

**From:** Keith Williams (Committee Vice-Chair)  
**To:** Council of Governors  
**Date:** 14 November 2019  
**Subject:** Significant Business Committee Report

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## **1.0 Purpose of the Report**

1.1 To update the Council on the recent meeting of the Committee on 16 September 2019.

## **2.0 Background**

2.1 The Significant Business Committee has been established to review significant transactions and other commercial issues on behalf of the Council, and make recommendations as appropriate to the full Council.

2.2 While none of the Trust's recent bids fell under NHS Improvement's definition of a 'significant transaction' as detailed in the Trust's constitution and therefore do not require formal Council approval, the Trust has routinely consulted with Governors on developments and opportunities, through the Significant Business Committee.

## **3.0 Significant Business Committee**

3.1 At its meeting on 16 September 2019, the following members were present:

- Rehana Ameer, Appointed Governor
- John Bennett, Public Governor Tower Hamlets
- Robin Bonner, Staff Governor
- Rosemary Eggleton, Public Governor Central Bedfordshire
- Adrian Thompson, Public Governor Tower Hamlets
- Keith Williams (Vice-Chair)

3.2 Apologies were received from Daniel Victorio and Ernell Watson, as well as Cathy Lilley (Associate Director of Corporate Governance)

3.2 Dr Mohit Venkataram, Executive Director Commercial Development and Performance, and Norbert Lieckfeldt, Corporate Governance Manager, were in attendance.

## 4.0 Summary of Committee Meeting

The focus of the meeting on 16 September 2019 was an introduction to Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICS). Key points included:

- 4.1 STPs are partnerships between existing statutory organisations (service providers) to enable integrated care with a focus on enhanced quality of life, rather than ill health or specific conditions.
- 4.2 ICS are wider than STPs – they also include commissioners of health services in addition to other partners such as local authorities, employment, education, local police or Third Sector providers
- 4.3 In response to a query about measuring impact and distribution of funds within STPs/ICSs MV outlined that impact is already being measured eg for Early Intervention for Psychosis; distribution of funding will be evidence based and change year on year. Main focus will be on improving service user experience rather than which organisation holds which funds.
- 4.4 Replying to a query about patient choice, MV stressed that 98% of patients will access their local services. It is important to plan for the most common outcome and to put in place systems to address the unusual requirements..
- 4.5 MV stressed the both systems are evolving ways to involve service users and hear the patient voice. This may be through existing outside channels such as HealthWatch or those already in place in member organisations like ELFT or Barts Health.
- 4.6 All CEOs form the Board of their local STP and they will appoint a Chair externally by NHS England/NHSI.
- 4.7 Public health is represented through the Local Authority at CEO level so MV feels confident that public health will have a strong voice going forward.
- 4.8 The Council may wish to consider to what degree Governors themselves, through their external contacts (e.g. HealthWatch, local Government, Third Sector) can already influence the allocation of funding for mental and community health.
- 4.9 Neither STPs nor ICSs are currently monitored by CQC; it is likely that going forward there will be place-based inspections rather than Trust-based inspections which will encompass all services provided by an STP or ICS.
- 4.10 The Committee agreed to consider at the next meeting how the move towards ICSs impacts on its own role in supporting the Council of Governors.

In addition, MV updated the Committee on current and upcoming service developments.

## 5.0 Action Being Requested

- 5.1 The Council of Governors is asked to **RECEIVE** and **NOTE** the report.