parties must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.
- 12.2 Where any matter referred to dispute resolution is not resolved under Clause 12.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant Parties, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.
- 12.3 If the dispute is not resolved under Clauses 12.1 and 12.2, any Party in dispute may refer the dispute to NHS England and each Party will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.
- 12.4 Any referral to NHS England under Clause 12.3 shall be to Director of Commissioning, NHS England.
- 12.5 Where any dispute is not resolved under Clauses 12.1 to 12.4, any Party in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the Parties in dispute.

13. **JOINING THE COLLABORATIVE**

- 13.1 A clinical commissioning group that wishes to join the Collaborative may do so, subject to:
- 13.1.1 that Party establishing the Joint Committee as a joint committee of the relevant Party and delegating the exercise of its Functions as set out in the Scheme of Delegation;
 - 13.1.2 that Party agreeing to be bound by the terms of this Agreement and entering into a Memorandum of Adherence in the form set out in Schedule 9; and
 - 13.1.3 the agreement of all the existing Parties.
- 13.2 The Parties agree that statutory successor bodies to any one or more of the Parties shall be deemed to be Parties to this Agreement and the agreement of the remaining Parties in accordance with Clause 14.1 is not required. For the avoidance of doubt, this includes an organisation formed as a result of the merger of two or more Parties.

14. TERMINATION

Termination of this Agreement

- 14.1 The Parties may agree in writing at any time to terminate this Agreement from such date as may be agreed between the Parties.

Termination of a Defaulting Party

- 14.2 The remaining Parties acting in agreement may, at any time terminate a Defaulting Party's participation in the Agreement by notice in writing to the Defaulting Party where such default is not capable of remedy or, where capable of remedy, has not been remedied within two (2) weeks of the Defaulting Party receiving notification of such default.
- 14.3 The Parties agree that a failure of a Party's Joint Committee Member or Deputy to attend three meetings (whether consecutive or otherwise) of the Joint Committee in any one financial year shall constitute a default which is not capable of remedy in accordance with Clause 14.2.

Termination of a Party in relation to a Service

- 14.4 Where a Party terminates its participation in a Commissioning Contract, that Party's participation in matters relating to the relevant Service and that Party's inclusion in the Workplan in relation to the Service shall automatically terminate on the same date.

Termination of a Party's participation in this Agreement

- 14.5 Any Party may terminate its participation in this Agreement by giving the other Parties notice in writing if that Party's fulfilment of its obligations hereunder would be in contravention of any guidance from any Secretary of State, regulations or legislation issued or enacted after the Commencement Date.
- 14.6 Upon termination in accordance with Clauses 14.2, 14.4 or 14.5, this Agreement shall partially terminate as between the remaining Parties and the Defaulting Party or Terminating Party (as the case may be) only. For the avoidance of doubt, this Agreement shall continue in force as between the remaining Parties notwithstanding any partial termination in respect of any one or more Parties and the remaining Parties shall effect such amendments to this Agreement as may be necessary in accordance with Clause 10 (Variations).

15. CONSEQUENCES OF EXPIRY, TERMINATION OR PARTY LEAVING

- 15.1 In the event that this Agreement expires, is terminated (whether in full or in part) or a Party leaves the Collaborative (the "**Exiting Party**"), the Parties agree to co-operate to ensure an orderly wind down of their joint activities as set out in this Agreement and the following provisions shall (unless agreed otherwise by the Parties) have effect:
- 15.1.1 each Party shall ensure or procure the continued provision of the Services related to its Functions;
- 15.1.2 insofar as it is necessary, each Party shall use its reasonable endeavours to arrange and ensure the novation of any relevant contracts which are necessary to be novated from an Exiting Party to a remaining Party who shall accept such novation; and
- 15.1.3 reconciliation of the Programme Management Budget against actual expenditure shall be undertaken in accordance with Schedule 6.
- 15.2 The Parties shall at all times act in such a manner as not to adversely affect the delivery of the Services.

16. **SURVIVAL**

- 16.1 The provisions of this Agreement which are expressly stated to survive its termination or expiry or which are intended by their nature to survive termination or expiry shall continue in force (including but not limited to Clauses 7, 8, 9, 12, 15, 0, 17, 18, 19, 23, 28 and Schedule 6 together with those other Clauses, the survival of which is necessary for the interpretation or enforcement of this Agreement).
- 16.2 Termination or expiry of this Agreement does not affect any accrued rights or remedies under this Agreement or any other agreement between the Parties.

17. **CONFIDENTIALITY**

- 17.1 Except as required by law and specifically pursuant to Clause 19 (Freedom of Information), each Party agrees at all times during the continuance of this Agreement and after its termination or expiry to keep confidential any and all information, data and material of any nature which that Party may receive or obtain in connection with the operation of this Agreement or otherwise relating in any way to the business, operations and activities of another Party, its employees, agents and/or any other person with whom it has dealings. For the avoidance of doubt this Clause shall not affect the rights of any workers under section 43 A-L of the Employment Rights Act 1996.
- 17.2 The Parties agree to provide or make available to each other sufficient information concerning their own operations and actions to enable the efficient operation of the Collaborative.

18. **DATA PROTECTION**

- 18.1 The Parties acknowledge their respective duties under the Data Protection Legislation and shall give all reasonable assistance to each other where appropriate or necessary to comply with such duties.
- 18.2 The Parties may share information with each other which may comprise anonymised and pseudonymised data to support decision-making by the Collaborative, but will not include any patient identifiable data. The Parties shall comply with the terms of the separate Information Sharing Agreement.

19. **FREEDOM OF INFORMATION**

- 19.1 Each Party acknowledges that the other Parties are subject to the requirements of the FOIA and each Party shall assist and co-operate with the others (at their own expense) to enable the other Parties to comply with their information disclosure obligations.
- 19.2 Where a Party receives a "request for information" (as defined in the FOIA) in relation to information which it is holding on behalf of another Party, it shall (and shall procure that its sub-contractors shall):
- 19.2.1 transfer the request for information to the other Party as soon as practicable after receipt and in any event within two (2) Working Days of receiving the request for information;
- 19.2.2 provide the other Party with a copy of all information in its possession or power in the form that the other Party requires within five (5) Working Days

(or such other period as may be agreed) of the other Party requesting that information; and

- 19.2.3 provide all necessary assistance as reasonably requested to enable the other Party to respond to the request for information within the time for compliance set out in section 10 of the FOIA.
- 19.3 Where a Party receives a request for information which relates to the Agreement, it shall inform the other Parties of the request for information as soon as practicable after receipt and in any event within two (2) Working Days of receiving the request for information.
- 19.4 If any Party determines that information must be disclosed pursuant to Clause 19.3, it shall notify the other Parties of that decision at least two (2) Working Days before disclosure.
- 19.5 Each Party shall be responsible for determining at its absolute discretion whether the relevant information is exempt from disclosure or is to be disclosed in response to a request for information.
- 19.6 Each Party acknowledges that the other Parties may be obliged under the FOIA to disclose information:
 - 19.6.1 without consulting with the other Parties; or
 - 19.6.2 following consultation with the other Parties and having taken their views into account.
- 19.7 Where the Programme Management Office or the Joint Committee receives a request for information in relation to this Agreement then the relevant affected Parties may agree that the response to such request for information shall be co-ordinated by the Programme Management Office on behalf of the Parties involved, such Parties to assist and co-operate with the Programme Management Office in this regard.

20. **STATUS**

- 20.1 The Parties acknowledge that they are all health service bodies for the purposes of section 9 of the NHS Act 2006. Accordingly, this Agreement shall be treated as an NHS Contract and shall not be legally enforceable.
- 20.2 Nothing in this Agreement shall create or be deemed to create a legal partnership under the Partnership Act 1890 or the relationship of employer and employee between the Parties or render any Party directly liable to any third party for the debts, liabilities or obligations of any other Party.
- 20.3 Save as specifically authorised under the terms of this Agreement, a Party shall not hold itself out as the agent of any other Party.

21. **ASSIGNMENT AND SUB-CONTRACTING**

This Agreement, and any right and conditions contained in it, may not be assigned or transferred by any Party without the prior written consent of the other Parties, except to any statutory successor to the relevant function.

22. **THIRD PARTY RIGHTS**

The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement and accordingly the Parties to this Agreement do not intend that any third party should have any rights in respect of this Agreement by virtue of that Act.

23. **COMPLAINTS**

23.1 Any complaints relating to a Party's Functions shall be dealt with in accordance with the statutory complaints procedure of that Party.

23.2 Insofar as any complaint may relate to the content of this Agreement such complaints shall be referred to the Joint Committee. The Parties shall co-operate as to the resolution of complaints.

23.3 In the event that a complaint arises about a Commissioning Contract, that complaint should be dealt with in accordance with the procedure set out in the relevant Commissioning Contract.

24. **ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement and understanding of the Parties and supersedes any previous agreement between the Parties relating to the subject matter of this Agreement.

25. **SEVERABILITY**

If any term, condition or provision contained in this Agreement shall be held to be invalid, unlawful or unenforceable to any extent, such term, condition or provision shall not affect the validity, legality or enforceability of the remaining parts of this Agreement.

26. **WAIVER**

No failure or delay by a Party to exercise any right or remedy provided under this Agreement or by law shall constitute a waiver of that or any other right or remedy, nor shall it prevent or restrict the further exercise of that or any other right or remedy. No single or partial exercise of such right or remedy shall prevent or restrict the further exercise of that or any other right or remedy.

27. **COSTS AND EXPENSES**

Each Party shall be responsible for paying its own costs and expenses incurred in connection with the negotiation, preparation and execution of this Agreement.

28. **GOVERNING LAW AND JURISDICTION**

This Agreement shall be governed by and construed in accordance with English Law and, subject to Clauses 12.1 (Dispute Resolution) and 20.1 (Status), the Parties irrevocably agree that the courts of England shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Agreement.

29. **FAIR DEALINGS**

The Parties recognise that it is impracticable to make provision for every contingency which may arise during the life of this Agreement and they declare it to be their intention that this Agreement shall operate between them with fairness and without detriment to the interests of any of them and that if in the course of the performance of this Agreement, unfairness to any of them does or may result then the other shall use its reasonable endeavours to agree upon such action as may be necessary to remove the cause or causes of such unfairness.

30. **COUNTERPARTS**

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Parties shall constitute a full original of this Agreement for all purposes.

This Agreement is effective on the date stated at the beginning of it.

IN WITNESS OF WHICH the Parties have signed this Agreement on the date shown below

Signed by _____
(print name) } _____
(signature)
for and on behalf of **NHS Bradford,
district and Craven Clinical
Commissioning Group** Date of signature _____

Signed by _____
(print name) } _____
(signature)
for and on behalf of **NHS Calderdale
Clinical Commissioning Group** Date of signature _____

Signed by _____
(print name) } _____
(signature)
for and on behalf of **NHS Greater
Huddersfield Clinical Commissioning
Group** Date of signature _____

Signed by _____
(print name) } _____
(signature)
for and on behalf of **NHS Leeds Clinical
Commissioning Group** Date of signature _____

Signed by _____
(print name) } _____
(signature)
for and on behalf of **NHS North Kirklees
Clinical Commissioning Group** Date of signature _____

Signed by _____
(print name) } _____
(signature)
for and on behalf of **NHS Wakefield
Clinical Commissioning Group** Date of signature _____

ASSOCIATE MEMBERS of the Joint Committee of CCGs

Agree to adopt the principles of collaboration set out in Paragraph 3.1 and to seek the objectives set out in Paragraph 4.1 and at Schedule 7.

Signed by _____
(print name)

for and on behalf of **NHS North Yorkshire
Clinical Commissioning Group**

} _____
(signature)

Date of signature _____

SCHEDULE 1

JOINT COMMITTEE MEMBERS

1. Joint Committee Member details

1.1. The table below sets out the names of each Party's nominated Joint Committee Members.

Name of Party	Name of Joint Committee Members	Name of Deputy
Bradford district and Craven CCG	Helen Hirst	Nancy O'Neil
	Dr James Thomas	Dr Sohail Abbas
Calderdale CCG	Neil Smurthwaite	
	Dr Steven Cleasby	
Greater Huddersfield CCG	Carol McKenna	Ian Currell
	Dr Steve Ollerton	
Leeds CCG	Tim Ryley	Visseh Pejhan – Sykes
	Dr Jason Broch	
North Kirklees CCG	Carol McKenna	Ian Currell
	Dr Khalid Naeem	Dr Nadeem Ghafoor
Wakefield CCG	Jo Webster	
	Dr Adam Sheppard	

2. Associate Member details

North Yorkshire CCG	Amanda Bloor	
	Dr Charles Parker	To be confirmed

SCHEDULE 2

NON-SERVICE SPECIFIC MATTERS

1. The Parties agree that the matters below are Non-Service Specific Matters and shall be delegated to the Joint Committee in accordance with Clause 6.10.3:
 - 1.1. consideration, and agreeing or proposing resolutions to, disputes referred to the Joint Committee in accordance with Clause 12 (Dispute Resolution);
 - 1.2. consideration of, and agreeing resolutions to, any complaint relating to the content of this Agreement in accordance with Clause 23 (Complaints);
 - 1.3. agreeing the Programme Management Budget for each financial year and oversight of management of the Programme Management Budget by the Host Party;
 - 1.4. development and communication;
 - 1.5. engagement events;
 - 1.6. engaging with the West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common, other Provider Groups and the West Yorkshire and Harrogate Health and Care Partnership System Leadership Executive Group as appropriate to further the Partnership objectives as set out in Schedule 7; and
 - 1.7. agreeing the future arrangements for commissioning at scale for WY&H, ensuring that they align with place-based commissioning arrangements and Partnership structures and contribute to the delivery of the Partnership's five year plan, including:
 - the timescales and milestones for any agreed changes.
 - the implementation plan and programme of transition to any agreed new arrangements.
 - appropriate resourcing of the new arrangements, ensuring that they provide value for money
 - appropriate communications between the Joint Committee and its constituent CCGs on any agreed implementation plan.

SCHEDULE 3

TERMS OF REFERENCE OF THE JOINT COMMITTEE

1. ROLE OF THE JOINT COMMITTEE

- 1.1. The overarching role of the Joint Committee is to take efficient and effective commissioning decisions on a place basis, where appropriate and in accordance with the delegation of authority from each Party, and, in doing so, to support the aims and objectives of the Partnership's Five Year Plan as set out in Schedule 7. The Joint Committee shall at all times act in accordance with all relevant Law and Guidance applicable to the Parties and relevant to the joint exercise of each Party's Functions.

2. TERMS OF REFERENCE OF THE JOINT COMMITTEE

Frequency and notice of meetings

- 2.1. Meetings shall be held monthly or other such frequency as agreed by the Parties.
- 2.2. Meetings may be held by telephone or video conference. Joint Committee Members may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.
- 2.3. The Chair shall set the agenda and arrange for the circulation of any papers to be considered at least five Working Days prior to the meeting.
- 2.4. Meetings of the Joint Committee shall be open to the public save where the Joint Committee resolves to exclude members of the public from any meeting or part of a meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or there are special reasons as stated in the resolution and arising from the nature of the business of the proceedings.
- 2.5. The Chair may exclude any member of the public from a meeting of the Joint Committee if they are interfering with or preventing the proper or reasonable conduct of that meeting.
- 2.6. Members of the public or representatives of the press may not record proceedings in any manner whatsoever, other than writing, or make any oral report of the proceedings as they take place, without the prior written agreement of the Chair.
- 2.7. The right of attendance at meetings by members of the public as referred to in paragraph 2.4 does not give the right to such members of the public to ask questions or otherwise participate in that meeting, unless invited to do so by the Chair.

Joint Committee Members and attendees

- 2.8. The Joint Committee Members shall comprise:
 - 2.8.1. two voting representatives appointed by each Party; and
 - 2.8.2. three non-voting lay representatives (appointed by the Parties via an open application process) to comprise:
 - (a) one lay representative who is independent of any of the Parties (the "Independent Lay Representative"); and
 - (b) two lay representatives who are existing lay members of a Party's governing body (provided that the two lay representatives shall not be lay members of the same Party).
- 2.9. Associate Members of the Joint Committee shall be invited to attend meetings and may contribute to the discussion of all matters, but shall not be able to vote on a matter.

- 2.10. The Joint Committee shall invite a representative of NHS England to attend meetings and may invite other persons to attend meetings as it deems appropriate. No such persons invited to attend meetings shall be able to vote on a matter.

Quorum

- 2.11. Meetings of the Joint Committee shall be quorate when at least 75% of the Joint Committee Members are present.
- 2.12. In circumstances where a Joint Committee Member who is not a lay representative is unable to attend a meeting, or they have a conflict of interest which required them to be excluded from a meeting, the nominating Party may send to a meeting of the Joint Committee a deputy (a "**Deputy**") to take the place of the Joint Committee Member. Where a Party sends a Deputy to take the place of the Joint Committee Member, the references in this paragraph 2 to Joint Committee Members shall be read as references to the Deputy. Parties must ensure that a Deputy attending a meeting of the Joint Committee has the necessary delegated authority.

Voting

- 2.13. The Joint Committee Members nominated by each Party (referred to in paragraph 2.8.1 above) shall have one vote between them, so that there is one vote per Party. The lay representative Joint Committee Members shall not vote on any matter.
- 2.14. The Joint Committee will make decisions by consensus of those Joint Committee Members present and voting at the meeting wherever possible. If a consensus decision cannot be reached then decisions of the Joint Committee will be made by 75% majority of those Joint Committee Members voting and present at the meeting.
- 2.15. The validity of any act of the Joint Committee shall not be affected by any defect in its constitution, by any vacancy among the Joint Committee Members or by any defect in the appointment of any of its Joint Committee Members.

Chair

- 2.16. The Independent Lay Representative shall be appointed Chair of the Joint Committee. The Joint Committee will appoint another of the Joint Committee Lay Members to act as Deputy Chair.

Administration

- 2.17. The Programme Management Office shall provide administrative support and advice to the Joint Committee including but not limited to:
- 2.17.1. taking the minutes and keeping a record of matters arising and issues to be carried forward;
 - 2.17.2. maintaining a register of interests for Joint Committee Members and Associate Members; and
 - 2.17.3. advising the Joint Committee and attendees if relevant as appropriate on best practice, national guidance and other relevant documents.

Duties

- 2.18. The Joint Committee will:
- 2.18.1. make Joint Committee Decisions (as set out in Schedule 4 and/or the Workplan); and
 - 2.18.2. undertake actions as set out in this Agreement.

Relationship with the Parties

- 2.19. Minutes of meetings of the Joint Committee shall be provided to the members and/or governing bodies of the Parties.
- 2.20. The Joint Committee shall produce, with the support of the Programme Management Office, an annual report of the work of the Joint Committee which shall be provided to the members and /or governing bodies of each Party.

Special Meetings

- 2.21. Special meetings of the Joint Committee on any matter may be called by any of the Parties acting through its Joint Committee Member by giving at least forty-eight (48) hours' notice by e-mail to the other Joint Committee Members in the following circumstances:
 - 2.21.1. where that Party has concerns relating to the safety and welfare of Service Users under any Commissioning Contract(s);
 - 2.21.2. in response to a quality, performance or financial query by any Regulatory or Supervisory Body;
 - 2.21.3. to convene a meeting under Clause 12.1 (Dispute Resolution) of the Agreement; and/or
 - 2.21.4. for the consideration of any matter which that Party considers of sufficient urgency and importance that its consideration cannot wait until the date of the next meeting.

Conflicts of Interest

- 2.22. Each Joint Committee Member and Associate Member must abide by all policies of the Party it represents in relation to conflicts of interest.
- 2.23. Where any Joint Committee Member or Associate Member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that Joint Committee Member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee Member, the relevant Party may send a Deputy to take the place of the conflicted Joint Committee Member in relation to that matter in accordance with paragraph 2.12.

Review

- 2.24. These terms of reference shall be reviewed by the Joint Committee at least annually and any consequential amendments approved by each Party..

SCHEDULE 4

SCOPE OF DECISION MAKING

1. INTRODUCTION

Each Party shall ensure that the matters noted as Joint Committee Decisions in this Schedule 4 and the matters set out in the Workplan in the Appendix are properly and lawfully delegated to the Joint Committee in accordance with the NHS Act 2006 and each Party's constitution and internal procedures.

2. MATTERS WITHIN THE SCOPE OF THIS AGREEMENT

Workplan - general

- 2.1 The Joint Committee workplan (the "**Workplan**") sets out the scope of the Joint Committee's work. The Workplan effective from the date of this agreement and approved by the Parties is set out in the Appendix to this Schedule 4.
- 2.2 The Parties agree that the Workplan will be underpinned by a 'gateway' approach for the Services which are the subject of the Workplan, setting out the process and approvals for project initiation, case for change, options appraisal and final decision making.

Workplan review

- 2.3 The Parties shall agree any potential new service areas which all of the Parties agree should be brought within the scope of the Workplan during the term of this Agreement ("Future Joint Committee Matters"), subject to certain conditions ("Gateway Conditions") being met. The Gateway conditions shall require an assessment by the Parties that the new service area meets one or more of the '3 tests' used by the Partnership to determine whether working at WY&H level will add value:
 - 2.3.1 Commissioning at scale
 - 2.3.2 Tackling wicked issues
 - 2.3.3 Learning from each other
- 2.4 Each Party shall assess that one or more of the '3 tests' have been met in each case. Following such review, the Parties shall agree the Future Joint Committee Matters and the reporting mechanisms as between the Joint Committee and each Party in respect of changes to the Workplan.
- 2.5 The Parties shall document the matters set out in paragraph 2.4 in this Agreement and in the Joint Committee terms of reference in Schedule 3 by way of a variation to this Agreement in accordance with Clause 10 to be approved by each Party. .

CCG Decisions

- 2.6 The Parties agree that the following matters are CCG Decisions which are reserved to each Party:
 - 2.6.1 approval of the Workplan;
 - 2.6.2 any other matter which is not set out in the Workplan and is not a Non-Service Specific Matter.

Joint Committee Decisions

- 2.7 The Parties have agreed that decisions in relation to the matters set out below shall be Joint Committee Decisions and shall be delegated to the Joint Committee accordingly:
 - 2.7.1 matters set out in the Workplan; and
 - 2.7.2 Non-Service Specific Matters set out in Schedule 2.
- 2.8 To avoid doubt, Joint Committee Decisions may be made by the Joint Committee without reference back to each Party.

Lead Commissioner/Contractor Decisions

- 2.9 The Parties may agree to delegate decisions in respect of a particular Service to a Lead Commissioner/Contractor in accordance with each Party's constitution and scheme of delegation and shall document any such matters in this Schedule 4 by way of a variation to this Agreement.
- 2.10 To avoid doubt, any Lead Commissioner/Contractor Decisions may be made by the Lead Commissioner without reference back to each Party or to the Joint Committee.

APPENDIX

West Yorkshire and Harrogate Joint Committee of CCGs – Work plan

Decisions delegated to the Joint Committee by the CCGs

Cancer

Develop and agree WY&H commissioning policies impacting on cancer care, including but not limited to:

- Lynch syndrome testing
- Optimal cancer pathways which deliver Constitutional standards
- Tele dermatology services for suspected skin cancers
- Rapid diagnostic centres
- Personalised support for people living with and beyond cancer

Improving Planned Care

- Develop and agree WY&H commissioning policies, including, but not limited to:
 - Clinical thresholds and procedures of low clinical value;
 - Efficient prescribing.
- Develop and agree service specifications, service standards and the commissioning and procurement approach to support pathway optimisation, including outpatients transformation.

Maternity

Agree the approach to commissioning maternity services across WY&H including

- the specification, service standards and commissioning policy.
- the commissioning and procurement approach

Mental health, learning disability and autism

- Agree a single operating model for the management of acute and psychiatric intensive care unit (PICU) beds across West Yorkshire and Harrogate.
- Agree a standard commissioning approach to acute and PICU services and a commitment to peer review local crisis services to ensure risk and benefit can be clearly understood and managed across West Yorkshire and Harrogate.
- Agree the plan for the provision of children and young people inpatient units, integrated with local pathways.
- Agree a collaborative commissioning model for Assessment and Treatment Units across West Yorkshire for people with learning disabilities to support the new operating model.

Stroke

Agree the configuration of Hyper Acute and Acute stroke services

- *Review and approve outline business case. Decide on readiness to consult.*
- *Review outcomes of consultation.*
- *Approve full business case*
- *Consider and approve commissioning approach and approve delivery plan.*

Urgent and emergency care

Agree for WY&H the transformational, finance and contractual matters identified as 'CCG decisions to be made in collaboration' in the MoU for the Collaborative Commissioning of Integrated Urgent and Emergency Care Services between CCGs across Yorkshire and the Humber. Namely, for Integrated Urgent Care and 999 services:

Agree:

Transformational matters

- *arrangements for delivery of the commissioners' strategic intentions.*
- *arrangements for assuring the delivery of the providers responses to the agreed commissioning intentions as a whole system*
- *the range of services to be commissioned from the Provider and how they are to be commissioned.*
- *medium to long term planning for the integration of the Service*
- *service redesign to further integrate the Services with other health and social care services.*

Finance matters

- *Negotiate and recommend the Finance schedule for the annual Commissioning Contract*
- *Agree the re-investment of in year contractual penalties (financial) in terms of spend and reasons for spend*
- *Agree additional in-year investment from CCGs*

Contractual matters

- *Approve the terms of the annual Commissioning Contract*
- *Ratify variations to the Commissioning Contract (excluding variations that only affect a single Party)*
- *Agree communications activity relating to matters governed by the Commissioning Contract*
- *Approve proposals for CQUIN indicators*
- *Agree actions if concerns are identified about actual and contracted activity levels.*

In addition, agree:

- *The specification, business case, commissioning and procurement process for GP out of hours services.*

SCHEDULE 5

PROGRAMME MANAGEMENT SUPPORT

SCOPE OF PROGRAMME MANAGEMENT SUPPORT

- 1.1 The Host Party shall provide Programme Management Support to the Collaborative and the Joint Committee, to include the following:
 - 1.1.1 secretariat to the Joint Committee, including agendas papers and minutes;
 - 1.1.2 oversight and support to the West Yorkshire and Harrogate Partnership collaborative programmes;
 - 1.1.3 facilitation and co-ordination of West Yorkshire and Harrogate Five Year Plan activity;
 - 1.1.4 partnership working with the 6 local place based planning units to ensure alignment and connectivity; and
 - 1.1.5 support to the establishment of more formal governance and decision making structures to support the Partnership.

SCHEDULE 6

COSTS AND RESOURCES OF THE COLLABORATIVE

- 1.1. The Annual Contribution of each Party shall be determined by agreement of the Joint Committee in accordance with Clause 8.3.5.
- 1.2. The Host Party will issue an invoice to each Party for its respective Annual Contribution for the relevant financial year within 30 days of the beginning of that financial year. Each Party shall pay its Annual Contribution to the Host Party within 30 days of receipt of an invoice from the Host Party.
- 1.3. The Parties agree that the Annual Contributions may be used to reimburse the Host Party for costs associated with the Programme Management Support, including (but not limited to):
 - 1.3.1. salary and travel costs of Programme Management Office staff; and
 - 1.3.2. administration costs associated with the Collaborative and Programme Management Support, including:
 - 1.3.2.1. office and meeting room hire;
 - 1.3.2.2. IT support and telephony costs;
 - 1.3.2.3. printing and stationery costs.
- 1.4. The Joint Committee may agree to expand or reduce the scope of the Programme Management Support provided by the Host Party subject to any additional costs incurred by the Host Party as a result of such expansion or reduction being apportioned between the Parties in such proportions as the Joint Committee may agree. In the case of a reduction in the scope of the Programme Management Support such additional costs shall include, but not be limited to, redundancy costs payable by the Host Party as a result of a reduction in the scope of Programme Management Support.

Reporting to the Joint Committee

- 1.5. The Host Party will provide a monthly written report to the Joint Committee setting out income and expenditure to date in respect of the Programme Management Budget, including identification of and provision of reasons for, any potential overspend or underspend against the Programme Management Budget, and any recommended actions for the Joint Committee to consider.
- 1.6. The Host Party will provide an annual written report to the Joint Committee setting out the final year-end position in respect of the Programme Management Budget, reconciling expenditure against budget and detailing any overspends or underspends and the reasons for such.

Overspends and underspends during the term of the Agreement

- 1.7. The Parties agree that any overspends against the Programme Management Budget in any financial year shall be shared between the Parties in the same proportions as the Annual Contributions to the Programme Management Budget in the relevant financial year unless otherwise agreed by the Joint Committee. The Host Party shall issue an invoice to each Party in respect of its share of the overspend within 30 days of the end of the relevant financial year to which the overspend relates. Each Party shall pay the Host Party its share of the overspend within 30 days of receipt of the invoice from the Host Party.

- 1.8. The Parties agree that any underspends against the Programme Management Budget in any financial year shall be shared between the Parties in the same proportions as the Annual Contributions to the Programme Management Budget in the relevant financial year unless otherwise agreed by the Joint Committee. Each Party shall issue an invoice to the Host Party for its share of the underspend within 30 days of the end of the relevant financial year to which the underspend relates. The Host Party shall pay each Party its share of the underspend within 30 days of receipt of the invoice from the relevant Party.

Reconciliation of Programme Management Budget on expiry or early termination of the Agreement

- 1.9. In the event that this Agreement expires or terminates (in whole) in accordance with its terms, the Host Party shall undertake a reconciliation of the Programme Management Budget against actual expenditure and provide a written reconciliation report to each Party no later than 30 days following the expiry date or the date of termination (as relevant).
- 1.10. Such reconciliation shall set out the balance of any monies owing to each Party (in the event there has been an underspend as at the relevant date) or the balance of monies to be paid by each Party to the Host Party (in the event there has been an overspend as at the relevant date).
- 1.11. The Host Party shall issue an invoice to each Party, or each Party shall invoice the Host Party (as appropriate) and such invoices shall be paid within 30 days of receipt.
- 1.12. Where this Agreement terminates partially in respect of one or more Parties only, but not all of the Parties, then the Host Party shall provide the written reconciliation report referred to in paragraph 1.9 above to the Joint Committee setting out the balance of monies owed to or owed by (as the case may be) the Exiting Party (or Exiting Parties) for the Joint Committee's approval. Subject to such approval, the Host Party shall issue an invoice to the Exiting Party (or Exiting Parties) or the Exiting Party (or Exiting Parties) shall issue an invoice to the Host Party (as appropriate) and such invoice shall be paid within 30 days of receipt.

SCHEDULE 7

WEST YORKSHIRE AND HARROGATE FIVE YEAR PLAN – PRINCIPLES AND OBJECTIVES

1.1. The WY&H Five Year Plan can be found here:

<https://wyhpartnership.co.uk/>

SCHEDULE 8

VARIATIONS

The Parties will insert agreed variations to this Agreement in this Schedule 8.

Variation	Date of insertion

SCHEDULE 9
MEMORANDUM OF ADHERENCE

Dated _____

MEMORANDUM OF ADHERENCE
FOR THE
COLLABORATIVE COMMISSIONING
BETWEEN
CLINICAL COMMISSIONING GROUPS ACROSS WEST YORKSHIRE AND HARROGATE

THIS MEMORANDUM is dated is dated the day of 20{●}

BETWEEN

- (1) [insert name of CCG] whose principal office is at [insert principal office address] ("**New Party**")
and
- (2) The clinical commissioning groups named in the Schedule as the existing parties in the collaborative commissioning arrangements ("**Existing Parties**").

BACKGROUND

- (A) This memorandum is entered into under Clause [insert number] of a memorandum of understanding dated [insert date], made between Existing Parties setting out the terms for operating the collaborative commissioning as amended from time to time (the "**MOU**").
- (B) The New Party wishes to join the MOU.

IT IS AGREED:

1. DEFINITIONS AND INTERPRETATION

- 1.1 Words and expressions used in this memorandum shall, unless the context expressly requires otherwise, have the meaning given to them in the MOU. The **Effective Date** means the date of this memorandum.

2. CONFIRMATION AND UNDERTAKING

2.1 The New Party confirms that it has been supplied with a copy of the MOU. The New Party and each of the Existing Parties undertake with each other that, from the Effective Date, the New Party shall assume all of the rights and obligations under the MOU and shall observe, perform and be bound by the provisions of the MOU that contain obligations on the parties to the MOU as though the New Party was an original party to the MOU.

3. COUNTERPARTS

3.1 This memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all the counterparts shall together constitute the one agreement.

4. GOVERNING LAW AND JURISDICTION

4.1 The New Party and the Existing Parties acknowledge that they are all health service bodies for the purposes of section 9 of the NHS Act 2006. Accordingly, this memorandum shall be treated as an NHS Contract and shall not be legally enforceable.

4.2 This memorandum shall be governed by and construed in accordance with English Law and, subject to Clause 4.1, the New Party and the Existing Parties irrevocably agree that the courts of England shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this memorandum.

This document has been signed and takes effect on the date stated at the beginning of it.

[INSERT NEW PARTY NAME]

AUTHORISED OFFICER

Date

NHS BRADFORD, DISTRICT AND

CRAVEN CLINICAL COMMISSIONING GROUP

Authorised Officer

Date

NHS CALDERDALE

CLINICAL COMMISSIONING GROUP

Authorised Officer

Date

**NHS GREATER HUDDERSFIELD
CLINICAL COMMISSIONING GROUP**

Authorised Officer

Date

**NHS LEEDS
CLINICAL COMMISSIONING GROUP**

Authorised Officer

Date

**NHS NORTH KIRKLEES
CLINICAL COMMISSIONING GROUP**

Authorised Officer

Date

**NHS WAKEFIELD
CLINICAL COMMISSIONING GROUP**

Authorised Officer

Date