Healthy London Partnership

London Health and Care Strategic Partnership Board Operating Framework

January 2018

This Operating Framework supersedes the Terms of Reference agreed by SPB members in May 2017

Contents

Context and vision

Health and care partners in London have been on a journey towards greater integration and collaboration for a number of years. The aim of London partners is to achieve the widest and fastest improvement in the health and wellbeing of 8.6 million Londoners. Realisation of this aim requires transformation of the way that health and care services are delivered, how they are used and how far the need for them can be prevented. The 2017 London Health and Care Devolution MoU described improved collaboration within London and devolved or delegated powers and decision-making within the London system. London partners will lead the way to become England's largest urban area to deliver transformation at scale and pace.

The London Health and Care Strategic Partnership Board (the SPB) will provide strategic and operational leadership and oversight for London-level health and care activities, building on national direction such as the Five Year Forward View, and London plans including Better Health for London, but crucially emphasising the partnership approach and an agreed strategy for sustainability and transformation built up from local and sub-regional plans. The SPB met for the first time in May 2017.

Arrangements for London governance have been developed in accordance with the applicable frameworks, including the National Health Service Act 2006 (the NHS Act), and supporting secondary legislation, local government legislation and the NHS England devolution criteria. Each organisation retains its statutory accountabilities; however, the SPB enables all stakeholders to collaboratively shape the future of health and care in London in accordance with priorities that best serve the interests of the London population.

1. Overarching principles

The members of the SPB are committed to upholding mutually agreed principles and ways of working:

Principles

- In accordance with the principle of subsidiarity, decisions should be taken or influenced locally wherever possible and at the lowest appropriate spatial level. Functions will only be aggregated to the London level where there is a clear case and it is preferable to all partners to do “once for all” to avoid duplication. Where functions have been delegated to London level, the SPB will keep this under review and consider if a case could be made for exercising these functions more locally.

- London should be involved in all decisions that materially impact on London’s health and care.

- Strategy and transformation in London will be co-developed and locally owned, with early involvement of all relevant stakeholders, including clinical and public/patient input.

- London level governance should provide complementary functions to add value to local and sub-regional arrangements.

- This Operating Framework will not require changes to statutory organisational responsibilities. Each organisation will remain accountable for performing its statutory functions.

Ways of working

- Members will engage in collaborative, constructive conversations.

- Members will seek to achieve consensus so far as is possible when making recommendations and taking decisions, while respecting each other’s views and statutory accountabilities.

- All members commit to a supportive approach, sharing learning and expertise and thereby maximising transformation resources.

- So far as possible, members will take an open and transparent approach to sharing plans, challenges and opportunities.

- Members will work collectively and collaboratively to ensure that decisions taken locally and within the forum of the SPB align with the priorities for London.

- Decisions will prioritise the needs of Londoners over organisational self-interest.

2. Membership, Chairing and hosting arrangements

Membership

There is a need to ensure that the SPB membership is appropriately balanced across all areas of its responsibility and has a clear line of sight across London. Membership will be reviewed as London continues on its journey to greater autonomy. Members of the SPB are:

- **London STPs:** Three representatives from each of the five London STPs, comprising of a CCG, borough and provider representative.
- **London Councils**: Two representatives. One of the representatives will be the Lead Chief Executive nominated to support London Councils' work on Health.
- **Greater London Authority**: Two representatives.
- **The Office of London CCGs**: One representative.
- **Public Health England**: London Regional Director.
- **NHS England**: Two representatives including the London Regional Director.
- **NHS Improvement**: London Region Executive Managing Director.
- **Care Quality Commission**: One representative from the London region.
- **Health Education England**: One representative from the London region.
- A **medical representative**[1]: One representative from the London Clinical Senate.
- A **nursing representative**[1]: London Regional Chief Nurse.

Members of the SPB are appointed by their constituent organisation.

Members have a collective responsibility for the operation of the SPB and are expected to attend all meetings. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Members will comply with the standards of business conduct and conflicts of interest provisions at section 11.

The SPB will invite additional individuals or organisations to attend meetings on an ad hoc basis, where their expertise is required to facilitate discussion or to inform or support decision-makers.

[1] In the cases of medical and nursing representatives it is recognised that within each STP area there is the expectation of wider representation and engagement. The SPB representatives aim to inform the pan-London discussions.

Providers

Provider representation is a particularly important part of the SPB membership and reflects London's commitment to collaboration and co-design. The SPB members will all remain aware of the fundamental need to maintain the commissioner/provider split according to the 2012 Act. Given this, providers will not take commissioning decisions, and the SPB will keep the potential for conflicts under constant review.

It is anticipated that primary care engagement will take place at local and sub-regional level; however, the SPB is also conscious of the need to ensure primary care representation within its forum. Initially, this representation will be provided through the STP representatives who will engage with primary care providers through local/sub-regional provider fora. Going forward, the SPB will consider if there is a need for further representation to ensure adequate engagement with this group.

The SPB membership includes representation from NHS providers, who represent the widest cross-section of service users. Engagement with wider public and private health and social care providers will take place locally and be fed up through the STP representatives in this first instance.

Chairing arrangements

The SPB will be co-chaired by the London Regional Director of NHS England and the Lead Chief Executive nominated to support London Councils' work on Health.

The Co-Chairs are subject to the following conditions:

- **Eligibility** – One Chair will be a London NHS representative, and one will provide representation from London local government.
- **Appointment process** – The Chairs were appointed by the membership organisations, acting by consensus, by way of agreement to the Terms of Reference[2].
- **Term of office** – The Chairs shall remain in post until they resign or are removed from office.
- **Grounds for removal from office** – The Chairs may be removed from office by the member organisations, acting by consensus.

[2] The Terms of Reference were a precursor to this Operating Framework, and agreed by the members at the first meeting.

Hosting / secretariat arrangements

The SPB will operate as a forum for a number of partner organisations, whose collaboration will be required for effective and efficient functioning. The Healthy London Partnership (HLP) will perform secretariat and hosting roles, working in an integrated way with the London Health Board (LHB) secretariat to ensure alignment and co-ordination. As secretariat, HLP will schedule and arrange facilities for meetings, collate and circulate papers, minute meetings and monitor progress against agreed actions. Should the SPB wish to procure services or advice, it is anticipated that this would be done through HLP in accordance with its governance procedures.

The SPB will be supported by a Partnership Steering Group (PSG) and a Partnership Delivery Group (PDG). These two officer groups include NHS England (London region), NHS Improvement (London region), The Office of London CCGs, London Councils, the GLA, and Public Health England (London region). PSG meets ahead of each SPB to support the Chairs in developing the agenda and papers. The PDG meets bi-weekly to consider emerging partnership issues, develop papers and undertake wider actions of the SPB. The PSG is co-chaired by the Co-Chairs of the SPB and the PDG is chaired by an independent chair nominated by PDG members.

3. Meetings

Frequency of meetings and calling meetings

The SPB will meet every two months. Members agree that at least twenty-one (21) days' notice will be given for an ordinary meeting but it is anticipated that, so far as possible, all meetings will be scheduled a number of months in advance by HLP. The Chairs may call or members may request the chairs to call an extra-ordinary meeting in urgent circumstances. The notice period in such cases shall be such as they shall specify.

A full agenda and supporting papers will be sent to each member representative no later than five days before the date of each meeting. The papers will set out in full any recommendations and/or decisions to be made, and flag where attendance of particular members is required for business to go ahead. Where practicable, the secretariat will give members notice of any decisions / recommendations further in advance of the meeting, to allow maximum time for stakeholder engagement.

Attendance at meetings

A representative from each member organisation is expected to attend all scheduled meetings. Members will make every endeavour to ensure consistency of representation. Representatives who cannot attend meetings should provide apologies as soon as possible and, in any event, no less than five days prior to the meeting in question.

Quorum will be dependent on the business to be transacted (see the decision-making section for more detail) but as a minimum will be: one representative from each STP[3] and one

[3] This can be any of the three members, so long as each STP has one representative.

representative from each of the following: London Councils, London CCGs, GLA, PHE London region, NHS England London region, NHS Improvement London region. Where a decision is being made, quorum must include the decision-maker.

Members can send substitutes but substitutes must have the proper authority to be a part of the decision-making process.

Minutes

All meetings will be minuted to represent those present, apologies, matters discussed, decisions or recommendations made, actions to be taken and by whom.

The minutes will clearly set out the mechanisms by which recommendations and decisions have been taken (e.g. “consensus recommendation”, or “decision-maker for NHSE formally took decision to…”).

Transparency

The SPB will meet in private to allow free and frank debate, but will publish agendas, papers and minutes online, on the HLP website[4]. Publication of all papers will take place after approval of the minutes has been given at the subsequent meeting. The presumption is that papers will be published, unless there is good reason for information to not be made public (for example, because it is commercially sensitive or confidential). These arrangements will be kept under review.

Any request for information of the SPB or sub-boards[5] (including freedom of information requests) will be coordinated by the Board secretariat.

4. Phasing of functions

The development of the SPB will be subject to phased progression, with gateways to ensure that governance and accountability mechanisms are sufficiently robust to proceed to the next phase.

The process for gateway approval will be as follows:

- The SPB members will be asked to agree that the SPB moves into the next phase. It is anticipated that decisions will be taken by consensus of those present and any members who are not present will raise views (to the extent they should wish to) with the secretariat prior to the meeting. Members will be notified of the intention to move into the next gateway by way of the meeting papers.

- Where the subsequent phase requires a change to national arrangements - for example because an internal delegation needs to be made – approvals of national partners will be sought in one of two ways:

[4] https://www.healthylondon.org/our-work
[5] These include the London Estates Board, London Workforce Board, London Prevention Board

- Where the need for approval relates to a function of one national partner (e.g. NHS England), the SPB Chairs will write to the appropriate senior official(s) to seek approval [within a specified timeframe/ within 6 weeks].

- Where the need for approval relates to a function of multiple national partners, it is anticipated that a meeting of the London Health and Care Devolution Programme Board will be arranged in order to enable national partners to jointly consider and take the decision. National partners will be asked to ensure that representatives who attend the Devolution Programme Board meetings have sufficient authority to take the decisions in question. If this is not possible, the Chairs will write to the national partners.

Phase 1: Advisory

During the first phase, the SPB brought together partners who primarily engaged in 'set-up' functions, including:

- Building relationships and agreeing ways of working (including Terms of Reference);
- Streamlining strategic and operational groups which currently exist to enable health and care collaboration;
- Acting as a communication channel between national and London partners;
- Providing oversight of developing pan-London governance and delivery, including operation of the London Boards for Estates, Prevention and Workforce and establishment of an integration support offer; and
- Developing a picture of work ongoing across London and support needs (particularly in relation to integration work).

The SPB agreed to move into phase 2 in November 2017.

Phase 2: Strategic Leadership

In phase 2, the SPB will fully take on strategic leadership functions.

The SPB's core strategic leadership functions are set out below. A detailed workplan will set out the specific items of business for each meeting and show how the SPB will undertake these functions in relation to prioritised areas of focus.

- **The SPB will provide a forum for all London partners to explore common challenges, discuss and co-develop the shape of health and care in London**.
- **The SPB will work to increase collaboration between all stakeholders, and particularly focus on opportunities to join up health and care partners**. The SPB will provide oversight of the pan-London health and care integration work to support local and sub-regional areas to achieve their integration ambitions. This will include work to support emerging health and care systems, including 'Accountable Care Systems'.

- **The SPB will support more local decision-making**. The SPB will support STP and local areas to develop governance arrangements which enable them to take on delegated or devolved powers at a more local level, in accordance with robust business cases. The SPB will provide strategic, partnership oversight of the STP planning process.
- Where appropriate, **the SPB will provide strategic assessment of activities across the city**, enabling whole system strategic planning.
- **The SPB will act as a forum through which London partners can ensure complementarity and congruence of London plans and strategies**. The SPB will provide oversight of London-level sub-groups and workstreams and STP governance arrangements.
- **The SPB and LHB will act as the advocates for the London health and care system**. In discussions with central government and national bodies, London partners need to demonstrate a compelling shared position with political support. Where national policy impacts on London health and care, the SPB and LHB will provide communication channels with national partners to ensure that London is properly represented in these discussions and support local and sub-regional areas to comply with national requirements in the way which best serves local populations.
- **The SPB will ensure sharing of learning across the London system**. There are a number of innovative and successful initiatives within London which are having a real impact on the transformation of health and care. The SPB will support the recognition and sharing of learning, to avoid duplication of work and enable transformation to move faster.
- **The SPB will provide ongoing assessment of the benefits and outcomes of devolution at different spatial levels within London, and share learning**. The SPB will keep the developing London system under review, collate data on outcomes and evaluate progress.

Phases 3 and 4: Shadow decision-making and decision-making

The SPB will continue to exercise its strategic leadership functions across all phases. Over time the SPB also aims to take more decisions within its forum. Through the London Health and Care Devolution MoU, partners have agreed that transformation funding decisions will be taken within the forum of the SPB from April 2018. The SPB will enter the decision-making phase (phase 4) at the point when decisions start to be taken within its forum. Further decisions may come to the SPB over time which may need to be taken initially by way of a shadow-running period – in this case the SPB will not revert back to the shadow decision-making phase (phase 3) but will need to consider the gateway criteria below in respect of each decision. These gateway criteria may need to be supplemented, dependant on national requirements and the decision in question.

The SPB will review its operation in January 2018, and consider its readiness to move into phase 3. In March 2018, the SPB will consider its readiness to move to phase 4.

Phasing and gateways for decision-making		
	Gateway criteria for phase to begin	**Role of the SPB**
Shadow decision-making	• Agreement from relevant national partners that the SPB takes a greater role in the decisions in question. The mechanism of input may differ, dependant 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 SPB members and with national partners as to the mechanisms by which the SPB will collectively input on the decisions in question.	The SPB will begin the process of shadow running, during which it will have greater input into funding decisions, and will: • Secure agreement to delegations by national partners to their respective representatives; • Agree and finalise an Investment Framework (or similar) for funding decisions[6]; • Consider governance mechanisms in place within the five STP areas to understand the readiness and appetite within these partnerships to take a more formal role in decision-making. In phase 3 the SPB will agree principles for sub-regional governance to enable STPs to take a more formal role in decision-making (subject to local appetite). A draft is contained at Appendix 2. For future decisions, these principles may be modified/supplemented if necessary, in partnership with STPs.
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 and earmarking; • Finalised and agreed Investment Framework (or similar)[6]; • Delegation and/or devolution arrangements in place to allow for formal movement of functions. Internal	Decision-making begins within the forum of the SPB.

[6] For non-funding decisions, a framework will need to be in place which sets out clearly and transparently how the SPB will take decisions, building on this document.

Phasing and gateways for decision-making		
	Gateway criteria for phase to begin	**Role of the SPB**
	governance arrangements for partner organisations amended as necessary; • Representatives with delegated decision-making abilities are members of the SPB and Operating Framework updated. Membership more broadly reviewed, with the anticipation that membership will be streamlined so far as possible in phase 4 to enable for effective operation. • SPB decision-making processes agreed including dispute resolution procedures. This must include agreement as to how each STP will input into decisions; • Agreement as to arrangements for delivery support (to enable the SPB to make decisions) and assurance (where necessary).	

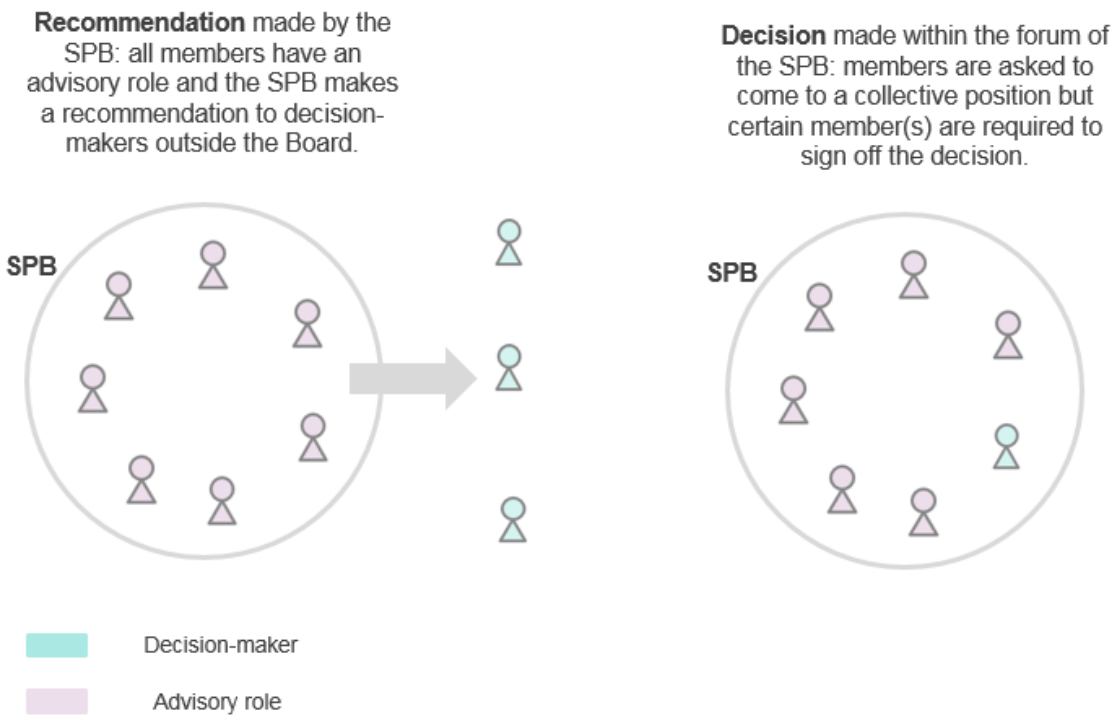
Regular reviews

At regular intervals throughout the phases, the SPB will review the following:

- Pan-London governance arrangements, including governance arrangements and reporting for the sub-boards[5];
- STP governance arrangements and the extent to which these may require further support;
- The effectiveness and efficiency of decision-making processes, and the extent to which dispute resolution procedures have been required.

5. Terms of decision-making

The SPB will (1) make collective recommendations and (2) come to a collective position on decisions which members have authority to make within its forum.



Recommendations

As a strategic body, the SPB has no formal decision-making powers but can make collective recommendations. Recommendations could be made to the London health and care system or specific organisations (London or national). Recommendations will be made by the consensus approach (see below). The principles of collaboration, partnership and early engagement aim to ensure that member organisations take an aligned view and SPB recommendations are implemented effectively by the London health and care system.

When making recommendations the SPB is acting as an advisory group. It will not be present for the final decision.

Decisions

Any issues requiring a decision need to be taken by those with the appropriate authority. Decisions could be taken within the SPB forum where member representatives have this authority. In some cases, members may already be empowered to take certain decisions (for example, because such decisions are a part of their primary role). In some cases, member representatives may be formally empowered by 'internal delegations' within their organisation, which enable them to take the decisions in question[7]. Member representatives will be responsible for ensuring that they are clear as to the nature and limits of their decision-making abilities.

Where decisions are taken within the forum of the SPB, the Board will be asked to come to a collective position through the consensus approach (see below). The decision-maker will

[7] This will be dependent on the structure and governance arrangements of the organisation in question.

formally take the decision but - recognising statutory accountabilities - the SPB agree to collectively own the decision.

The aim of the SPB will be to align approaches and achieve consensus decision-making, whilst respecting that member representatives cannot fetter their discretion, and would still be required to make decisions on the basis of objective relevant criteria and in line with the terms of their authority. Member representatives must legally retain the ability to disagree or revoke decisions (in a timely way that does not undermine the collective approach), so far as would be possible within the current framework. No organisation can be bound unless a decision has been agreed by a representative with authority.

Consensus approach

The SPB aims to only act by consensus of its members. Recognising the challenges of securing unanimous consensus, the SPB has agreed the following principles:

- For a recommendation or decision to be made, the SPB must be quorate. This is not a requirement that every member representative be present. As explained above, quorum will be one representative from each STP[8] and one representative from each of the following: London Councils, London CCGs, GLA, PHE London region, NHS England London region, NHS Improvement London region. Where a decision is being made, quorum must include the decision-maker.

- Members can send substitutes but substitutes must have the proper authority to be a part of the decision-making process. Members are asked to notify the secretariat of any substitutes as soon as reasonably possible.

- The papers for the SPB meetings will be circulated in advance of the meetings to allow representatives the opportunity to establish an organisational view on the content to present at the SPB.

- Members are expected to engage with stakeholders at an early stage, and present an informed view from the perspective of the organisation(s)/sub-regional area. Relevant governance systems should allow for reporting mechanisms to collate views and keep constituent organisations updated as to the direction of travel.

- Every effort will be made to ensure a decision is made that is acceptable to all. This could include making decisions with caveats, or enabling more time for a decision to be taken. A staged decision process may, in some complex cases, be agreed in advance. A number of factors could impact on the staging of decisions, including requirements for public engagement and consultation.

- As a last-resort (when consensus cannot be reached) there is a dispute resolution process. This will not come into effect until phase 4.

[8] This can be any of the three members, so long as each STP has one representative.

6. Dispute resolution

All members recognise that, through their role on the SPB, they are committing to the principles of collaborative, partnership working and relationship building. It is therefore expected that any disputes arising would be managed in accordance with these underlying principles.

The SPB will aim to achieve consensus of those present. However, there may be circumstances under which consensus cannot be reached. As a last resort members will follow a dispute resolution process:

- **Where members are trying to agree a recommendation to be made by the SPB.** The Chairs will take a view from each STP, GLA, NHS England London region, NHS Improvement London region, PHE London region, London Councils and the Office of London CCGs (11). Each of these partners will be asked to confirm if they agree, disagree or are neutral. Partners who have more than one member and are unable to agree a position amongst themselves will need to put forward a neutral position, as will any partners who are conflicted. Seven partners will need to agree to the content of the recommendation in order for it to be made by the SPB.

- **When members are trying to agree a collective position on a decision to be taken within the forum of the SPB.** The Chairs will again take a view from each STP, the GLA, NHS England London region, NHS Improvement London region, PHE London region, London Councils and the Office of London CCGs (11); using the same process as above. The view of the person(s) legally empowered to take the decision will be taken last, to enable this member to take into account the views from around the table. The view of the decision-maker will be final.

These provisions will be considered to be a last resort, but provide mitigation in the event that members cannot agree.

7. Governance and accountability

The MoU formally recognises the London Health Board as providing democratic oversight of the SPB. The relationship will develop as the SPB matures.

In the initial phases, operational oversight for the first year will be provided by the London Health and Care Devolution Programme Board, which will meet quarterly.

Separately, the SPB representatives will be accountable to their consistent organisations. Whilst the LHB oversight will be focused on the extent to which the SPB is meeting its objectives, the scrutiny function provided by the constituent organisations will be focused on ensuring that the SPB is complying with the relevant frameworks for outcomes, strategic planning and decision-making. It is envisaged that the representative for each organisation will report to its Board (or equivalent) on a regular basis.

Scrutiny of health and care transformation will continue to be provided by local authority overview and scrutiny committees. In accordance with the legislative framework[9], health partners will be required to submit proposals for scrutiny to their local committee when these amount to a "substantial variation" in the provision of service(s). Where more than one local authority is impacted by the changes, it is a legal requirement that scrutiny takes place at a multi-borough level, through a joint overview and scrutiny committee. It is envisaged that local authority scrutiny will continue to take place at local or sub-regional level, given the variation in specific plans for service change across London. However, London partners will keep under review whether any proposals require a London-level overview and scrutiny committee.

8. Sub-boards and reporting

The following Boards currently have a direct relationship with the SPB:

- London Estates Board
- London Prevention Board
- London Workforce Board

Governance plans are under development and further boards/groups are likely to added to this list [DN: E.g. Digital, Partnership Commissioning Board, Transformation Funding Oversight Group]. The Partnership Delivery Group and Partnership Steering Group support the SPB by providing partnership forums to develop the agendas and content for meetings and monitor agreed actions; these groups do not report to the SPB.

The Chairs of the sub-boards above will attend SPB meetings. The SPB will periodically review reports from sub-boards, where issues require escalation or wider discussion. These reports will be incorporated, so far as possible, within the workplan. However, sub-boards will also be able to escalate matters to the SPB if and where necessary.

9. Operational costs

London Partners agree to share and deploy their knowledge, expertise, resource and contact networks in support of the commitments made in the London MoU. Partnership funding for the SPB will be managed by HLP, with the oversight of the Partnership Steering Group. HLP will prepare a budget and provide financial reports through the Partnership Delivery Group.

10. Risk mitigation: changes in membership and exit strategy

If the constitution of member organisations changes (e.g. through merger or organisational change), the new body would be recommended as an SPB member, subject to approval by the members. This Operating Framework will be updated accordingly.

In the event of exit, the statutory accountability would remain with member representatives of constituent organisations. Member organisations should include provision in their delegation

[9] Section 244 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

arrangements which set out what process the individual should follow, in the event that decisions have been internally delegated.

Following a motion to disband the SPB, members will jointly consider next steps and make recommendations to member organisations as to next steps.

11. Standards of business and managing conflicts of interest [DN: to be developed further]

- Member representatives will comply with this Operating Framework and will be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the public.

- Interests or potential interests must be disclosed by members and carefully monitored. Each member is responsible for monitoring their own interests and declaring any potential or actual conflicts as soon as possible.

- It will be the responsibility of the Chairs to ask for any declarations to be made at the start of each meeting. Members will declare any interest that they have, in relation to a decision to be made within the SPB forum, as soon as they are aware of it and in any event no later than twenty eight (28) days after becoming aware. HLP will maintain a central tracker to capture conflicts of interest and nil returns, including actions taken to manage the conflicts of interest.

- Each representative will be bound by their own organisation's conflicts of interest framework. NHS representatives will be familiar with, and required to comply with, the NHS guidance Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (February 2017)10. London's process incorporates the guidance within this document for strategic decision-making groups.

- If a member has an actual or potential interest the Chairs should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

    - Requiring the member to not attend the meeting;
    - Ensuring that the member does not receive meeting papers relating to the nature of their interest;
    - Requiring the member to not attend all or part of the discussion and decision on the related matter;
    - Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate; and/or
    - Removing the member from the group or process altogether.

[10] NHS England Conflicts Guidance

- The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made.

- If an individual fails to declare an interest and the Chairs determines that the interest is relevant and material, the Chairs shall refer the matter to that individual's constituent organisation who will decide how to manage the conflict for their own purposes

Appendix A – Sub-regional governance principles

In accordance with the principle of subsidiarity, London partners agree that decisions should be taken locally where possible. This means that the SPB will consider whether decisions delegated or devolved to London could, over time, be taken more locally.

The draft principles below indicate likely requirements for STP areas who wish to take a more formal role in decision-making.

- Clear processes in place which allow the constituent organisations to come to a collective view and, in the first instance, make recommendations to the SPB.
- Commitment to governance arrangements from all constituent organisations.
- Assurance that any governance model satisfies accountability and other statutory requirements.
- Complementarity with any other emerging transformation governance arrangements in the local area.
- Demonstration of a shared vision and objectives.
- Clear recognition of the leaders who will engage with the SPB, and clarity within the sub-region as to their roles.
- Clear description of risk management and mitigation measure