

STP Leadership Board

Governance

1. Introduction

- 1.1 Across Nottingham and Nottinghamshire, health and social care organisations including partners in the community and voluntary sector, have come together to produce a draft five-year plan known as the Sustainability and Transformation Plan (STP). The plan looks at how we can best improve the quality of care, the health and wellbeing of local people, and the finances of local services.
- 1.2 It is the first time that local authorities (city, county, borough and district) and the NHS (commissioning organisations and providers of services), along with partner organisations, have come together in this way to consider the over-arching whole care needs of everyone in this area. While individual organisations are used to being responsible for their own particular geographical area and care remit (e.g. primary health care, care in hospitals, or social care for example) and have worked in partnership with others at a local scale, the STP is requiring leaders, teams and organisations to think and act bigger.
- 1.3 In working at a larger scale and with a wider set of partners, it is important that roles and responsibilities for individuals and organisations are clear, that structures, processes and lines of reporting are aligned, and that duplication of effort is reduced wherever possible.
- 1.4 This paper sets out the governance arrangements for the STP. As a plan the STP has no statutory basis - all the responsibilities are retained within the individual organisations that make up the partnership. These individual organisations will continue to be governed by their own governing boards or accountability frameworks. The basis for the partnership is that each organisation has a duty to maximise the benefits for the public through taking a broader perspective than just that of their own individual organisation.
- 1.5 The STP proposals are therefore recommendations that will need to be approved by the board of each partner. As a member of the partnership it is expected that organisations align their decision making with other STP members so proposals can be implemented consistently and coherently.

2. Aims of the STP

- 2.1 We have established six aims in order to reach our aspirations and overcome our challenges:
- 2.2 Organise care around individuals and populations - not organisations - and deliver the right type of care based on people's needs. For example:
- 2.2.1 Help those who are largely well today (most of the population) stay well through prevention and health education and manage minor issues themselves in so far as it is possible
 - 2.2.2 Help those with complex or advanced long-term conditions that need professional expertise and support to be as enabled as possible to manage their own care, to have an identified system to escalate care quickly in the event of exacerbations, and to have regular monitoring to identify changes in their health and social care needs as early as possible

- 2.3 Help people remain independent through prevention programmes and offering proactive rather than reactive care, which will also reduce avoidable demand for health and care services
- 2.4 Support and provide care for people at home and in the community as much as possible - which implies shifting resources into those settings - and ensure that hospital, care home beds, and supported housing are available for people who need them
- 2.5 Work in multi-disciplinary teams across organisational boundaries to deliver integrated care as simply and effectively as possible
- 2.6 Minimise inappropriate variations in access, quality, and cost, and deliver care and support as efficiently as possible so that we can maximise the proportion of our budget that we spend on improving health and wellbeing
- 2.7 Maximise the social value that health and social care can add to our communities.

3. Citizens

- 3.1 We must be clear with citizens how we will engage with them to deliver the plan and what it means for them. Citizens want to know that they can get high quality health and social care at the right time and in the right place to meet their needs.
- 3.2 The STP will *assure* citizens that we are driving standards and consistency in outcomes across our whole area, that we are listening to their needs, and delivering best practice and efficiency. The programmes within the STP will *involve* citizens in the local design and delivery of the plans to meet their needs. Services will be delivered in a way that best meet local community needs.

4. Core principles for governance

- 4.1 Through the STP governance arrangements we want to:
 - 4.1.1 *Establish a mutually accountable system with independent challenge*
 - 4.1.2 *Be clear on where risk is owned and managed*
 - 4.1.3 *Transform care through leaders working together*

a) Establish a mutually accountable system with independent challenge

- 4.2 At the STP level, organisational leaders need to ensure they are mutually accountable to each other as well as being mutually supportive. They need to learn, share and provide independent challenge to each other. Leaders need to be the interface between the STP Leadership Board and their own organisations and governing boards.
- 4.3 This will require strong systems leadership – these key individuals have responsibility for managing the public purse across the area, for meeting key national targets, and for ensuring their own organisational strategies and plans align to the STP objectives of improving people's health and wellbeing, care and quality of services, and finance and efficiency.

b) Be clear on where risk is owned and managed

- 4.4 Individual organisations and the two 'transformation boards' (areas of health and care planning covering Mid Nottinghamshire and Greater Nottingham including the city) will continue to manage their own individual risks. Some of these risks may be managed at

the STP level if that is in the best interests of the overall system. The STP Leadership Board will keep track of risks, key metrics and milestones.

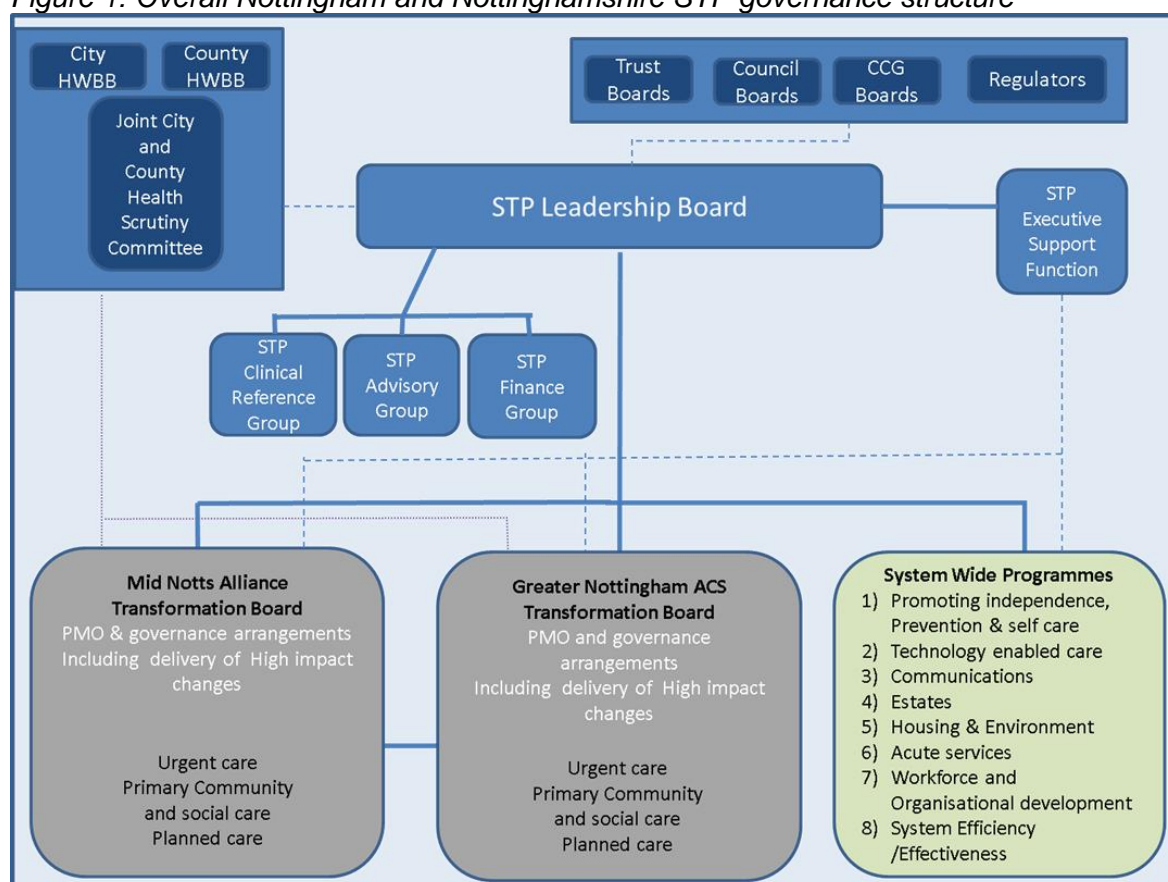
c) Transform care through leaders working together

4.5 The STP seeks to ensure that the location of where a citizen lives should not dictate the quality of service received or the impact on that citizen's health and wellbeing. We have to act as one system for our population, providing evidence-based services and ensuring consistent outcomes. Leaders have to work together within this one system for the greater good. Our governance will underpin this approach.

5. Governance structure

5.1 The STP governance structure is set out in figure one.

Figure 1: Overall Nottingham and Nottinghamshire STP governance structure



5.2 Key features of this approach are:

5.2.1 The STP Leadership Board is where chief executives and accountable officers will hold the implementation teams to account, challenge each other to put system before organisation, ensure services are of a similar high standard across the area, and share best practice across Nottingham and Nottinghamshire. STP Leadership Board membership includes the STP accountable lead, accountable officers from all clinical commissioning group (CCGs) areas, chief executives from NHS trusts and foundation trusts, chief executives of Nottinghamshire County Council, Nottingham City Council, a clinical representative from each of the Transformation Boards, the Chair of the Clinical Reference Group, and leads of high impact and supporting themes and

enablers not otherwise on the Leadership Board. In the event of not being able to attend a meeting, a substitute will be sent

- 5.2.2 There are two major transformation partnerships within our area – overseen by the Mid Notts Alliance Transformation Board and the Greater Nottingham ‘Accountable Care System’ Transformation Board. These boards will lead the implementation of three of the high impact changes and have a lead role in implementing the STP in their areas. These two partnerships host a number of ‘vanguard’ sites chosen by NHS England to find innovative solutions to health challenges; they commission the majority of services in their area; and have established provider alliances to provide those services. The transformation boards will be held to account directly by the STP Leadership Board on all aspects of the plan delivery
- 5.2.3 There is a portfolio of system-wide high impact themes, supporting themes and enabler workstreams; these programmes will have an independent programme management structure and develop system-wide implementation plans or where appropriate develop models, specifications and standards for implementation by the two transformation boards
- 5.2.4 Programme management support will be provided within the programmes rather than at STP Leadership Board level
- 5.2.5 Individual organisation level boards will contribute and approve a range of matters relating to their organisation’s contribution to the STP. They retain the powers and responsibilities for delivering the STP
- 5.2.6 Local democratic oversight is through the councils, primarily through Lead Members and relevant Committees. Overview and Scrutiny arrangements will be undertaken through Joint Health Scrutiny arrangements which are in place
- 5.2.7 Health and Wellbeing Boards will receive regular updates on progress in delivering the STP
- 5.2.8 Citizen involvement is a key aspect of the two transformation programmes and also takes places within various projects/programmes of the STP. A separate Citizen Advisory Group at STP Leadership Board level is being considered for the future but is not currently in the governance arrangements
- 5.2.9 An STP Clinical Reference Group will be represented on the STP Leadership Board to provide senior clinical/ social care advice and to ensure on-going clinical/social care contribution and leadership to STP strategy development and implementation
- 5.2.10 An STP Advisory Group will ensure that wider stakeholders are kept engaged and involved in the development of the STP and can provide advice and recommendations to the STP Leadership Board. The group will include representatives of key partner organisations and associates and representatives from Healthwatch, and key professional bodies
- 5.2.11 An STP Finance Group will provide financial expertise and assistance to support the STP Leadership Board in delivering their objectives and ensure alignment with organisational financial plans

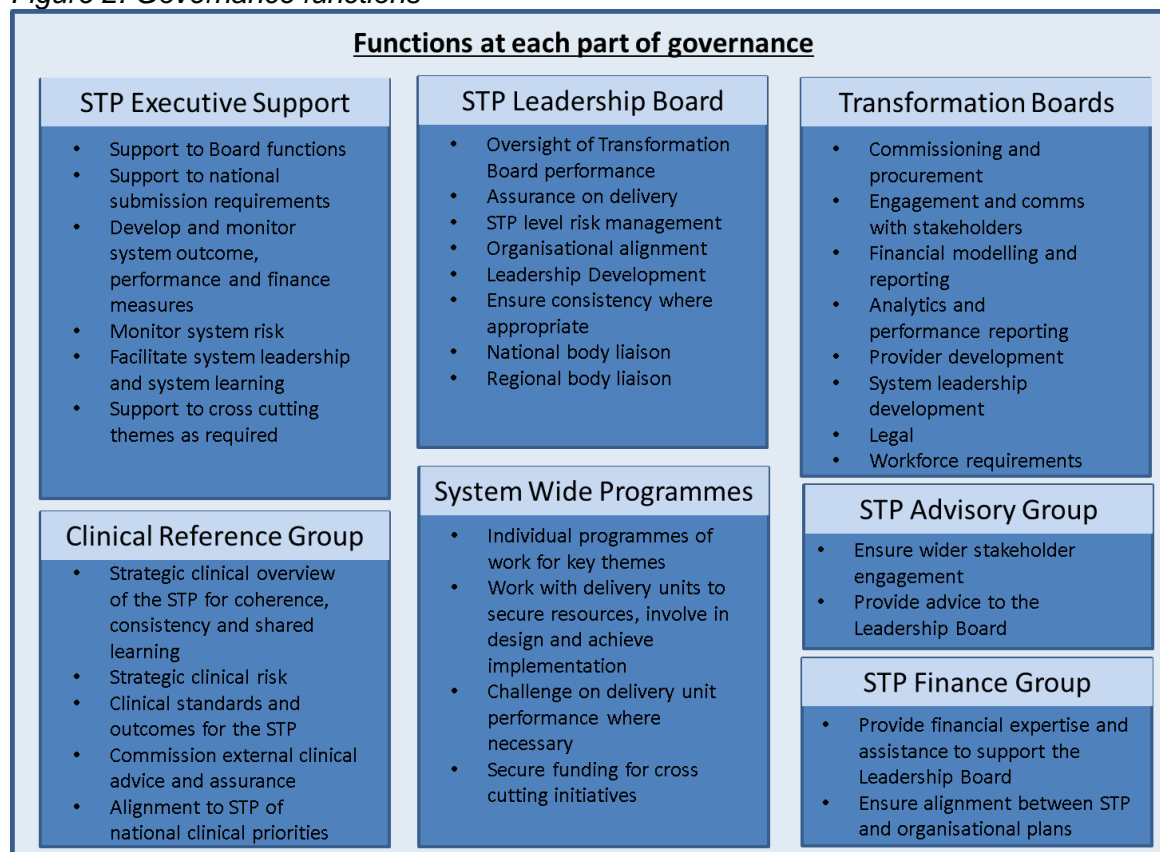
5.3 The STP Executive Support Function has been established to support the role and responsibilities of the STP Leadership Board. The role of this function is to:

- 5.3.1 Co-ordinate production of documents to support national STP submission requirements
- 5.3.2 Support the STP Leadership Board in preparing papers and ensuring that Board actions are followed through in accordance with Board expectations
- 5.3.3 Work with programmes to develop an annual STP performance and outcomes framework summarising key objectives, deliverables and performance
- 5.3.4 Monitor delivery and provide routine performance reports to the STP Leadership Board evidencing progress against the performance and outcomes framework including exception reports
- 5.3.5 Investigate issues highlighted by performance monitoring
- 5.3.6 Undertake support activities as instructed by the STP Leadership Board to ensure that system-wide programmes are delivered
- 5.3.7 Monitor system risks and hold the system risk log
- 5.3.8 Support system leadership development
- 5.3.9 Provide support to the Clinical Reference Group to develop their annual work plan
- 5.3.10 Maintain and develop the wider communications and engagement plan for stakeholders
- 5.3.11 Ensure financial monitoring of delivery against plan and alignment with contract assumptions.

6. Summary of functions

6.1 Each part of the governance structure is required to undertake specific roles and responsibilities. It is critical that these do not overlap. See figure two below.

Figure 2: Governance functions



7. Review of governance arrangements

- 7.1 The role and full expectations of STPs is still under national development - the governance structure will be reviewed at six-monthly intervals or where necessary to reflect any changes to functions.

Appendix 1

Transition arrangements

Transition arrangements are required to take us from the current state to a point where all the programmes are fully up and running. This will help assure NHS England and NHS Improvement and support delivery of the financial benefits outlined in the STP. The table below outlines the transition phase activities and year one operation of the STP.

Table 1: Transition functions to April 2017 and year one of the STP

	Transition phase from now to April 2017	Purpose
a.	Develop and agree readiness self-assessment process for individual programmes to identify governance and capacity	To understand current status and readiness of existing programmes and new workstreams, and resources needed
b.	Undertake peer review of readiness assessments	To ensure consistency and alignment of work where this is possible. Not all schemes will require full time support for all roles
c.	Use additional support from management consultancy to review capacity and readiness across the system to deliver agreed actions	To understand current system capacity to undertake change management roles required against existing capacity and system risk to delivery
d.	Assure individual programmes plans meet critical must do's for 2017-18 against the three 'gaps' (identified in the <i>NHS Five Year Forward View</i>)	To provide clarity on priorities and owners
e.	Ensure alignment of interdependencies/cross cutting themes like 'Making Every Contact Count'	To ensure we have no gaps and accountability is clear
f.	Support the STP Leadership Board to understand alignment between contract outcomes and individual control totals with STP assumptions and agree any further action amendment to STP financial plan	To track viability of STP financial plan and provide assurance to area local boards
g.	Develop an overview programme plan which aligns the individual programme actions/owners with the STP submission (sign off by the STP Leadership Board)	To provide assurance to the STP Leadership Board and hold the system to account for delivery
h.	Continue to manage communications and engagement in relation to the draft plan, supporting stakeholders with their awareness and understanding, and identification of any changes requiring formal consultation	To ensure full and proper communications and engagement. Will require significant ongoing resource
i.	Develop monitoring/reporting approach with delivery units and programmes	
j.	Assure organisational two-year operational plans are consistent with the STP and assumptions	

	2017-18	Purpose
a.	Agree timeframe for each programme to move to full autonomy and steady state reporting based on readiness assessment and delivery	To devolve responsibilities from the STP Leadership Board to the programmes which can provide necessary assurance
b.	Monitor delivery and provide assurance in relation to the delivery of the portfolio of programmes and milestones for 2017-18	To develop reporting structure and refine to move toward steady state model of performance and outcomes framework
c.	Test reporting processes and refine to ensure effectiveness and 'lean' approach	

Appendix 2

TERMS OF REFERENCE January 2017

NAME OF GROUP:	STP Leadership Board														
PURPOSE	<p>The STP Leadership Board will provide system leadership and oversight to assure successful delivery of the objectives and outcomes agreed in the Nottingham and Nottinghamshire STP.</p> <p>They will hold the Transformation Boards and workstreams to account for the delivery of the plans, review and monitor progress against the STP objectives and outcomes, challenge each other to put system before organisation, ensure services are of a similar high standard across the area, and share best practice across Nottingham and Nottinghamshire.</p> <p>The Leadership Board will ensure it engages with local Health and Wellbeing Boards and boards of partner organisations within the health, local government, voluntary and independent sectors and meets the requirements of NHSE and arm's-length bodies.</p> <p>Individual organisations and the two 'transformation boards' (areas of health and care planning covering Mid Nottinghamshire and Greater Nottingham including the city) will continue to manage their own individual risks.</p> <p>The Leadership Board will consider and manage system risks level if this is in the best interests of the overall system.</p> <p>The members of the Leadership Board will work to ensure their own organisations' senior teams and Board/Executive bodies are regularly briefed and supportive of the proposed strategic changes and committed to working in partnership to deliver those changes.</p>														
MEMBERSHIP	<p>Chair: STP Lead Nottinghamshire County Council</p> <p>Members:</p> <table border="1"> <tr> <td>Chief Officer</td><td>West and Rushcliffe CCG</td></tr> <tr> <td>Chief Executive</td><td>Nottingham City Council</td></tr> <tr> <td>Chief Executive</td><td>Nottinghamshire Healthcare NHS FT</td></tr> <tr> <td>Chief Executive</td><td>Nottingham University Hospitals Trust</td></tr> <tr> <td>Chief Executive</td><td>Sherwood Forest Hospitals NHS FT</td></tr> <tr> <td>Chief Executive</td><td>Nottinghamshire County Council</td></tr> <tr> <td>Chief Executive (Lead for</td><td>Mansfield District Council</td></tr> </table>	Chief Officer	West and Rushcliffe CCG	Chief Executive	Nottingham City Council	Chief Executive	Nottinghamshire Healthcare NHS FT	Chief Executive	Nottingham University Hospitals Trust	Chief Executive	Sherwood Forest Hospitals NHS FT	Chief Executive	Nottinghamshire County Council	Chief Executive (Lead for	Mansfield District Council
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	Housing and Environment)	
	Chief Officer	Nottingham City CCG
	Chief Officer	Mid-Notts CCG's
	Chief Officer	Nottingham North East CCG
	Director of Public Health (Lead of Prevention, Independence and self-care workstream)	Nottinghamshire County Council
	Chief Executive (Lead of Future proof workforce and organisational development workstream)	Nottingham City Care Partnership
	Clinical Representatives	Mid Notts and Greater Notts Transformation Board
	Chair STP Clinical Reference Group	
	<p>In attendance:</p> <ul style="list-style-type: none"> • STP Director • Chair of Finance Directors Group/STP Finance Lead • Directors of Transformation for Mid Nottinghamshire and Greater Nottingham 	
PROGRAMME STRUCTURE	See Annex 1.	
RESPONSIBILITIES	<ul style="list-style-type: none"> • Act as a network of leaders ensuring the citizen is at the heart of all activities to continue to develop and deliver the Nottingham and Nottinghamshire Sustainability and Transformation Plan (N&NSTP) Programme working together to manage challenges or constraints to ensure successful delivery; • Lead productive relationships and dialogue between senior leaders in the health and social care system. This will include working closely with: <ul style="list-style-type: none"> ◦ Elected Councillors ensuring decisions are taken through Local Authority due processes; ◦ Local MPs to ensure they are well-briefed and understand and support, wherever possible, the need for major service and system change, together with the consequences of these for the residents they serve; • Work together provide assurance to the NHSE/NHSI in relation to the delivery of the plan, supporting individual partners where issues relate to the need to put system before organisation; • Provide collective leadership to assure delivery of the objectives and outcomes agreed in the STP for Nottingham and Nottinghamshire ensuring organisational support to the teams leading implementation for the system and assure that the critical dependences of the delivery of the STP are effectively managed; • Agree and engage with the organisational development of system leadership behaviours, capacity and skills to support 	

	<p>successful delivery of the plan;</p> <ul style="list-style-type: none"> • Agree with the Transformation Boards and system wide programmes an annual STP performance and outcomes framework summarising key objectives, deliverables and performance; • Monitor the delivery of the STP financial plan and assure alignment with organisational plans, agreeing actions to mitigate risks and develop contingencies where appropriate. Consider approaches to manage system financial risk including agreement of approach to 'system control totals'; • Receive and agree any actions arising from the routine performance reports evidencing progress against the performance and outcomes framework including exception reports; • Receive reports and escalations from the Clinical Reference Group in relation to the strategic clinical overview of the STP, clinical interdependencies and assessment of strategic clinical risks; • Request the Clinical Reference Group to provide expert external clinical advice/assurance as requested to resolve or manage any clinical issues escalated to them; • Assure a co-ordinated approach to citizen, staff, organisation, and wider stakeholder communications and engagement in the delivery of the 5-year strategy advising on the development and delivery of the strategic communications and engagement plan for stakeholders; • Monitor system risks and hold the system risk log, assuring that critical risks associated with the implementation programme are identified, assessed and managed.
FREQUENCY OF MEETINGS	The Board will meet formally on a monthly basis to conduct its business.
REQUIRED ATTENDANCE:	It is expected that members will prioritise these meeting and make themselves available exceptionally where this is not possible a Deputy may attend of sufficient seniority to support delivery in a timely manner and to have delegated authority to make decisions on behalf of their organisation or role on the Board in accordance with the objectives set out in the Terms of Reference for this Board. For Local Authority representatives this will be in accordance with the due political process.
ROLE OF THE EXECUTIVE LEADERS ON THE LEADERSHIP BOARD	<p>The Chief Executives/Chief Officers who are members of the Leadership Board are accountable for contributing and taking personal responsibility for the development of the STP and making decisions on behalf of their organisations where appropriate. They are responsible for keeping their organisational board or equivalent updated on the progress of the STP and will take key items for approval ensuring timely decision making does not delay the work of the STP delivery.</p> <p>Members will escalate to the Leadership Board any organisational strategic objectives or organisational requirements by arms lengths bodies which may jeopardise the delivery of the STP,</p>

	<p>whilst making efforts to minimise the risks of major unintended consequences for other partners across the system and to avoid any major 'surprises'.</p> <p>They will also take responsibility of leading key programmes of work as the Executive Sponsors on behalf of the Leadership Board ensuring the continued development of the STP priority themes and that the objective of ensuring objective of ensuring services are of a similar high standard across the area, and best practice is shared across Nottingham and Nottinghamshire.</p>
QUORUM:	The meeting will quorate when 70% of members are present.
REPORTING PROCEDURES:	<p>The STP Leadership Board will provide a regular communication to partner organisation boards or equivalent and the Health and Wellbeing Boards.</p> <p>The STP Leadership Board will receive regular reports on progress against the agreed performance and outcomes framework and exception and escalation reports from the transformation boards and system wide programmes.</p> <p>The STP Leadership Board will receive reports and appropriate escalations from the Clinical Reference Group.</p> <p>The STP Leadership Board will receive reports and advice from the Advisory Group.</p>
SERVICING:	<p>The Leadership Board will be serviced by the Executive Support Team.</p> <ul style="list-style-type: none"> • Draft agendas will be agreed with the Chair and circulated to Board members to contribute items; • Agreed items for the agenda, to be sent to the STP Team, with the relevant paperwork, up to 3 working days before each meeting; • The Chair agreeing the final agenda; • Papers will be circulated 2 working days before each meeting; • Additional items for the agenda will be taken by exception with the knowledge and agreement of the Chair in advance of the meeting commencing; • The draft minutes of each meeting will be circulated within 2 working days of the meeting being held and will be approved at the following meeting.
REVIEW DATE :	These Terms of Reference will be reviewed on a quarterly basis to ensure continued fitness for purpose in the light of potential changes to the expectations of national requirements or local issue.
DATE APPROVED :	31 January 2017

Annex 1 –

