



<b>Title:</b>	Progression of the London Health and Care Strategic Partnership Board
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# Strategic Partnership Board

26 January 2018

## 1. Purpose

1.1. This paper sets out proposals for managing the progression of the Strategic Partnership Board such that it is able to effectively discharge its functions, add value to the health and care system in London and improve the health of Londoners.

## 2. Action required by Board members

2.1. Board members are asked to:

- **Agree** the Operating Framework, to replace the Terms of Reference for the Board.
- **Agree** next steps on the progression of the Board, including whether to progress to the third, 'shadow decision-making' phase of its function.
- **Comment** on and agree the proposed approach to developing a workplan for the Board for the coming year.

## 3. Partnership considerations

3.1. The Strategic Partnership Board is the key forum for partnership working across the health and care system in London, providing strategic and operational leadership and oversight for London-level activities.

## 4. Background

4.1. Following the signing of the devolution MoU, the Strategic Partnership Board is operating with increased formality. At the November meeting, the Board requested that proposals around its operation, its workplan and progression through the subsequent phases of its function (as outlined in the MoU) were brought to the January Board meeting.

4.2. These proposals are set out in the following sections of this paper.

## 5. Operation of the Board

5.1. A draft Operating Framework (see Annex A) has been prepared, setting out the vision, principles and operating arrangements for the Board. This Operating Framework is based on the London Estates Board's operating model as well as previously agreed principles. It builds upon and will replace the previously agreed Terms of Reference for the Board. The key areas for consideration, as they have been further developed since the original Terms of Reference, are:

5.2. The Board is asked to consider the following changes to its membership:

- Clinical and nursing representatives: the Terms of Reference stated that the Board should consider the best way of ensuring clinical representation. It is proposed that Vin Diwakar, in his capacity as NHS England's London Medical Director and as a representative of the London Clinical Senate, and Oliver Shanley, in his capacity as the joint NHS Improvement and NHS England Chief Nurse for the London region, are invited to join the Board.
- Patient groups and third sector: it is proposed that one patient and one third sector representative position are advertised as part of a formal, transparent process. The Partnership Delivery Group would then make a recommendation to the Partnership Steering Group ahead of the next Board meeting in March.

5.3. It is recommended that the membership is not expanded beyond the suggestions above at the present time, to allow for consistency, relationship building and developing the consensus approach (see decision-making section).

**5.4. Is the Board content with these recommendations on membership?**

5.5. Discussions at the Partnership Delivery Group have reached a consensus that the Board should be recommended to continue to meet in private to allow free and frank debate, but publishes agendas, papers and minutes online to provide transparency of the key business and decisions transacted. The Secretariat would publish these papers on the Healthy London Partnership website and the presumption is that all papers will be published, unless there is good reason for

information not to be made public (for example, because it is commercially sensitive or confidential).

5.6. By way of comparison, the London Health Board currently publishes a high-level agenda and summary record but not full minutes and papers, and the Greater Manchester Strategic Partnership Board publishes a full set of papers as well as streaming meetings live online.

5.7. Any request for information will be coordinated by the Board Secretariat, working closely with those who run the sub-groups to ensure a consistent approach.

**5.8. Is the Board content with these proposals on transparency?**

5.9. At the previous meeting in November, the Board agreed its approach to decision-making would seek to achieve consensus so far as is possible, while respecting the views and statutory accountabilities of constituent organisations. It is recommended that, in terms of decision-making, the Board will:

- Make decisions on collective recommendations made to inform business happening outside of its forum (e.g. the Board may wish to make a recommendation to inform a piece of policy which is being developed nationally).
- Come to decisions which members have the authority to make within its forum (e.g. on transformation funding). The decision-maker will formally take the decision - recognising statutory accountabilities - but the Board will agree to collectively own the decision.

5.10 The Board will always aims to act by consensus. This will be consensus of a quorate Board, which is not a requirement that every representative be present. The Board is asked to consider the proposal that quorum is defined as one representative from each STP and one representative from each of the following: London Councils, London CCGs, GLA, PHE London region, NHS England London region, NHS Improvement London region.

5.11 As a last resort, if consensus cannot be reached, a dispute resolution process is proposed (pg. 13 of the Operating Framework). This would not come into effect until phase 4, to enable a focus on the consensus approach.

**5.12 Does the Board agree that it is appropriate to focus on the consensus approach? Is the suggested quorum agreeable? Is there agreement to the approach for dispute resolution?**

5.13 To enable the sub-regions to take a full and active role in decision-making, there needs to be governance in place which enables the STP representatives at the Board to present a collective view from their partnership. The draft Investment Framework for Transformation Funding also recognises the aim to enable decisions to be taken more

locally by giving STPs with robust governance the opportunity to make recommendations on funding decisions / prioritisation within their footprint.

5.14 This will require the Board to agree principles for sub-regional governance and decision-making to ensure congruence and consistency of approach. The draft principles contained in the Appendix to the Operating Framework will continue to be developed alongside the wider arrangements for transformation funding.

5.15 **Does the Board agree with this approach to sub-regional governance?**

## 6. Workplan

6.1. There is a broad range of health and care transformation work in London that is in scope for the Strategic Partnership Board. The Board therefore needs to agree how the strategic leadership capacity of the Board is prioritised in a way that differs from historic approaches and best adds value. The main priority will be on ensuring the devolution commitments are delivered. The Board may wish to cover wider issues at times, and may be directed by the political ambitions of the London Health Board.

6.2. Work plan priorities are likely to be drawn from the following areas which have been identified during discussions with Board members:

- Transformation funding
- The Better Health for London aspirations
- Overview of the devolution commitments (as escalated from the sub-Boards)
- Supporting emerging governance (e.g. sub-regional Boards)
- The integration agenda (including ACSs)
- Cross-Board work (e.g. housing for health and care workers, which spans the workforce and estates Boards)
- Emerging new priorities (e.g. IT until Board established)

6.3. **The Board is asked to give direction on the areas where it believes the partnership should focus resources.**

6.4. Each of the sub-Boards (including the London Estates Board, London Workforce Board, and London Prevention Board) are presenting their draft workplans and / or priorities for 2018 in this Board meeting.

6.5. A forward workplan of all matters to be considered by the Board for the year ahead will be developed by the Board Secretariat, based on the workplans from the sub-Boards, and brought to the next meeting. This will be reviewed regularly with partners, through the Partnership Delivery and Steering Groups, to ensure timely and meaningful discussions as London continues its devolution journey.

6.6. **Is the Board content with this approach to developing the Board's workplan?**

## 7. Phasing of functions

7.1. As set out in the devolution MoU, the development of the Board is subject to phased progression, with gateways to ensure that governance and accountability mechanisms are sufficiently robust to proceed to the next phase. Following the signing of the MoU, the Board moved from the 'advisory' phase to its current 'strategic leadership' phase in November. During this 'strategic leadership' phase the Board is fully taking on its core functions, providing strategic and operational leadership and oversight for London-level activities. The Board will continue to exercise its strategic leadership functions across all phases.

7.2. Over time the Board aims to take more decisions within its forum, with two further phases of progression – 'shadow decision-making' and 'decision-making' at the London level. The Board will enter these phases at the point when decisions start to be taken within its forum (i.e. as delegated transformation funding is granted). The proposed criteria to guide progression to these phases are:

### *Phase 3: Shadow decision-making*

- Agreement from relevant national partners that the Board takes a greater role in the decisions in question. The mechanism of input may differ, dependent on the decision in question. There must be clarity on the scope of decisions (e.g. only decisions impacting London/relating to a 'fair share' of transformation funding).
- An outline prioritisation approach to guide shadow decision-making; and
- Agreement between Board members and with national partners as to the mechanisms by which the Board will collectively input on the decisions in question.

### *Phase 4: Decision-making*

- Confirmation from national partners as to scope of delegations and associated details. For funding decisions, this will be confirmation of funding allocations, including details of any associated conditions;
- Finalised and agreed Investment Framework (or similar);
- Delegation and/or devolution arrangements in place to allow for formal movement of functions. Internal governance arrangements for partner organisations amended as necessary;
- Representatives with delegated decision-making abilities are members of the Board and membership more broadly reviewed.
- Board decision-making processes agreed including dispute resolution procedures (including agreement as to how each STP will input);
- Agreement as to arrangements for delivery support (to enable the Board to make decisions) and assurance (where necessary).

7.3. It is also recommended that the Board regularly reviews pan-London governance arrangements, including governance arrangements and reporting for the sub-boards, as well as the effectiveness and efficiency of decision-making processes, and the extent to which dispute resolution procedures have been required.

7.4. Is the Board content with this approach and with the proposed gateway criteria? Following the verbal update on Transformation Funding, does the Board wish to progress to the 'shadow decision-making' phase?

## 8. Conclusion

8.1. Partners are asked to:

- **Agree** the Operating Framework, to replace the Board Terms of Reference.
- **Agree** next steps on the progression of the Board, including whether to progress to the third, 'shadow decision-making' phase of its function.
- **Comment** on and agree the proposed approach to developing a workplan for the Board for the coming year.