

From: John Bennett (Committee Chair)
To: Council of Governors
Date: 12 March 2020
Subject: Significant Business Committee Report

1.0 Purpose of the Report

1.1 To update the Council on the recent meeting of the Committee on 20 January 2020.

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 20 January 2020, the following members were present:

- Rehana Ameer, Appointed Governor
- John Bennett, Public Governor Tower Hamlets
- Robin Bonner, Staff Governor
- Arif Hoque, Public Governor Tower Hamlets
- Daniel Victorio, Public Governor Hackney
- Ernell Watson, Public Governor Newham
- Keith Williams, Public Governor Luton

3.2 Apologies were received from Dawn Allen (Public Governor Bedford Borough), 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.

3.3 The Committee unanimously elected John Bennett as Committee Chair. The Terms of Reference state that the Assistant Deputy Chair (Keith Williams) is an ex officio member and Vice Chair of the Committee

4.0 Summary of Committee Meeting

The focus of the meeting on 20 January 2020 was on New Models of Care (NMCs). Key points included:

- 4.1 NMCs are a group of healthcare providers coming together to jointly deliver services in a geographical footprint. Under NMC, commissioners will determine one trust to become the lead provider who holds the funding and subcontracts to other providers – all providers work together as a group.
- 4.2 The lead provider holds the financial risk but all are incentivised to make savings to reinvest as the group sees fit, rather than return any surplus to the Commissioners.
- 4.3 ELFT is involved in NMCs that were previously organised through specialist commissioning via NHS England (as opposed to local clinical commissioning groups): forensic services, eating disorders, Tier 4 CAMHS services (in-patient services), in-patient perinatal services, and liaison and diversion services).
- 4.4 The advantage for the service user is that the focus on a geographical footprint enables local provision for specialised services, rather than sending patients out of area. It also enables other local services to link in to support – it's about improving what we can do locally together.
- 4.5 It is a strategy that ties in and supports our population health ambitions.
- 4.6 Responding to a query about managing risk as the lead provider, Dr Venkataram replied that there are systems in place to manage any contracts which he outlined in detail. However, contract management can be a blunt tool, therefore we also rely on the fact that all providers share a vision and values on how to deliver services.
- 4.7 There is currently work ongoing to involve service users and carers and develop their expertise so they can start challenging the management boards of the NMCs.
- 4.8 Eileen Taylor is the Non-Executive Director with special responsibility for NMCs.
- 4.9 Committee considered the risks involved and Dr Venkataram outlined how the NEDs (and Governors in turn) receive assurance.
- 4.10 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.