



## Sustainability and Transformation Partnership Governance February 2018

### 1. Introduction

1.1 Sustainability and Transformation Partnerships (STPs) each have an STP plan. The Nottinghamshire Health and Care Sustainability and Transformation Partnership is one of 44 STP planning footprints across the country – this is not just happening in Nottingham and Nottinghamshire. There are 10 areas in the Country who have been described as advanced in their development, including Nottingham and Nottinghamshire. These are to be called Integrated Care Systems.

1.2 STP plans describes how we are implementing the NHS England Five Year Forward view locally with the aim of delivering improvements in the three key areas:

- The health and wellbeing of the population
- The care provided and quality of services
- The management of finance and efficiency

1.3 To deliver these improvements, health and care organisations have come together to plan how services are transforming over five years (2016 – 2021) to meet increased demand and the needs of their local population.

1.4 The STP footprint for Nottingham and Nottinghamshire covers six Clinical Commissioning Group areas, eight local authorities and a population of slightly more than one million people. There is a combined budget of around £3 billion. Bassetlaw is part of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership with close links between the two STPs.

1.5 As well as strengthening local relationships through joint planning and working, STPs provide partner organisations with a shared understanding of the current challenges, a joint ambition and the steps needed to achieve the sustainability of local health and care services for the future.

1.6 This paper sets out the governance arrangements for the STP. 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.

1.7 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 The STP partners agreed to use the following principles to underpin and guide ongoing planning and the delivery of our Plan:



- We will support both adults and children to develop the confidence and skills to be as independent as possible and look after themselves.
- We will organise care around individuals and their carers, delivering personalised care based on people's needs.
- We will work in multi-disciplinary teams across organisations to deliver joined-up care as simply as and effectively as possible, reducing duplication.
- We will work together to shift resources to the most appropriate setting. This may mean spending more on prevention and proactive care in the community and less on services in hospitals.
- We will learn from what works well to spread good practice across the STP area so people can expect the same quality of care and support irrespective of where they live.
- We will deliver care and support as efficiently as possible so we can spend more on improving people's health, wellbeing and quality of life.
- We will place as much value on a person's mental health as we do their physical health.
- We will maximise the positive impact that health and social care services can add to our local communities through the contracting for products and services (known as "social value").

### 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 requires strong 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 local health and care delivery 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 keeps track of risks, key metrics and milestones.

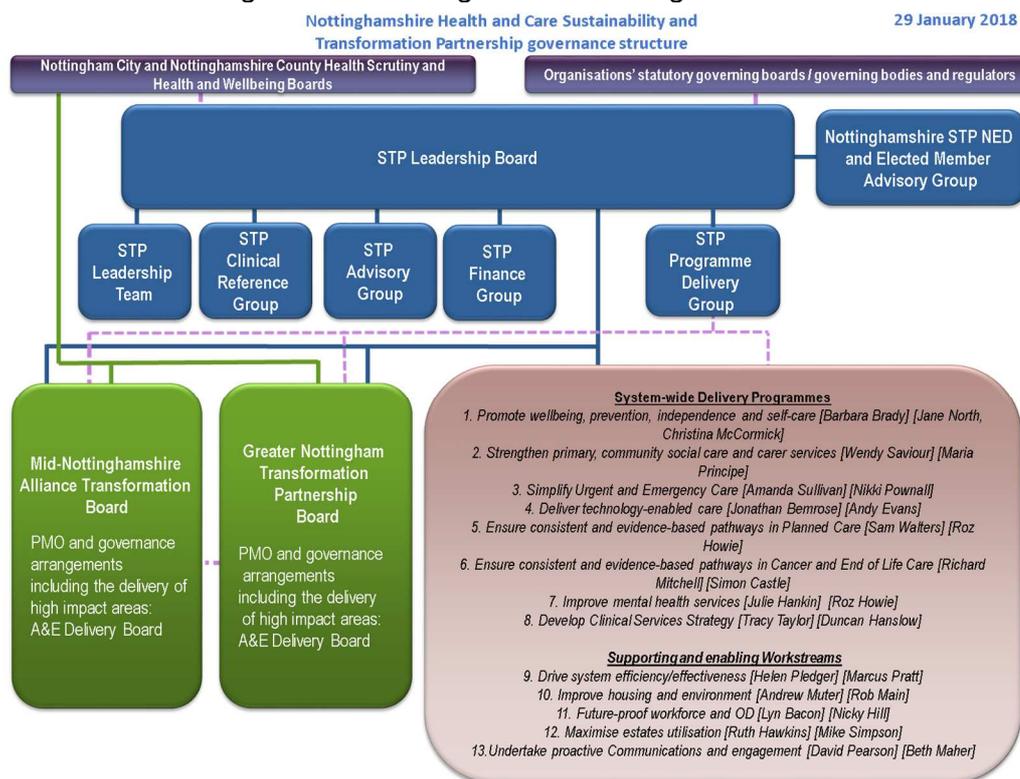
**c) Transform care through leaders working together**

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 Within Nottingham and Nottinghamshire local work has been overseen by the Mid Notts Alliance Transformation Board and the Greater Nottingham Transformation Board. These two partnerships host a number of 'vanguard' sites chosen by NHS England to find innovative solutions to health and care challenges; they commission the majority of services in their area. The transformation boards will be held to account directly by the STP Leadership Board on all aspects of their work. This work involves all organisations working together to transform services.
- 5.2.3 Programme management support will be provided within the programmes rather than at STP Leadership Board level.
- 5.2.4 Individual organisations will contribute to 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.
- 5.2.5 Local democratic oversight is through the councils, primarily through Lead Members and relevant Committees. Overview and Scrutiny arrangements will be undertaken through established committees.
- 5.2.6 Health and Wellbeing Boards will receive regular updates on progress in delivering the STP and will contribute to and challenge the work of the ICS.
- 5.2.7 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.
- 5.2.8 An STP Clinical Reference Group is 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. An STP Group of senior Elected Members and Chairs of Health Board has been established to provide advice and oversight of the STP.
- 5.2.9 An STP Advisory Group ensures 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 includes representatives of key partner organisations and associates and representatives from Healthwatch, and key professional bodies.
- 5.2.10 An STP Finance Group provides financial expertise and assistance to support the STP Leadership Board in delivering their objectives and ensure alignment with organisational financial plans.



5.2.11 An STP Programme Delivery Group supports the STP Leadership Board in the delivery of a viable and deliverable plan which meets the health and care needs of the citizens of Nottingham and Nottinghamshire and best utilises the system resources.

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

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

## **6. Review of governance arrangements**

6.1 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.