

**REPORT TO THE TRUST BOARD - PUBLIC**

**23 FEBRUARY 2017**

<b>Title</b>	<b>Strategic Planning Update</b>
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**Purpose of the Report:**

To provide the Board with an update on the development of the Trust's strategic plans.

**Summary of Key Issues:**

This paper sets out updates in the following areas:

- National update
- Development of the Trust's strategy and operational plan
- 2017-2019 Planning rounds
- Sustainability & Transformation Plans

Key issues to highlight are as follows:

- NHS England have stated that they will publish an update on the 5 year forward view by March 2017, setting out progress to date, summarise current challenges and set out emerging plans coming out of STPs.
- The Chief Executive will commence an engagement exercise to discuss the strategic direction of the Trust with staff, service users, carers and stakeholders.
- A draft Memorandum of Understanding for the NEL STP Governance has been developed, and is attached for review and approval.
- The Trust's operational plan for 2017-19 has been submitted to NHS Improvement, and is currently being reviewed. The Trust did not agree the suggested control total target (c£12m surplus per annum), but has submitted a plan that delivers a £4.5m surplus per annum. The rationale for this is set out in the paper.

**Strategic priorities this paper supports (Please check box including brief statement)**

Improving service user satisfaction	<input checked="" type="checkbox"/>	The Trust's strategic and operational plans are structured around the three strategic priorities, and therefore include actions to support each priority.
Improving staff satisfaction	<input checked="" type="checkbox"/>	As above
Maintaining financial viability	<input checked="" type="checkbox"/>	The Trust's financial viability may be adversely affected if commissioners do not provide parity of esteem funding for mental health services

**Committees/Meetings where this item has been considered:**

Date	Committee/Meeting
Various	Versions of this report have been submitted to the Council of Governors and internal Trust meetings.

**Implications:**

Equality Analysis	The Trust's Equality Strategy is aligned to the Trust's strategic objectives. Major service developments and CRES proposals that are included in the operational plan for 2016/17 are subject to Quality Impact Assessments.
Risk and Assurance	The development and implementation of a robust operational plan reduces risks in relation to the financial and operational sustainability of the Trust.  As part of the development of the operational plan, the Board has had a session on key and emerging risks, which has been used to refresh the Board Assurance Framework.
Service User/Carer/Staff	The operational plan includes proposals to further improve the experience of service users/carers and staff.
Financial	The financial implications of this year's planning round are set out in the plans.
Quality	The Trust's Quality Improvement Programme is the central feature of the Trust's long term strategy and operational plans.

**Supporting Documents and Research material**

a. NHS England 5 year forward view
b. NHS Improvement guidance on the 2017/19 annual planning review

**Glossary**

Abbreviation	In full
CRES	Cash Releasing Efficiency Saving

## **1.0 Background/Introduction**

- 1.1 The Trust Board has the legal power to approve the Trust's strategic plans. In developing the plans, the Board must have regard to the view of the Council of Governors.
- 1.2 In practice therefore, the Trust runs a consultation programme each year to seek the views of governors (as well as members, service users and carers, staff and the local community) and seeks to develop and approve a plan which is consistent with the views of these groups.

## **2.0 National update**

- 2.1 NHS operational performance and finances have been under intense scrutiny at parliamentary committee level, as well as in the media, particularly in the wake of winter pressures. The government continue to state that no additional funding will be made available.
- 2.2 NHS England have stated that they will publish an update on the 5 year forward view by March 2017, setting out progress to date, summarise current challenges and set out emerging plans coming out of STPs.
- 2.3 NHS Improvement and the CQC are currently consulting on their regulatory framework, including the CQC moving to a risk based system, and a joint approach to assessing the "well-led" domain, as well as a new "use of resources" assessment. The Trust is represented on a working group that is developing the well-led and use of resources assessment.

## **3.0 Development of the Trust's 5 year strategy**

- 3.1 In 2015, the Board commissioned a refresh of the Trust's 5 year strategy in light of changes in the external environment.
- 3.2 Aspects of the strategy continue to be discussed at Board Development Events, with recent focus on the Trust's quality strategy and the business strategy.
- 3.3 The Chief Executive will commence an engagement exercise to discuss the strategic direction of the Trust with staff, service users, carers and stakeholders.
- 3.4 The Trust is reviewing examples of strategic frameworks from IHI partners in order to consider how best to develop and implement strategic objectives.

## **4.0 Sustainability & Transformation Plans**

- 4.1 The Trust is part of two Sustainability and Transformation Plans (STPs), i.e. North East London, and Bedfordshire, Luton & Milton Keynes.

- 4.2 The main purpose of STPs is to set out how each local area will, by 2021:
- Close the health and wellbeing gap
  - Close the care and quality gap
  - Close the financial and efficiency gap
- 4.3 Initial submissions were made to NHS England on 15 April, and second drafts were submitted on 30 June. The next iteration of the plans were submitted on 21 October.
- 4.4 The Trust Chair has chaired a North East London governance working group who will make recommendations to the STP Board about future governance arrangements. A draft Memorandum of Understanding has been developed, and is attached for review and approval.
- 4.5 The Memorandum of Understanding is consistent with guidance on STP governance arrangements published by NHS Providers. This includes the principle of subsidiarity (decisions to be taken at a local level as much as possible) and clear recognition of the statutory role of Trust boards and CCG governing bodies.
- 4.5 Public engagement activity has commenced in both STP areas. The NEL STP is looking to establish a community council, made up of local people, voluntary sector and other key stakeholders.
- 4.6 Further updates are as follows:

#### **North East London**

- All contracts have been agreed by 23/12/16 in line with national requirements
- STP governance structures have been reviewed and streamlined, with new committees in place (e.g. Audit Committee)
- A draft Memorandum of Understanding, which outlines how partners will work together, has been developed and is in process of approval
- A Transformation Committee is overseeing bids for national transformation funds for mental health (Improving Access to Psychological Therapies - IAPT and Liaison services), cancer, diabetes and learning disability. The Trust is submitting bids for liaison services (Hackney) and IAPT (Newham)
- A national review of mental health content of the NEL STP rated as good (one of seven out of 44 rated good or outstanding nationally)
- STP mental health workstream in process of developing key deliverables against the five mental health priorities and identifying resources to support delivery

#### **Bedford, Luton & Milton Keynes**

- All contracts have been agreed
- Clinical engagement events are under way
- Work to develop a model for an accountable care system is underway
- The Trust is working with Central and North West London NHSFT to develop an offer for the mental health content of the STP

## 5.0 2017-19 operational plan and contracts

- 5.1 The draft Operational Plan for 2017-19 was discussed at the Board and Council meeting in December 2016.
- 5.2 The final version of the plan was approved by the Board and submitted to NHS Improvement on 30 December 2016.
- 5.3 There was a material change in the final submission, in that the Trust did not agree the financial control total set by NHS Improvement (i.e. achieving a surplus of £12.4m in 2017/18, and £12.7m in 2018/19).
- 5.4 The Trust has submitted a plan that delivers a surplus of £4.5m in 2017/18, and £4.5m in 2018/19.
- 5.5 The main reasons for this change are as follows:
- Movement to contracts with commissioners where a proportion of income is dependent on achievement of certain outcomes, which creates a risk that the Trust may not receive the income
  - Loss of children's services and sexual health services to the Local authority
  - Parity of esteem investment received is committed to development of new services, and does not provide any additional surplus
  - Increased costs of providing consistent staffing levels on Psychiatric Intensive Care Unit wards
  - Increase in risk reserve for non-achievement of CQUIN (quality targets set by commissioners)
  - Risk of non-achievement of the apprenticeship levy (a national requirement to provide apprenticeships, which results in the Trust paying a £1.1m levy)
  - Increase in business rates for Trust premises
- 5.6 Specific proposals for both the investment and QIPP savings are being discussed and developed with commissioners.
- 5.7 The plan is now being reviewed by NHS Improvement.
- 5.8 The annual consultation programme with members is underway, and the Trust-wide event will take place in early March. The outcome will be discussed at the March Council of Governors meeting and reported to the April Board meeting.

## 6.0 Action being requested

- 6.1 The Board is asked to:
- **RECEIVE** and **NOTE** the report for information
  - **DISCUSS** and **APPROVE** the North East London Memorandum of Understanding for the NEL STP Governance



**North East London**  
Sustainability and Transformation Plan

**Memorandum of Understanding for the NEL STP Governance**

**Version 1.0**

**02 December 2016**

## 1. Purpose

This document is a Memorandum of Understanding for the shadow governance arrangements of the North East London Sustainability and Transformation Plan between the health and social care partner organisations in North East London as listed below:

- Waltham Forest Clinical Commissioning Group
- City and Hackney Clinical Commissioning Group
- Tower Hamlets Clinical Commissioning Group
- Newham Clinical Commissioning Group
- Barking and Dagenham Clinical Commissioning Group
- Havering Clinical Commissioning Group
- Redbridge Clinical Commissioning Group
- Barts Health NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- The Homerton University Hospital NHS Foundation Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- London Borough of Waltham Forest
- London Borough of Hackney
- City of London Corporation
- London Borough of Tower Hamlets
- London Borough of Newham
- London Borough of Barking and Dagenham
- London Borough of Havering
- London Borough of Redbridge

This Memorandum of Understanding is not legally binding, but is intended to ensure a common understanding and commitment between the partner organisations listed above on the NEL STP governance arrangements, specifically:

- The scope and objectives of the NEL STP governance arrangements
- The principles and processes that will underpin the NEL STP governance arrangements
- The governance framework / structure that will support the development and implementation of the NEL STP

It is proposed that this Memorandum of Understanding will be superseded by a formal partnership agreement between these organisations, no later than April 2017 when the shadow NEL STP governance arrangements are formalised.

## 2. Introduction

NHS England planning guidance released in December 2015 set out a requirement for local areas to develop a shared five-year Sustainability and Transformation Plan (STP), articulating how organisations in these areas would work together over the next five years to close the finance, care and quality, and health and well-being gaps.



The launch of the STP process signalled a new paradigm, with a move towards working in geographical footprints and the need to develop governance arrangements to support strategy development and change at a system level.

In response to this guidance 20 organisations across north east London – in City of London, Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest - have been working together to develop the NEL STP

This plan will describe how these organisations will turn the ambitions of the NHS Five Year Forward View into reality and deliver the **vision** to:

- Measurably improve health and wellbeing outcomes for the people of North East London and ensure sustainable health and social care services, built around the needs of local people.
- Develop new ways of working to achieve better outcomes for all; focused on prevention of ill health and out of hospital care.
- Work in partnership to commission, contract and deliver services efficiently and safely.

The NEL STP will act as a system level plan for change supported by and aligned to a number of local plans to address certain challenges, such as:

- City and Hackney (CH): Hackney devolution pilot, bringing providers together to deliver integrated, effective and financially sustainable services.
- Barking and Dagenham, Havering and Redbridge (BHR): bringing together health and social care services under a single local accountable care system (devolution pilot)
- Newham, Tower Hamlets and Waltham Forest (WEL): Transforming Services Together programme to improve the local health and social care economy.

An initial set of governance arrangements was established to oversee and manage the development of the draft NEL STP that was submitted to NHS England and NHS Implementation on 30 June 2016. Following this submission the programme moved into the next phase, focused on detailed planning and the mobilisation and implementation of the delivery programmes.

The governance arrangements need to be updated to reflect this change in focus, so that they continue to remain appropriate and effective, and ensure appropriate representation and membership.

A workshop with system partners was held on 8<sup>th</sup> July 2016 to discuss the future governance arrangements and since then the partner organisations have established a time-limited Governance Working Group to represent the views of the partner organisations in the development of options and proposals for the governance arrangements.

### **3. Objectives of the NEL STP governance arrangements**

The objectives of the NEL STP governance arrangements are to:

- Support effective collaboration and trust between commissioners, providers, people and carers to work together to deliver improved health and care outcomes more effectively and reduce health inequalities across the NEL system
- Provide a robust framework for system level decision making, and clarity on where and how decisions are made on the development and implementation of the NEL STP
- Provide clarity on system level accountabilities and responsibilities for the NEL STP





- Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations in NEL
- Enable collaboration between partner organisations to achieve system level financial balance over the 5 year STP timeframe and deliver the system control total (once agreed), while safeguarding the autonomy of organisations

#### 4. Scope of the NEL STP governance arrangements

##### 4.1. In scope

- Governance arrangements for the development of the North East London STP
- Governance arrangements for the implementation of the STP schemes defined in the North East London STP
- Alignment with the wider health system plans and governance, including devolution programmes and regional boards
- Development and operation of the governance arrangements for the NEL STP Financial Strategy to achieve the system control total (once agreed)

##### 4.2. Out of scope

- Local organisational governance arrangements for CCG Governing Bodies, Provider Trust Boards and Local Authorities
- Internal organisational decision making processes
- Local governance arrangements for the delivery of local (non-NEL wide) programmes:
  - Hackney devolution pilot
  - Barking and Dagenham, Havering and Redbridge (BHR) Accountable Care System (devolution pilot)
  - Transforming Services Together programme

#### 5. Principles for NEL STP system governance

The development of effective system level governance arrangements that support the development and implementation of the NEL STP will require collaboration and active engagement from all system partners to ensure the interests of all organisations are appropriately represented.

A key aspect of this process is the agreement of a common set of principles that will guide the development of the new governance arrangements. The proposed set of principles for the NEL STP system governance, which have been developed collaboratively by the Governance Working Group and endorsed by the STP Board, are outlined below:

- **Participation:** Representation and ownership from health and social care organisations, local people and lay members to clearly demonstrate collaborative and representative decision making
- **Collaboration:** All parties will work collaboratively to deliver the overall NEL STP strategy, in the best interests of the wider system and local people
- **Engagement:** Local people will be engaged and involved in the NEL STP governance to ensure their views and feedback are considered in the decision making processes. This engagement should



operate at 2 levels; individual level and organisational level (i.e. via patient representative forums and other local community groups)

- **Accountability:** Define clear accountabilities, delegation procedures, voting arrangements and streamlined governance structures to support continuous progress and timely decision making. Delegation of work to the groups with the relevant expertise and authority to deliver it
- **Autonomy:** Recognise the autonomy of the health and social care partners of the NEL STP. Operate in a manner that is compliant with legal duties and responsibilities of each constituent organisation and the NHS as a whole (e.g. legal responsibility for consultation on service changes). Ensure alignment with the local organisations' governance and decision making processes recognising statutory and democratic procedures
- **Subsidiarity:** Ensure subsidiarity so that decisions are taken at the most local level possible, and decisions are only taken at a system level where there is a clear rationale and benefit for doing so
- **Professional Leadership:** Demonstrate strong professional leadership and involvement from clinicians and social care to ensure that decisions have a robust case for change and senior level support
- **Accessibility:** Ensure complete transparency in all decision making to support the development of mutual trust and openness between organisations. Provide the necessary assurance to system partners on key decisions. Collaborative working and information sharing between working groups to ensure consistency.
- **Good Governance:** Recognise that good system level governance will require robust planning and horizon scanning to ensure that proposals are presented to the statutory organisations in a timely way, that align with their local governance and decision making processes. However, where necessary local organisations will try to be flexible to support the system level governance

## 6. Governance structure

The current proposed shadow governance structure for the NEL STP programme is included in appendix A. This appendix also includes draft summary terms of reference for the key governance groups in this structure, which will be developed further by the groups.

## 7. Voting rights and process

Voting rights and processes will be defined relevant terms of reference

## 8. Key system level decisions

The key system level decisions that will fall under the scope of the NEL STP governance arrangements are outlined below.

This list will be updated from time to time to reflect the latest set of NEL system level decisions:

- Approval of the NEL STP



- Budget for the NEL STP programme
- System level financial strategy and system control total
- Changes to King George Hospital Emergency Department
- The relevant elements of the NEL Mental Health strategy
- The relevant elements of the NEL Primary Care strategy
- NEL system level estates plan
- The approach to specialised commissioning for the NEL sector

## 9. Escalation process

The remit of each group will be clearly defined within the respective terms of reference. Where a group is unable to resolve a particular risk or issue, the chair will escalate this risk or issue to the chair of the group to which it reports (as defined in the Terms of Reference).

This will be done through the standard escalation report, which can be provided by the Programme Management Office.

In the case of the NEL STP Board, which reports into a number of statutory organisations, the independent chair of the NEL STP Board will be responsible for deciding on the most appropriate escalation route (i.e. to all statutory organisations, to those that are impacted by the risk or issue).

## 10. Dispute resolution process

All parties will make every effort to work collaboratively in the best interests of the NEL system, and to avoid disputes. Should disputes arise the parties will follow the agreed dispute resolution process to resolve the disputes as quickly as possible and to minimise impact on delivery.

Individual party's concerns should be raised in the first instance with the Independent Chair of the NEL STP Board. This should be in writing clearly stating the basis of the concerns, including where applicable the concerns and the rationale behind the dispute.

The Independent Chair will endeavour to find an informal resolution to the dispute through discussion and mediation. Where agreement cannot be reached using informal resolution processes the Independent Chair will propose a formal resolution process, which may involve reference to national guidance and best practice.

## 11. Review process

This Memorandum of Understanding will be adopted by:

- Waltham Forest Clinical Commissioning Group
- City and Hackney Clinical Commissioning Group
- Tower Hamlets Clinical Commissioning Group
- Newham Clinical Commissioning Group
- Barking and Dagenham Clinical Commissioning Group



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- Havering Clinical Commissioning Group
  - Redbridge Clinical Commissioning Group
  - Barts Health NHS Trust
  - Barking, Havering and Redbridge University Hospitals NHS Trust
  - The Homerton University Hospital NHS Foundation Trust
  - East London NHS Foundation Trust
  - North East London NHS Foundation Trust
  - London Borough of Waltham Forest
  - London Borough of Hackney
  - City of London Corporation
  - London Borough of Tower Hamlets
  - London Borough of Newham
  - London Borough of Barking and Dagenham
  - London Borough of Havering
  - London Borough of Redbridge

The signatories to this Memorandum of Understanding should be properly authorised to represent their respective organisations in entering into the commitments outlined in this document.

Appendix B outlines the current status of approval of the Memorandum of Understanding by these bodies.

This Memorandum of Understanding will be reviewed and updated from time to time to enable good practice governance to be recognised and built upon and to identify and address areas for development. Where there are material changes to this Memorandum of Understanding an updated version will need to be approved by the bodies outlined above.

## **12. Code of conduct**

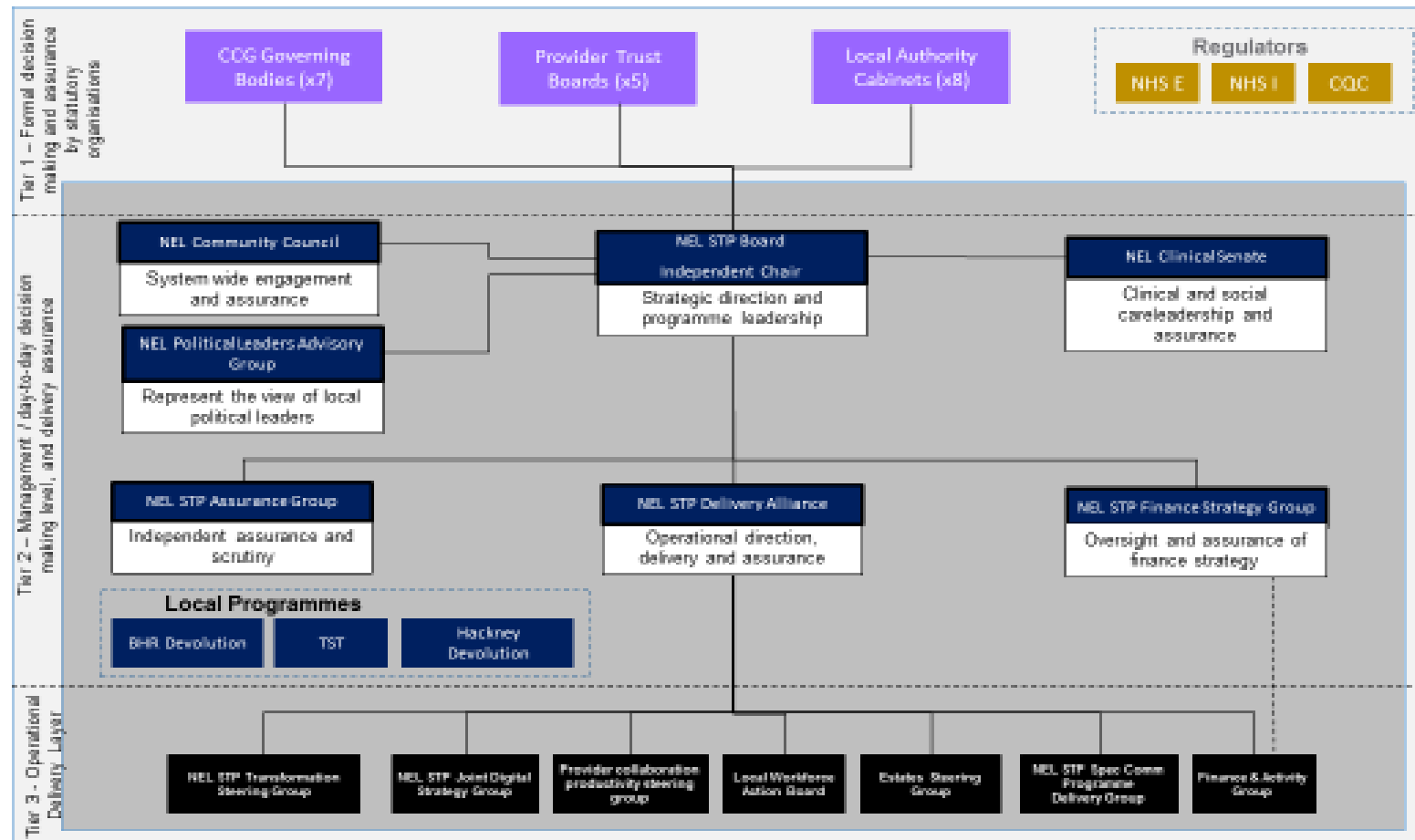
The Committee on Standards in Public Life (Nolan Committee) has set out seven principles of public life which it believes should apply to all in public service. The seven Nolan principles are listed in appendix C.

The NEL STP partners are asked to adopt these principles as the basis for collaborative working across the STP governance arrangements.



## Appendix A.1 Shadow Governance Structure for NEL STP

### Shadow governance structure for NEL STP programme



## Appendix A.2 Draft Terms of Reference for NEL STP Governance Groups

### A.2.1 Draft Terms for Reference for NEL STP Board

#### Purpose

- To provide strategic direction to the NEL STP programme (based on the decisions by the statutory organisations)
- To oversee and assure the delivery of all elements of the NEL STP plan
- To address / resolve escalated system-level risks and issues
- To generate effective partnership working and a sense of common purpose between the system partners
- To provide oversight and assurance of the funding for the NEL STP programme

#### Membership

- 1 x Independent chair
- 1 x NEL STP Executive Lead
- 1 x Chief Executive of Barts Health
- 1 x Chief Executive of the Homerton
- 1 x Chief Executive of BHRUT
- 1 x Chief Executive of ELFT
- 1 x Chief Executive of NELFT
- Nominated Representative/s of North East London Commissioners (CCGs)
- 1 x Chair of Local Workforce Action Board<sup>1</sup>
- 1 x Chair of the Clinical Senate
- 1 x Acute Sector Clinician<sup>2</sup>
- 1 x Mental Health Sector Clinician<sup>2</sup>
- 1 x Nominated representative from the Community Council
- 1 x Local Authority Chief Executive representative from Barking, Havering, Redbridge area
- 1 x Local Authority Chief Executive representative from City and Hackney area
- 1 x Local Authority Chief Executive representative from Tower Hamlets, Waltham Forest, Newham area

#### Additional Attendees / Advisory

- Representative of GP federations
- 1 x Healthwatch observer
- 1 x representative from the NEL STP Finance Strategy Group
- 1 x NHS E representative (regulator)
- 1 x NHS I representative (regulator)
- 1 x NHSE Specialised Commissioning representative
- 1 x Local Authority representative for prevention commissioning
- 1 x HEE representative

<sup>1</sup> The chair of the Local Workforce Action Board (LWAB) will be represented as an accountable office of one of the partner organisations

<sup>2</sup> Endorsed by NEL Clinical Senate

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**Quorum:**

At least three quarters of the membership of the NEL STP Board, including:

- An Independent Chair (or an agreed deputy)
- 1 x acute trust representative
- 1 x mental health trust representative
- 1 x CCG representative
- 1 x Clinical Senate representative
- 1 x Local Authority representative
- 1 x Community Council representative

**Voting arrangements**

This is a unitary board, where motions will be passed by a majority vote, where a majority is defined as at least three quarters of the votes cast.

In advance of any vote all voting members must declare any potential conflicts of interest. The Independent Chair will decide on whether any potential conflict of interest should preclude a member from voting on a particular issue.

**Reporting**

This NEL STP Board reports and is accountable to the statutory organisations in the NEL STP system

**Frequency**

Bi-monthly

Under exceptional circumstances extra ordinary meetings of the NEL STP Board may be arranged.

Requests for extraordinary board meetings must be raised to the Independent Chair for consideration.



## A.2.2 Draft Terms for Reference for NEL STP Delivery Alliance

### Purpose

- Provide operational direction and assurance to the delivery of the STP plan to provide high quality, sustainable integrated care for the people of NEL
- Hold SROs to account for delivery of the STP plans
- Drive the delivery of the NEL STP programme at pace
- Escalate key risks and issues to the NEL STP Board

### Membership

- 1 x NEL STP Executive SRO (Chair)
- 1 x NEL STP Finance SRO
- 1 x Provider Productivity SRO and / or Delivery Lead<sup>3</sup>
- 1 x Infrastructure SRO and / or Delivery Lead<sup>3</sup>
- 1 x Technology SRO and / or Delivery Lead<sup>3</sup>
- 1 x Workforce SRO and / or Delivery Lead<sup>3</sup>
- x Transformation SRO and / or Delivery Lead<sup>3</sup>
- 1 x Specialised Commissioning SRO and / or Delivery Lead<sup>3</sup>
- 1 x Communications and Engagement SRO and / or Delivery Lead<sup>3</sup>
- 1 x NEL STP Programme Director
- 1 x representative from the Clinical Senate<sup>4</sup>
- Representatives from Local Authorities
- Clinical Directors

### Reporting

Reports and is accountable to the NEL STP Board

### Frequency

Monthly

<sup>3</sup> Representation from each programme to be agreed by the SRO and Delivery Lead

<sup>4</sup> To be nominated by the NEL Clinical Senate





### A.2.3 Draft Terms for Reference for NEL Clinical Senate

#### Purpose

- To provide clinical / social care advice, oversight and assurance for the programme, ensuring that the approach to implementation is robust sound and that safety and quality are protected during the implementation period.
- Lead on development of NEL wide care solutions

#### Membership

- 5 x Trust Medical Directors / Chief Medical Officers
- 7 x CCG Chairs
- Directors of Public Health
- 1 x NHS E Medical Director
- Social Care representatives
- Nursing representatives
- NHSE Specialised Commissioning representatives

#### Quorum

TBC

#### Reporting

Advisory to NEL STP Board.

The NEL Clinical Senate will provide a clinical and social care view on all issues before these are presented to the NEL STP Board (and these meetings will be scheduled to enable this flow of business).

#### Frequency

6 weeks

**Drafting note:** A review of the clinical input into the NEL STP is currently in progress. The outcomes of this review will inform the Terms of Reference for the NEL Clinical Senate. This may include a change of name for this group.



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## A.2.4 Draft Terms for Reference for NEL Finance Strategy Group

### Purpose

- To lead the development of the NEL integrated financial strategy
- To provide strategic direction on the approach to achieving the overall system control total
- To oversee the allocation of the Sustainability and Transformation Funding
- To manage the central CCG risk pool and other matters delegated by the STP Board

### Membership

- 1 x NEL STP Independent Chair
- 1 x NEL STP Finance Lead
- 5 x Trust Director of Finance
- 3 x CCG representatives
- 1 x Audit Chair (nominated to represent all audit chairs)
- 1 x NHSE representative
- 1 x NHSI representative
- 1 x nominated Local Authority Director of Finance

### Reporting

Reports and is accountable to the NEL STP Board

### Frequency

Bi-monthly / quarterly



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## A.2.5 Draft Terms for Reference for the NEL Community Council

### Purpose

- An engagement forum for the wide range of stakeholders involved in the NEL STP system, to represent the views of all stakeholders on the NEL STP
- To provide assurance on the overall NEL STP strategy and ensure that the NEL STP remains aligned with Health and Wellbeing strategies

### Membership

- Residents' representatives
- Voluntary sector representatives
- Healthwatch representatives
- CCG representatives
- Lay member representatives
- Trust Non-Executive Directors

### Reporting

Advisory to NEL STP Board

### Frequency

Quarterly



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## A.2.6 Draft Terms for Reference for NEL STP Assurance Group

### Purpose

- To provide independent challenge and assurance to the NEL STP Board on the NEL STP plan

### Membership

- Trust Audit Chairs
- CCG Audit Chairs
- Chairs of Local Authority Audit and Governance Committees

### Reporting

Provides assurance to the NEL STP Board

This group will also link in with the Overview and Scrutiny Committees

### Frequency

Bi-monthly /quarterly



## A.2.7 Draft Terms for Reference for Political Leaders Advisory Group

### Purpose

- To provide a forum to represent the views of political leaders in North East London on the NEL STP
- To provide feedback to the NEL STP Board on elements of the plan
- To provide a forum for political engagement on the NEL STP

### Membership

- Independent Chair NEL STP
- Leader or nominated representative of London Borough of Waltham Forest<sup>5</sup>
- Mayor or nominated representative of London Borough of Hackney<sup>5</sup>
- Chair of Policy & Resources Committee or representative of City of London Corporation<sup>5</sup>
- Mayor or nominated representative of London Borough of Tower Hamlets<sup>5</sup>
- Mayor or nominated representative of London Borough of Newham<sup>5</sup>
- Leader or nominated representative of London Borough of Barking and Dagenham<sup>5</sup>
- Leader or nominated representative of London Borough of Havering<sup>5</sup>
- Leader or nominated representative of London Borough of Redbridge<sup>5</sup>

### Reporting

Advisory to the NEL STP Board

### Frequency

Quarterly

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<sup>5</sup> To be nominated by the respective local authority

## Appendix B – Organisational Sign Off

Through signing this Memorandum of Understanding the partner organisations listed below will:

- Agree to the objectives in this document and work collaboratively to achieve these
- Agree to the governance principles and processes outlined in this document
- Recognise the governance structure outlined in this document for the NEL STP and support this locally

The signatories to this Memorandum of Understanding should be properly authorised to represent their respect organisations in entering into the commitments outlined in this document.

Signed on behalf of:	Signature:	Name:	Title:	Date:
Barking and Dagenham CCG				
Barts Health NHS Trust				
Barking, Havering and Redbridge University Hospitals NHS Trust				
City and Hackney CCG				
City of London Corporation				
East London NHS Foundation Trust				
Havering CCG				
London Borough of Barking and Dagenham				
London Borough of Hackney				
London Borough of Havering				
London Borough of Newham				
London Borough of Redbridge				
London Borough of Tower Hamlets				
London Borough of Waltham Forest				
Newham CCG				
North East London NHS Foundation Trust				
The Homerton University Hospital NHS				



Signed on behalf of:	Signature:	Name:	Title:	Date:
Foundation Trust				
Tower Hamlets CCG				
Redbridge CCG				
Waltham Forest CCG				



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## Appendix C – The Seven Nolan Principles

### C.1 Selflessness:

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### C.2 Integrity:

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### C.3 Objectivity:

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### C.4 Accountability:

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### C.5 Openness:

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### C.6 Honesty:

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### C.7 Leadership:

Holders of public office should promote and support these principles by leadership and example.

