

CABINET

Tuesday, 2 May 2017 at 5.30 p.m.
C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,
E14 2BG

SUPPLEMENTAL AGENDA

Agenda Item 5.9 Sustainability and Transformation Plan

The meeting is open to the public to attend.

Contact for further enquiries:

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see the main agenda.

5 .9 Sustainability &Transformation Plan

1 - 22

All Wards

This report sets out a formal position on the involvement of the London Borough of Tower Hamlets in the North East London Sustainability & Transformation Plan (STP) and broader collaboration around health and social care.

<p>Cabinet</p> <p>02 May 2017</p>	
<p>Report of: Denise Radley, Corporate Director, Health, Adults and Community</p>	<p>Classification: Unrestricted</p>
<p>Sustainability & Transformation Plan</p>	

Lead Member	Cllr Whitelock-Gibbs, Lead Member, Health & Adult Services
Originating Officer(s)	Denise Radley, Corporate Director, Health, Adults & Community
Wards affected	All
Key Decision?	No
Community Plan Theme	

Executive Summary

This report sets out a formal position on the involvement of the London Borough of Tower Hamlets in the North East London Sustainability & Transformation Plan (STP) and broader collaboration around health and social care. In relation to the STP, the Council will continue to participate in the related work and pilot governance structures however the Mayor intends to consider each component part of the STP as it comes forward as a formal proposal. The Mayor expects the NHS to fully engage with the public and stakeholders in any changes proposed that would impact on the Borough. Specifically, the following issues will require resolution:

1. The overall financial position and plans, in particular how the STP tackles the Barts. Health deficit
2. An articulation of the total system finances taking into account local authority budgets and pressure in adults and children's social care
3. How the STP will address and pursue opportunities afforded by the forthcoming London devolution approach including in relation to estates and prevention
4. A clear plan around the shift of resources from acute hospitals to community services including community social care services and service within the voluntary and community sector
5. Investment in prevention and early intervention public health programmes including a cross-partner approach to issues such as smoking, physical inactivity, housing and employment.
6. The approach to public consultation on the changes set out in the STP with residents, staff and partners.
7. A fuller understanding of the proposed next steps and the link to senior leadership changes and structural change within the CCGs/wider NHS
8. A testing of the governance proposals set out within the Memorandum of Understanding

Recommendations:

The Mayor in Cabinet is recommended to:

1. Note the Sustainability & Transformation Plan (STP) submitted in October 2016 – www.nelstp.org.uk/progress-to-date.htm
2. Agree that the Council will continue to engage as a key partner in both Tower Hamlets Together and the Transforming Services Together programme across three boroughs where appropriate
3. Agree that the Council will not endorse the STP at this time, until the concerns identified within this report have been fully addressed - including thorough public consultation on any proposed changes - but will continue to engage with the STP process and participate in the governance arrangements proposed; continuing to highlight the issues identified in this report with the expectation they are resolved

1. REASONS FOR THE DECISIONS

- 1.1 Nationally, NHS Sustainability & Transformation Plans (STPs) have come under the spotlight for much criticism – a lack of transparency in the process with draft plans unable to be shared publicly, concerns regarding top-down NHS planning and a lack of clear plans for public consultation and engagement have all contributed to a difficult context for STPs.
- 1.2 Health and social care integration, collaboration for better outcomes for local people and cross-sector approaches to address efficiency and effectiveness are all key to our local focus on partnership and integration. Tower Hamlets has led the way particularly around primary care development, as an integrated care pioneer and more recently as a national Vanguard on new models of community care and health provision. Regardless of the label 'STP' this collaborative approach will remain a critical part of achieving our ambitions for improved health and wellbeing in the borough.
- 1.3 Locally, a number of representations and requests for the Council to formalise its position on the STP have been made. Whilst the STP process continues, the Mayor in Cabinet intends to provide a clear position statement in this regard.

2. ALTERNATIVE OPTIONS

- 2.1 The Mayor could proceed without making clear a formal position on the STP – this has been considered however a number of stakeholders have requested a statement and the Mayor and Cabinet Member consider making a statement to be a more transparent way of addressing the issue.

- 2.2 The Mayor could decide not to support the STP – this has been considered and will remain an option going forward however given the extent and effectiveness of collaboration across health and social care in the borough, it is not felt this would be in the best interests of good health and wellbeing outcomes for local people. Instead the Mayor intends to consider individual issues and decisions as they brought forward within the STP with an expectation of appropriate public consultation and engagement as needed.

3. DETAILS OF REPORT

3.1 Sustainability and Transformation Plans – National Context

Sustainability and Transformation plans (STPs) were announced in the NHS planning guidance published in December 2015. NHS organisations across the country have been asked to work with partners and come together in 44 ‘footprints’ to develop place-based plans for the future of all health and care services in their area.

STPs are five year plans and first drafts were submitted to NHS England in June 2016 and submission of the next iteration was on 21 October 2016. Detailed delivery plans will be developed over the coming months.

An STP is intended to be a blueprint for delivering the ambitions NHS bodies have for a transformed health service, as set out in the ‘Five Year Forward View’. This document recognises the links between social care and the NHS as well as the importance of wider services in prevention. It has become the vehicle for work on seven-day services, investment in prevention and improving cancer outcomes, as well as addressing three key ‘gaps’:

- The **health and wellbeing gap** – the pressing need to reduce demand on the NHS by shifting the focus towards prevention and addressing health inequalities
- The **care and quality gap** – to harness technology and innovation to reduce variations in the quality, safety and outcomes in care
- The **funding and efficiency gap** – to ensure that additional funding for the NHS is used to improve efficiencies, transform services and achieve financial sustainability

3.2 The North East London STP

The North East London STP covers 8 local authority areas: Barking and Dagenham, City of London Corporation, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. It brings together 20 organisations: 7 Clinical Commissioning Groups (CCGs), 8 local authorities, Barts Health NHS Trust, East London Foundation Trust, North East London Foundation Trust, Homerton University Hospital NHS Trust and Barking

Havering and Redbridge University NHS Trust.

The STP is led by Jane Milligan (substantive Chief Officer for Tower Hamlets CCG) and by an Independent Chair Rob Whiteman CBE.

The STP for North East London has been developed by bringing together three sets of local transformation plans. These are the Hackney devolution pilot; Transforming Services Together (TST) for Waltham Forest, Newham and Tower Hamlets; and the Barking and Dagenham, Havering and Redbridge (BHR) Devolution Pilot.

TST has been a significant local partnership which the London Borough of Tower Hamlets has been involved in since its inception – previously this partnership was our integrated care pioneer test site. A full public consultation was carried out in relation to the TST plans and this has been through a process of joint scrutiny led by the Inner London Joint overview & Scrutiny Committee. Until recently there have been two strands of work – out of hospital care and acute care – moving forward these have been integrated and streamlined under a single board with a number of work groups focused on different aspects of care e.g. end of life care.

The NEL STP seeks to address significant challenges faced across the footprint. The population is set to grow by 18% in the next 15 years, and health inequalities are high, with many residents challenged by poor physical and mental health. This puts additional financial pressure on the local health economy, in an area where a number of providers are already facing significant financial challenges, particularly Barts Health which continues to be in Financial Special Measures.

These organisations have adopted a joint vision to address the challenges faced:

- 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.
- To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care
- To work in partnership to commission, contract and deliver services efficiently and safely.

The STP then sets out six key priorities to be addressed collectively:

- 1) The right services in the right place: matching demand with appropriate capacity in north east London
- 2) Encourage self-care, offer care close to home and make sure secondary care is high quality
- 3) Secure the future of our health and social care providers – many face challenging financial circumstances
- 4) Improve specialised care by working together
- 5) Create a system-wide decision making model that enables place based care and clearly involves key partner agencies.

6) Using our infrastructure better

From 1 April 2017, the STP has rebranded as the East London Health and Care Partnership. This is in part connected with the acknowledged difficulties now associated with the 'STP brand'.

The Inner London Joint Overview & Scrutiny Committee has commenced its scrutiny of the STP and we are awaiting more definitive proposals in relation to specific proposals within the STP e.g. those relating to mental health services.

3.3 The impact of the North East London STP on Council services

The council delivers a range of services which are critical to the health and wellbeing of local residents and the sustainability of the health and care Economy – adult social care, public health, employment support, sports and leisure services etc.

But like all local authorities Tower Hamlets is facing significant challenges to the continued delivery of these services. Our population is growing, and people are living longer with more complex care issues. Our public health budget has been reduced in line with national reductions and adult social care faces significant demographic and cost pressures.

There are also increasing legislative duties, ongoing difficulties in the recruitment and retention of staff and the wider health and social care provider market faces significant sustainability pressures over the coming five years.

As the STP has been developed council representatives have argued strongly that the plan has to reflect the impact that changes to NHS services will have on council services. The STP emphasises the need for more out-of-hospital care, reducing hospital admissions and the amount of time that people spend in hospital when they could be at home. This will inevitably increase demand for social care services. The STP process needs to reflect the operational and financial impact of this, and articulate how resources will shift across the system from acute to social care, given the significant financial pressures already faced by local authorities.

Whilst we are already working closely with our health partners to integrate and improve health and care services for residents, the STP is broader, both geographically and in the challenges it is trying to address. In that sense it provides a significant opportunity to transform the health economy in north east London. However, its aims cannot be realised without significant investment in local authority services, shifting resources from the acute to community services.

It is recognised that high cost hospital admissions can only be reduced by re-orientating the entire health and care economy towards prevention and integration. Without expanded re-ablement, homecare and independent

living services, or increased supported housing and nursing home capacity, it will prove difficult to move patients with long-term conditions out of hospital and into the community. Funding should also be made available to support ongoing innovation in developing new preventative and early-help solutions to help our most vulnerable residents live longer and better quality lives closer to home, including the ongoing development of initiatives such as social prescribing, estate-based wellbeing and digital health initiatives.

Without increased investment in system-wide public health initiatives, such as those we are delivering to tackle childhood obesity in Tower Hamlets, it will be extremely challenging to make the required population-wide changes that will ensure we can manage demand effectively over the long-term.

The initial potential indicative investment requested from NHS England for NEL is £136m over the 4 years from 2017 to 2021. However, it is not yet clear how much transformation funding will be available to north east London, where that funding will come from, nor how those monies will be split between different organisations.

3.4 The current position on the STP

London Borough of Tower Hamlets is committed to continuing to work in partnership with the NHS and other partners through a renewed local strategic partnership and particularly (in relation to the STP) through our strong Health & Wellbeing Board. The Board oversees work by the Joint Commissioning Executive and Tower Hamlets Together, our local partnership for health and social care delivery which is also a national Vanguard under the New Care Models national programme.

A new Health & Wellbeing Strategy has recently been adopted with five key priorities:

- Communities leading change
- Healthier place
- Mental health and employment
- Childhood obesity
- Integration of health and social care

The majority of our planning and delivery mechanisms are local and are carried out through Tower Hamlets Together/our local Joint Commissioning Executive. For delivery purposes our models are consolidating around a four locality basis for the borough. As needed we take a TST wide approach to the system (this is essentially the Barts NHS Trust footprint) including a focus on shifting services into the community. Some planning e.g. provision for people with very challenging behaviour under the NHS Transforming Care Programme is done at a wider STP footprint.

There is concern about increasing pressure for both planning and delivery to be 'brought up' to STP level however there is broad consensus around the need for a subsidiarity principle to apply. Some of the concern stems from

experience of top-down NHS directives which require planning and/or delivery to follow certain requirements which may or may not meet local objectives and priorities.

It is important (both for efficiency and effectiveness) that there is challenge by all partners around what is best done at an STP, sub-STP and local level and it is most likely this will vary for different services and different cohorts of the population.

At this stage, there are many variables within the STP process and some unanswered questions about how the STP will be delivered. It is essential that the Council remain involved with the progression of the STP as a key player in the health and social care partnership. Currently, certainly locally, there has been no formal request for the Council to “sign up” to or endorse the STP in its current form. At this point in time, officers consider the following requires further discussion and exploration:

1. The overall financial position and plans, in particular how the STP tackles the Barts deficit
2. An articulation of the total system finances taking into account local authority budgets and pressure in adults and children’s social care
3. How the STP will address and pursue opportunities afforded by the forthcoming London devolution approach including in relation to estates and prevention
4. A clear plan around the shift of resources from acute hospitals to community services including community social care services and service within the voluntary and community sector
5. Investment in prevention and early intervention public health programmes including a cross-partner approach to issues such as smoking, physical inactivity, housing and employment. The approach to public consultation on the changes set out in the STP with residents, staff and partners. The ‘secrecy’ required during the STP development process and the tight deadlines has not yet enabled any meaningful engagement and this must be addressed before the STP is finalised. We welcome the open approach which has been taken by our local STP lead and the early publication of the NEL STP as a first step.

A fuller understanding of the proposed next steps and the link to senior leadership changes and structural change within the CCGs/wider NHSA testing of the governance proposals set out within the Memorandum of Understanding (a non-legally binding articulation of proposed STP structures – Appendix 1) including making sure that local lead members and statutory Council officers (Directors of Adult Social Services, Directors of Public Health and Directors of Children’s Services) have appropriate mechanisms by which to be engaged at an appropriate level in the STP¹

¹ An updated Partnership Agreement (to replace the Memorandum of Understanding) had just been received by the local authority as this paper went for publication. This update to the proposed governance arrangements will be considered in the coming weeks.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The measured approach of participating in the STP related work and pilot governance arrangement but not making any formal commitment until each component of the STP has been formally considered appears appropriate. There are issues to be resolved before LBTH can take an informed position. At this stage, the impact of North East London STP on Council services is yet to be fully understood given the significant pressures currently being faced by local authorities. Also of importance is how the STP will address the need to shift resources across the health and social care economy to ensure the delivery of an effective and sustainable person-centred system.

5. LEGAL COMMENTS

- 5.1 The NHS Shared Planning Guidance published in December 2015 asked every health and care system to create a local place-based plan for “accelerating implementation of the Five Year Forward View (5YFV)”. These sustainability and transformation plans (‘STPs’) were to cover the period between October 2016 and March 2021. As a result of the Guidance, NHS organisations and local authorities in different parts of England have come together to develop place-based STPs built around the needs of local populations for the future of care and health services in their area.
- 5.2 The North East London STP covers 8 local authority areas including Tower Hamlets: Barking and Dagenham, City of London Corporation, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. It brings together 20 organisations: 7 Clinical Commissioning Groups (CCGs), 8 local authorities, Barts Health NHS Trust, East London Foundation Trust, North East London Foundation Trust, Homerton University Hospital NHS Trust and Barking Havering and Redbridge University NHS Trust.
- 5.3 The STP is not a statutory plan and there is no legal obligation upon the Local Authority to enter into it. The local authority functions covered by the STP are executive functions and therefore decisions relating to Tower Hamlets involvement with the STP are for the Mayor in Cabinet to make.
- 5.4 When considering its approach to this report and its recommendations, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not. Information relevant to this is contained in the One Tower Hamlets section below.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 An equality screening has been carried out by the NEL STP programme team. The scale and scope of the STP programme means that there is the potential for many equalities impacts, relevant to all groups sharing protected characteristics, and/or people living in deprivation. Some of these will relate to small numbers of

patients/people with multiple, complex needs and communities. Where relevant, the STP programme will need to ensure that these are considered in a proportionate and timely manner to inform service design.

7. BEST VALUE (BV) IMPLICATIONS

7.1 The STP is a potential infrastructure for planning and delivery of health and social care – this report sets out issues which require further work in order to ascertain the Best Value implications of all or part of the STP.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 The STP is primarily concerned with the sustainability (both financial and in terms of quality) of the health and care system. As part of specific workstreams e.g, estates, greener environment issues are assessed and appropriate action is taken.

9. RISK MANAGEMENT IMPLICATIONS

9.1 The report sets out a cautious approach to local engagement with the STP.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are many inter-dependencies between crime and disorder reduction and health and social care including mental health and broader issues around vulnerable people both adults and children.

11. SAFEGUARDING IMPLICATIONS

11.1 Safeguarding and safety more broadly is a key component of the quality agenda across health and social care. This is joined up through the Adult and Children's Local Safeguarding Boards. There is potential for collaboration on a broader footprint through the STP although this is not currently something the North East London STP proposes.

Linked Reports, Appendices and Background Documents

Linked Report

- www.nelstp.org.uk/progress-to-date.htm

Appendices

- **Appendix 1 – Memorandum of Agreement**

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

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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 | Rob whiteman |
| • 1 x NEL STP Executive Lead | Jane Milligan |
| • 1 x Chief Executive of Barts Health | Alwen Williams |
| • 1 x Chief Executive of the Homerton | Tracey Fletcher |
| • 1 x Chief Executive of BHRUT | Matthew Hopkins |
| • 1 x Chief Executive of ELFT | Navina Evans |
| • 1 x Chief Executive of NELFT | John Brouder |
| • Nominated Reps of NEL Commissioners (CCGs) | Steve Gilvin |
| | Terry Huff |
| | Paul Haigh |
| | Simon Hall |
| | Conor Burke and one chair from BHR CCG (To be advised) |
| • 1 x Chair of Local Workforce Action Board ¹ - | Tracey Fletcher |
| • 1 x Chair of the Clinical Senate | Clare Highton |
| • 1 x Acute Sector Clinician ² | To be named |
| • 1 x Mental Health Sector Clinician ² | To be named |
| • 1 x Nominated representative from the Community Council | (yet to be established) |
| • 1 x Local Authority Chief Executive representative from Barking, Havering, Redbridge area | (To be advised) |
| • 1 x Local Authority Chief Executive representative from City and Hackney area | Tim Shields |
| • 1 x Local Authority Chief Executive representative from Tower Hamlets, Waltham Forest, Newham area | Martin Esom |

Additional Attendees / Advisory

- | | |
|--|---------------------------|
| • Representative of GP federations | (To be advised) |
| • 1 x Healthwatch observer | (To be advised) |
| • 1 x representative from the NEL STP Finance Strategy Group | (To be advised) |
| • 1 x NHS E representative (regulator) | Ceri Jacobs |
| • 1 x NHS I representative (regulator) | Victoria Woodhatch |
| • 1 x NHSE Specialised Commissioning representative | Ian Jackson |
| • 1 x Local Authority rep for prevention commissioning | Meradin Peachey |

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

² Endorsed by NEL Clinical Senate

-
- 1 X UCLP representative
 - 1 x HEE representative

Hilary Ross
Therese Davis



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 Lead³
- 1 x Infrastructure SRO and / or Delivery Lead³
- 1 x Technology SRO and / or Delivery Lead³
- 1 x Workforce SRO and / or Delivery Lead³
- x Transformation SRO and / or Delivery Lead³
- 1 x Specialised Commissioning SRO and / or Delivery Lead³
- 1 x Communications and Engagement SRO and / or Delivery Lead³
- 1 x NEL STP Programme Director
- 1 x representative from the Clinical Senate⁴
- Representatives from Local Authorities
- Clinical Directors

Reporting

Reports and is accountable to the NEL STP Board

Frequency

Monthly

³ Representation from each programme to be agreed by the SRO and Delivery Lead

⁴ 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.



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



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



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 Forest⁵
- Mayor or nominated representative of London Borough of Hackney⁵
- Chair of Policy & Resources Committee or representative of City of London Corporation⁵
- Mayor or nominated representative of London Borough of Tower Hamlets ⁵
- Mayor or nominated representative of London Borough of Newham⁵
- Leader or nominated representative of London Borough of Barking and Dagenham⁵
- Leader or nominated representative of London Borough of Havering⁵
- Leader or nominated representative of London Borough of Redbridge⁵

Reporting

Advisory to the NEL STP Board

Frequency

Quarterly

⁵ 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				



Signed on behalf of:	Signature:	Name:	Title:	Date:
The Homerton University Hospital NHS Foundation Trust				
Tower Hamlets CCG				
Redbridge CCG				
Waltham Forest CCG				



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.

