

Minutes
Meeting of NHS North Central London ICB Board of Members
25 July 2023 between 2pm and 4pm
Clerkenwell Room

Present:	
Mike Cooke	Chair, NCL Integrated Care Board
Frances O'Callaghan	Chief Executive Officer
Becky Booker	Director of Financial Management
Kay Boycott	Non-Executive Member
Dr Chris Caldwell	Chief Nursing Officer
Dr Simon Caplan	GP - Provider of Primary Medical Services
Cllr Kaya Comer-Schwartz	Leader, Islington Council
Richard Dale*	Executive Director of Performance and Transformation
Ian Davis	Chief Executive, Enfield Council
Usman Khan	Non-Executive Member
Sarah Mansuralli*	Chief Development and Population Health Officer
Sarah McDonnell-Davies*	Executive Director of Places
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Sarah Morgan*	Chief People Officer
Ian Porter*	Executive Director of Corporate Affairs
Dr Jo Sauvage	Chief Medical Officer
Liz Sayce	Non-Executive Member
Paul Sinden	Managing Director, GP Provider Alliance
In Attendance:	
Alex Faulkes	Programme Director, Urgent and Emergency Care (Item 2.1)
Michelle Johnson	Deputy Chief Clinical Officer (Item 2.2)
Andrew Spicer	Head of Governance and Risk (Items 3.3 and 4.1)
Anna Stewart	Start Well Programme Director (Item 2.2)
Nicola Theron	Director of Estates
Apologies:	
John Hooton	Chief Executive, Barnet Council
Jinjer Kandola	Chief Executive Officer, Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust
Mark Lam*	Chair, Royal Free Hospitals and NNUH
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Phill Wells	Chief Finance Officer
Minutes:	
Steve Beeho	Senior Board Secretary

1.	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	Mike Cooke welcomed attendees to the Meeting.
1.1.2	Apologies had been received from John Hooton, Jinjer Kandola, Mark Lam, Dr Jonathan Levy, Dr Alpesh Patel and Phill Wells.
1.2	Declarations of Interest relating to the items on the Agenda
1.2.1	Mike Cooke invited Members to declare any interests relating to items on the agenda.
1.2.2	There were no additional declarations of interests or gifts and hospitality.
1.2.3	The Board of Members: <ul style="list-style-type: none"> • NOTED the requirement to declare any interests relating to the agenda; • NOTED the Declaration of Interests Register and the requirement to inspect their entry and advise the Board Secretary of any changes; • NOTED the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
1.3	Minutes of the NCL ICB Board of Members Meeting on 9 May 2023
1.3.1	The Board of Members APPROVED the minutes as an accurate record.
1.4	Matters Arising
1.4.1	Sarah Mansuralli noted with regards to the 'open' action relating to mental health breaches (action 11) that a report on mental health had recently been presented to the Integrated Care Partnership (ICP). It was agreed that it would be helpful to circulate this to Members and a decision would be taken in due course as to whether a further report should be brought to the November meeting.
1.4.2	There were no additional matters arising.
1.4.3	The Board of Members NOTED the Action Log.
1.4.4	Action: Sarah Mansuralli to circulate the mental health slides presented to the ICP on 11 July 2023.
1.5	Update from the Chair
1.5.1	Mike Cooke had no particular updates on this occasion.
1.6	Report from the Chief Executive Officer
1.6.1	Frances O'Callaghan provided an overview of the report, highlighting the following points: <ul style="list-style-type: none"> • NCL Trusts continue to be affected by the ongoing industrial action, particularly GOSH and UCLH. She thanked staff for their continued professionalism and commitment during this challenging period. Discussions have taken place with NHS England about the significant amount of work that has been cancelled which is impacting on patients, as well as having a financial impact due to the reduced activity. On a more positive note, putting the strikes to one side, NCL as a system is overperforming against its activity targets which is a tribute to the hard work of all concerned • The ICB Organisational Change Programme is now formally underway. She thanked everybody involved for their participation, including the support provided by partners. Although this is inevitably a difficult period for staff, the whole process has been received far more favourably by staff than other previous reorganisations that she had experienced, which is a testament to the work of Sarah Morgan and her team • NCL involvement in the SPROCKET (Systems and Process Redesign and Optimisation at Childhood Key Events and Transitions) project was welcomed. Maximising the ICB and ICS's research interface will through a population health lens will be a key part of the way forward for NCL

<p>1.6.2</p> <p>1.6.3</p>	<ul style="list-style-type: none"> • Good progress has been made in increasing the number of patients with a severe mental illness who have had a comprehensive annual physical health check • The excellent work of system nursing staff was recognised at the recent Burdett Nursing Awards – the NCL Learning Hub’s Nurse Education team won the Digital Health award and the Enfield Integrated Learning Disability Service Community Nurses at Barnet, Enfield and Haringey Mental Health NHS Trust were successful in the Learning Disability category. <p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • Assurance was given that following the delegation of the management of primary care complaints, the ICB will take account of any learning. As part of this, the first analysis report will be presented to the Quality and Safety Committee in the autumn • Assurance was given that the ICB is mindful of the need to ensure that staff with protected characteristics are not disproportionately disadvantaged during the reorganisation. A huge amount of work has taken place to minimise any potential negative impact, led by Sarah Morgan’s team, and the situation will remain under review. <p>The Board of Members NOTED the Report.</p>
<p>2.</p>	<p>STRATEGY AND BUSINESS</p>
<p>2.1</p>	<p>NHS 111 Integrated Urgent Care Contract Award</p>
<p>2.1.1</p> <p>2.1.2</p> <p>2.1.3</p>	<p>Sarah Mansuralli introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> • The procurement was designed to achieve greater integration of 111 services with primary care and London Ambulance Services (LAS) through a single contract which consolidated the various components that have developed over time. In addition, the ICB was seeking improved value for money and quality improvements. Other enhancements secured through the process include the move to a national telephony platform which facilitates queue management and the ability to send text messages • Extensive patient and stakeholder engagement was undertaken as part of the procurement • The Board is being asked to formally approve the awarding of the contract to the preferred provider, North Central London Alliance, which is a partnership of LAS and the London, Central and West Unscheduled Care Collaborative (LCW). The contract is worth approximately £19m per annum and it is proposed that it will run for five years. <p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • It was confirmed that the ICB is planning for mobilisation from November and there is time for any contingency planning which may be needed. Subject to the outcome of today’s decision, a formal letter will be sent to the preferred provider • Assurance was given that there has been strong clinical engagement throughout the process, given the amount of interfaces which arise from the service. The procurement offers significant opportunities for integration and innovation within the urgent care pathway. A number of required innovations have been built into the contract specification and there will be the ability to add further innovations to the contract as part of the annual review process as circumstances evolve • It was noted that many of the 111 pathways are based on algorithms and it is therefore likely that developments in Artificial Intelligence (AI) will start to feature in this area over time. However, clinical scrutiny will remain a fundamental part of this pathway • Assurance was given that the ICB’s digital strategy which is in development will both seek to optimise the potential of digital innovation while also ensuring that greater inequalities are not created as a by-product • It was further noted that in light of patient feedback, the provider will be required to work with specific communities who currently find it difficult to access this service. <p>The Board of Members:</p> <ul style="list-style-type: none"> • APPROVED the announcement of the North Central London Alliance (LAS & LCW partnership) as the preferred supplier following the end of the successful procurement

	<ul style="list-style-type: none"> • APPROVED the commencement of contract negotiations with the parties, noting that LAS will be the lead for the contract and LCW will be a named subcontractor. • APPROVED the delegation of the signing of the contract to the Chief Executive Officer and Chief Finance Officer for the NCL ICB at the end of the successful contract negotiations, noting that any material matters will be escalated to the NCL ICB Executive Management Team and reported to the NCL ICB in due course. • NOTED that currently the timeline for contract signature and mobilisation enables the new service to commence on 4 November 2023 as planned.
2.2	Start Well Update
2.2.1	<p>Sarah Mansuralli introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> • The Case for Change published in June 2022 highlighted a range of areas where there were variations in equity, outcomes and patient experience in Neo-Natal, Maternity, Children and Young People’s Services • Although various identified improvements could be delivered by potentially reorganising services, it was also recognised that there was a range of things which could be done outside these programmes, while also taking into account the wider health inequalities in NCL • The report therefore sets out some of the achievements to date in this area, including progress in implementing the virtual ward, introducing Hospital at Home access for NMUH and increasing access to perinatal mental health services across NCL in line with prevalence • Work on the Options Appraisal is ongoing, with a growing focus on the Integrated Impact Assessment, working closely with service users and patients.
2.2.2	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • It was noted that the audit of still births in Haringey is currently underway. It is recognised that black women generally receive a much poorer experience of maternity care in NCL and England in general. It is imperative that this is not normalised by virtue of it being a national issue and that the momentum of the audit is maintained • It was confirmed that the second stage of the analysis is due to be completed in September. A similar audit of maternal deaths during the perinatal period has also been commissioned, using the same methodology • It was questioned whether there are other determinants of inequalities which should be considered, such as early screening or ability to attend follow-ups because of childcare or employment issues. Assurance was given that this feedback on the need to look at factors beyond the NHS in terms of health improvement will be taken up when the audit is brought to the Quality and Safety Committee for consideration • The suggestion for practical action across the partnership was welcomed. The development of the Family Hubs across NCL will be helpful in this regard. Integrating services around community hubs will also help to cascade and reinforce messaging relating to early intervention in a variety of settings • It was highlighted that the broad measures in the Performance Report around emergency care, electives and cancer do not differentiate between adults and children to the size of the latter cohort. More detailed data will be provided in a future iteration of the report. It was further noted that the Urgent Care Review which has been commissioned is in response to the high levels of paediatric emergency attendances, so it would be helpful to track this as part of the same piece of work.
2.2.3	The Board of Members NOTED the update on the Start Well programme.
2.3	2022-2023 Equality Information Report
2.3.1	<p>Sarah Morgan noted that the Board was being presented with a suite of HR-related papers which would be introduced in two parts, taking items 2.3, 2.4, 2.5 and 2.6 together first. In addition to approving these reports, the Board was also being asked to endorse the proposal that the ICB (and the ICS as part of that) to become an anti-racist organisation. She highlighted the following points:</p>

- The Equality Information Report is for 2022/23, although technically the data covers the period from 1 July 2022 onwards as that was the date when the new organisation was 'stood up'
- The ICB is a nascent organisation with an ambitious equalities agenda. Key developments to date include the development of the Population Health and Integrated Care Strategy and being the first ICB to appoint a Non Executive Member (Liz Sayce) as Wellbeing and Inclusion Guardian on the Board, which signals the importance that the ICB places on this work
- The approach to Equality Impact Assessments (EQIAs) has been refreshed and strengthened, as borne out by the strong EQIA element in the recent 111 procurement
- The Staff Networks have curated an excellent series of events and awareness training, some of which have been taken up across London
- Performance against the Workforce Disability Equality Standards (WDES) shows that the relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher
- Identified areas for improvement include career progression, recruitment processes and senior posts reflecting the local population. Rather than wait for the completion of the organisational change programme to finish, work to address these will begin over the summer, including the introduction of de-biasing recruitment practices, such as diverse panels for all interviews that take place as part the organisational change programme implementation. Each panel will include an inclusive recruitment champion to ensure the panel follows best practice
- The ICB will be participating in the Mayor of London's Workforce Integration Network anti-racism programme from September 2023, along with GOSH and the Royal Free. This programme focuses on the five most under-represented communities in London.

2.3.2 The Board then discussed items 2.3, 2.4, 2.5 and 2.6, making the following comments:

- The decision to become an avowedly anti-racist organisation was welcomed as the data underlines the importance of this. However, it will be important at the same time to maintain a focus on the other protected characteristics
- It was noted that research shows that focusing on race also entails focusing on intersectionality. The fact that all staff networks now have an executive champion will give this work added weight and ensure that the organisation is held to account
- The latest staff survey results revealed reduced satisfaction about the opportunity for flexible working and more thought will need to be given to this issue as the new organisation is 'stood up'
- Assurance was given that the overhaul of recruitment processes will result in a very different approach to the one currently in place and there will be a programme of staff training to embed this. For example, assessing "previous experience" in job descriptions is often misunderstood as referring to academic qualifications, which has the effect of disadvantaging groups of people. There will be a national piece of work to address this
- Due to the nature of systemic racism, embarking on an anti-racist journey is an important but difficult thing for an organisation to do. Endorsing this proposal is not something that should be done lightly as it will be a challenging process
- Although the commitment to improving recruitment processes was welcomed, it is important that this is reinforced by a commitment to providing equal opportunities for career development
- It was highlighted that the Islington-based charity, Nafsiyat, which provides cultural competency training for the NHS and has a strong insight into local communities, might be able to provide support in this space
- It was clarified that while the ICB has been approved to participate in the Mayor of London's Workforce Integration Network anti-racism programme, as it is a relatively small organisation in terms of being an employer, the ICB has opened this out to system partners, so colleagues from Moorfield, the Tavistock and Portman, UCLH and the shared services will be joining forces as part of a single grouping, whereas GOSH and the Royal Free will also be on the programme independently.

2.3.3	<ul style="list-style-type: none"> An anti-racism programme for Chief People Officers and Organisational Development colleagues is also being run, involving a significant number of people from across NCL who will then take this work forward across their organisations It was highlighted that NCL wants to commit to being an anti-racist system for nursing and midwifery across the ICS as part of a London-wide approach, subject to the Board endorsing today's proposal for the ICB It was noted that the equalities work will play an integral role in the implementation of the Population Health and Integrated Care Strategy in terms of supporting social and economic development and supporting communities to live well Subject to the Board endorsing the proposal to be an anti-racist organisation and approving the Gender Pay Gap report, it will be important to consider how the implications of these decisions will be communicated to staff. <p>The Board of Members:</p> <ul style="list-style-type: none"> APPROVED and ENDORSED the recommendation of NCL ICB making a public commitment to becoming an anti-racist organisation and to participate in the associated work as required APPROVED the 2022-2023 Equality Information Report.
2.4	2022-2023 Workforce Race Equality Standards (WRES) Report
2.4.1	The Board of Members APPROVED the 2022-2023 WRES Report.
2.5	2022-2023 Workforce Disability Equality Standards (WDES) Report
2.5.1	The Board of Members APPROVED the 2022-2023 WDES Report.
2.6	2022-2023 Gender Pay Gap Report
2.6.1	The Board of Members APPROVED the 2022-2023 Gender Pay Gap Report.
2.7	NCL ICB Organisational Development (OD) Plan
2.7.1	<p>Sarah Morgan introduced the paper which also included the 2022/23 staff survey results. She highlighted the following points:</p> <ul style="list-style-type: none"> It is being recommended that the ICB takes a three year view on how it addresses the staff survey, WRES and WDES results, in light of it being a newly-formed organisation, with further updates on progress brought to future meetings, based on the indicators in the OD plan The OD plan has been developed using the NHS Improvement Compassion and Inclusion Framework. It is recognised that there are cultural, capability and capacity issues which need to be addressed while 'standing up' the ICB and the framework will help to deliver this The plan includes feedback from the Safe Space listening exercises and a variety of other sources. In light of feedback from the Engaging Our People Forum and the staff network Chairs, the planned values and behaviours refresh is being pushed back slightly as staff are currently undergoing the Organisational Change programme Despite all the changes and challenges, the staff survey results show that staff are more likely to recommend the ICB as a place to work compared to the 2021 score. There was also a significant improvement in the support provided for staff who require reasonable adjustments Areas for improvement identified by the survey include flexible working, career progression and responsiveness to clinical concerns.
2.7.2	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> It was noted that the staff survey results in London have historically been worse than other parts of the country, but recognising this should not be grounds for either defeatism or complacency. Nevertheless, it is important to acknowledge that the results for the ICB reflect a new organisation and this will present new opportunities for improvement going forward, as the population health approach fundamentally changes the nature of the organisation compared to its predecessor

	<ul style="list-style-type: none"> • Although there are understandable staff concerns about the implications of the planned reorganisation, there is also a lot of positivity about the changed focus of the ICB. While recognising the fact that NCL's geography presents a specific set of challenges, it will be important to use the staff survey results as an indicator of how the ICB is progressing as an organisation • Assurance was given in response to concerns about the survey results relating to wellbeing and autonomy that a key part of the response to this will be supporting managers to be able to lead teams well in the wake of the transition from a CCG to an ICB. Central to this will be staff having clear objectives and clarity of roles • It was noted that a significant minority of staff are declining to answer the questions regarding disability and sexual orientation. Discussions had taken place with the staff networks and Workforce information system provider the previous day about how to encourage people to report this and assurance was given that this will be taken forward • It was confirmed that the data can be filtered by directorate, grades and different characteristics and thereby enable the organisation to focus on particular areas. For example, it is hoped that the roll-out of the <i>Core Skills for Managers</i> training will strengthen middle management and in turn lift the organisation • It was acknowledged that in recent years the CCG under-invested in organisational development, so the OD priorities were welcome. It was highlighted that the latest staff survey had been conducted from September to November 2022, which was a challenging time as staff had just transitioned into the new organisation and running the next survey over the same months this year will coincide with another challenging period • It was suggested that the ICB should consider asking staff a series of 'pulse questions' to enable it to monitor equalities progress with greater regularity • The three year approach set out in the OD plan was welcomed and it was recommended that there should only be a limited amount of 'refreshing' over that period as the main focus will need to be on its implementation • It was suggested that there should be a separate discussion about the survey results relating to acting on concerns raised by patients or unsafe clinical practice and safety to speak up. It would be helpful to reflect on what is driving this and what the Board's leadership role and aspiration should be in this area • It was noted in response that a number of ICB staff provide care to patients and have access to the full complexity of their care and these staff are usually dealing with more complex cases, so it is possible that they are observing things which they consider unacceptable. Alternatively the results might emanate from commissioners who are hearing of things. At present the ICB does not have a clinical incident reporting system in place but this is in the process of being addressed • It was highlighted that the ICB had carried out a 'pulse survey' on health and wellbeing in the context of wanting to improve its Organisational Health offer and feedback from fora about staff feeling overwhelmed. As a result, more support is being put in place around things such as career transition and general wellbeing • It was noted that the Equalities Report shows that BAME staff in general have a poorer experience around career progression and there is still an amount of bullying and harassment from managers which needs to be addressed, although there has been a welcome reduction in the amount of bullying and harassment from patients.
2.7.3	Summing up the discussion, Mike Cooke noted that while it is clear that there is more work to do and the ICB is not yet the organisation that it aspires to be, there is a clear OD Plan at the heart of the way forward.
2.7.4	The Board of Members APPROVED the NCL ICB OD Plan.
3.	OVERVIEW REPORTS
3.1	Integrated Performance and Quality Escalation Report
3.1.1	Chris Caldwell and Richard Dale introduced the paper, highlighting the following points:

- An analysis undertaken of the impact of the ongoing industrial action has demonstrated that it has had a significant financial impact on the ICB, as well as on what work can be carried out in hospitals, which affects in turn access and patient experience around delays and cancellations. However, there was no immediate negative impact on the experience of patients being treated in hospital during the strikes themselves, although it is acknowledged that any impact on outcomes may take time to become apparent. Dealing with the effects of the industrial action on patients has been particularly challenging for administrative and PALS staff and general morale has been adversely affected over this period
- The ICB is also looking at how it records maternity performance as the system is having to close or reduce access to low-risk birthing facilities due to lack of staff, requiring colleagues to be moved into delivery suites
- Primary care continues to deliver appointment numbers at a higher level than in 2021/22, although it is acknowledged that this does not always tally with the experience of residents who find access to be difficult, so further work is taking place to get to the bottom of this. Work continues on strengthening the digital infrastructure to support practices while also safeguarding against any potential digital exclusion
- Progress continues to be made in reducing the number of mental health out of area placements. However, the target for Access Rates for Community Mental Health Services for Children Young People in NCL was not met, largely as a result of recruitment challenges, and a recovery plan is in place
- Despite the industrial action, the number of long waiters has continued to decrease
- Following performance improvements, the Royal Free is no longer being overseen under Segment 3 of the national System Oversight Framework
- Despite the progress being made in various areas, the overall patient treatment list is continuing to grow due to an imbalance between demand and capacity. There is therefore a strong emphasis on Advice and Guidance to ensure that triaging is taking place early in the pathway and non-surgical support is being provided where appropriate
- Excellent progress is being made in diagnostics – NCL has seen the largest reduction in the country since January in the proportion of patients waiting more than 6 weeks
- Improvements have been made across NCL against the four hours Emergency Care Standard, although this is variable in places.

3.1.2 The Board then discussed the paper, making the following comments:

- It was noted that the Mental Health presentation to the ICP mentioned previously under Item 1.4 set out the challenges in the urgent care pathways and the actions being taken. In particular, it highlighted the good work on out of area placements and the challenges around maintaining this (including recent Metropolitan Police initiatives) which are being addressed
- There has been an exponential growth in demand for CAMHS ranging from 25-35% across NCL. This increase has occurred both during the pandemic and in its aftermath. Discussions are taking place at partnership level about what can be done to manage demand and address waiting times, while also ensuring that there is equitable access for those whose need is greatest, based on triage and assessment
- It was suggested that it would be helpful for future Out of Area placements data to be presented year-on-year
- It was questioned whether there was an opportunity for parts of the system to come together before winter to share key messages about keeping healthy. Assurance was given in response that the system is focused on winter planning across a broad range of work programmes, while recognising that there are a number of uncertainties to contend with. For instance, in the case of elective recovery it will be important to manage the trajectory of the backlog as well as the new referrals, while also being mindful of other potential pressures, such as new respiratory viruses. In primary care the ICB will be seeking to increase the uptake of Advice and Guidance to avoid people having to wait to be seen in outpatients and the focus on prevention through the Locally Commissioned Service for Long Term Conditions is supporting primary care capacity while also tackling wider determinants in a more person-centred way.

	<ul style="list-style-type: none"> • Various initiatives are also underway to alleviate pressures in acute trusts, such as the pre-dispatch pilot which is designed to ensure that the system is in a stronger position when activity starts to increase in a few months' time • It was noted that work around NMUH using the Inequalities Fund has resulted in community-based interventions in collaboration with the local authorities and the wider partnership which have had a significant impact on reducing repeat presentations by understanding and addressing the forces which drive them • The use of the digital waiting room' to enable people to access support while they are waiting for an appointment was highlighted as an example of parts of the system working together collaboratively to keep people 'waiting well'. It is also important to provide support in the community where people are likely to access it and there are models in place to help young people manage their conditions and become more self-supporting and resilient. The ability to navigate the self-help services has led to a number of people becoming peer supporters and advocates around good mental health and wellbeing. The Mental Health Support in Schools trailblazer is a good example of this partnership working but there is a need to expand the model to strengthen early intervention and prevention in non-stigmatising environments. <p>3.1.3 Mike Cooke observed that it is clear there is a lot of depth to the thinking which is taking place which Board Members would benefit from being more sighted on and it would therefore be helpful to receive more detail on winter planning via a presentation at the next Board Seminar. This would enable Members to receive assurance and help to ensure that there is a shared understanding of who is doing what in different areas.</p> <p>3.1.4 The Board of Members NOTED the key issues set out in the paper for escalation and the actions in place to support improvement.</p> <p>3.1.5 Action: Richard Dale to co-ordinate a presentation on winter planning for the Board Seminar on 19 September 2023.</p>
<p>3.2</p>	<p>Finance Report</p>
<p>3.2.1</p> <p>3.2.2</p>	<p>Becky Booker introduced the paper, which set out the financial position for the ICS as a whole and in more detailed form for the ICB. She highlighted the following points:</p> <ul style="list-style-type: none"> • The system is reporting a forecast out-turn in line with plan. However, there is an £8m variance at Month 2. The main driver behind this is the impact of the industrial action, particularly the under-delivery of elective activity. Month 3 figures show a further deterioration in the system financial position as the variance now stands at £17m • The national Elective Recovery Fund (ERF) target is being reduced by 2 percentage points which will be reflected in the individual commissioner and provider plans. Work on these will be undertaken in Month 4 • The maximum 'clawback' for ERF has decreased to 16%, which means that 84% of the ICB's ERF allocation is guaranteed. National ERF targets are expected to be achieved by the end of the year • The ICB continues to report a break-even position at Months 2 and 3, albeit this includes some challenging savings targets. Work is ongoing to mitigate the financial risks which have been identified. <p>The Board of Members discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • It was confirmed that any debts and outstanding invoices relating to the legacy CCGs had been transferred to the ICB as part of the transition • It was highlighted that much of the financial risk around medicines is due to external market forces which are beyond the ICB's control. Work is taking place with Trust Chief Pharmacists to compare and contrast drug costs and purchasing in order to take a more ICS-focused approach to expenditure as it is the second highest area of expenditure after staffing. The new Interim Chief Pharmacist is now in post and is familiarising herself with the system • It was further noted that as a result of inflation, the cost of new packages of Continuing Healthcare tends to be significantly higher than the ones which are being closed.

3.2.3	<ul style="list-style-type: none"> The development of the Medium Term Financial Strategy over the coming months will be integral to how the system addresses the underlying deficit. <p>The Board of Members NOTED the Finance Report.</p>
3.3	Board Assurance Framework (BAF)
3.3.1	<p>Ian Porter introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> There are currently 12 risks on the BAF, 10 of which are system risks and two which are ICB-only Two new risks have been added: <i>Failure to conduct timely Deprivation of Liberty Assessments on our NCL ICB-funded clients</i> and <i>Failure to deliver timely urgent and emergency care for the residents of NCL</i>. The latter is a new risk arising from two performance risks which have been closed following review (PERF25 and COMM14) The scores for two risks (<i>Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry and Pharmacy Services from April 2023 onwards</i> and <i>Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution in 2024/25, impacting on the delivery of population health improvements</i>) have decreased since the previous meeting A deep dive of all risks is currently underway with Executive Directors and ultimately Board Committees and this work will be reflected in future BAF reports.
3.3.2	<p>The Board of Members discussed the paper. It was agreed that despite the progress that has been made, the score for the risk relating to the devolution of specialist services (COMM22) should not be below the BAF threshold as it still represents a clear and present risk.</p>
3.3.3	<p>The Board of Members NOTED the Board Assurance Framework.</p>
3.3.4	<p>Action: Sarah Mansuralli and Ian Porter to arrange for the score for risk COMM22 to be reassessed so that it meets the BAF threshold.</p>
4.	GOVERNANCE
4.1	Governance Report
4.1.1	<p>Mike Cooke introduced the report which contained a summary of Members' feedback on the progress of the Board Committees and the work of the Board since the establishment of the ICB in July 2022. The feedback confirmed that although Members were initially uncertain about quite what to expect at the start of the ICB's journey, they are relatively pleased with how things have developed, while recognising that more progress needs to be made. In particular, there is an appetite for the Board and its Committees to get into an 'action and delivery' phase, especially around the population health agenda.</p>
4.1.2	<p>In addition to considering the review of Committee effectiveness, the Board was also being asked to approve a number of changes to governance arrangements, including some amendments to the ICB Constitution.</p>
4.1.3	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> It was clarified that the Local Authority representatives on the People Board will be the Directors of Economic Regeneration and Adult Social Care at Camden Council. It was acknowledged that there is room for improvement in terms of obtaining a better spread of representatives from the five NCL Boroughs to ensure that their voices are heard and it was agreed that Sarah Morgan would consider further how best to address this It was noted that one of the themes that emerged during the review of the Quality and Safety Committee's effectiveness was the respective emphasis on the core accountabilities of the ICB in relation to the services it commissions and residents' experience of the wider health and care system as a quality issue and the Terms of Reference are in the process of being amended to reflect this. This discussion raised the issue of the boundaries between this Committee and the responsibilities of other Committees and it was suggested that this point warranted further consideration

<p>4.1.4</p> <p>4.1.5</p> <p>4.1.6</p>	<ul style="list-style-type: none"> • In response it was agreed that Committee Chairs would meet outside the meeting to discuss how best to support this piece of work, with Ian Porter’s support • It was noted that Board Secretaries will discuss with Committee Chairs how they might want to take forward the feedback from members • It was highlighted that subject to the Board approving the proposed changes to the Constitution, these will then need to be approved in turn by NHS England. <p>The Board of Members:</p> <ul style="list-style-type: none"> • NOTED the review of Committee effectiveness • APPROVED the revised Constitution • APPROVED the revised Scheme of Reservation and Delegation • APPROVED the NCL People Board Terms of Reference • APPROVED: <ul style="list-style-type: none"> ○ The Local Care Infrastructure Delivery Board Terms of Reference; ○ The amendments to section 18.1 of the Strategy and Development Committee’s Terms of Reference; ○ The amendment to the ICB’s Functions and Decisions Map; ○ The change of name of the Primary Care Contracting Committee to the Primary Care Committee and to reflect this change in all of the ICB governance documentation; • NOTED the arrangements for Integrated Medicines Optimisation Committee and the Clinical Reference Group. <p>Action: Sarah Morgan to review the diversity of Local Authority representatives on the People Board.</p> <p>Action: Committee Chairs to meet to discuss how best to map Committee responsibilities to minimise any overlap.</p>
<p>5.</p>	<p>ITEMS FOR INFORMATION AND ASSURANCE</p>
<p>5.1</p>	<p>Minutes of the Audit Committee Meetings on 21 March and 17 May 2023</p>
<p>5.1.1</p>	<p>The Board of Members NOTED the minutes of the Audit Committee.</p>
<p>5.2</p>	<p>Minutes of the Finance Committee Meetings on 4 April and 19 May 2023</p>
<p>5.2.1</p>	<p>The Board of Members NOTED the minutes of the Finance Committee.</p>
<p>5.3</p>	<p>Minutes of the People Board Meeting on 20 February 2023</p>
<p>5.3.1</p>	<p>The Board of Members NOTED the minutes of the People Board.</p>
<p>5.4</p>	<p>Minutes of the Procurement Oversight Group Meetings on 6 September and 21 November 2022, and 17 January 2023</p>
<p>5.4.1</p>	<p>The Board of Members NOTED the minutes of the Procurement Oversight Group.</p>
<p>5.5</p>	<p>Minutes of the Quality and Safety Committee Meeting on 7 March 2023</p>
<p>5.5.1</p>	<p>The Board of Members NOTED the minutes of the Quality and Safety Committee.</p>
<p>5.6</p>	<p>Minutes of the Strategy and Development Committee Meeting on 8 February 2023</p>
<p>5.6.1</p>	<p>The Board of Members NOTED the minutes of the Strategy and Development Committee.</p>
<p>6.</p>	<p>ANY OTHER BUSINESS</p>
<p>6.1</p>	<p>There was no other business.</p>
<p>7.</p>	<p>DATE OF NEXT MEETING</p>
<p>7.1</p>	<p>7 November 2023 between 2pm and 4pm.</p>