

Minutes
Meeting of NHS North Central London ICB Board of Members
4 July 2022 between 10am and 10.45am
Virtual Meeting

Present:	
Mike Cooke	Chair, NCL Integrated Care Board
Frances O'Callaghan	Chief Executive Officer
Kay Boycott	Non-Executive Member
Dr Chris Caldwell	Chief Nursing Officer
Dr Simon Caplan	GP - Provider of Primary Medical Services
Caroline Clarke*	Group Chief Executive, Royal Free Hospitals and Accountable Officer, NMUH
Richard Dale*	Executive Director of Performance and Transformation
Dominic Dodd	Chair, UCL Health Alliance
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
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Sarah Mansuralli*	Chief Development and Population Health Officer
Sarah McDonnell-Davies*	Executive Director of Places
Sarah Morgan*	Chief People Officer
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Ian Porter*	Executive Director of Corporate Affairs
Liz Sayce	Non-Executive Member
Phill Wells	Chief Finance Officer
In Attendance:	
Andrew Spicer	Head of Governance and Risk
Apologies:	
Cllr Kaya Comer-Schwartz	Leader, Islington Council
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Dr Jo Sauvage	Chief Medical Officer
Minutes:	
Steve Beeho	Board Secretary

1.	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	The Chair welcomed attendees to the inaugural NCL ICB Board of Members ('Board') Meeting. He noted that the Appointments Committee, which met prior to this meeting, had formally ratified the membership of the Board. The Chair further noted that the focus of the Board meeting would be on approving the governance arrangements required to finish constituting the ICB. As the agenda was process-orientated it had been decided that it would be more appropriate to elaborate on the ICB's ambitions in greater detail at the next meeting in September. This was also the reason for the first meeting taking place via MS Teams, rather than face to face.

1.1.2	Apologies had been received from Baroness Julia Neuberger, Cllr Kaya Comer-Schwartz and Dr Jo Sauvage.
1.2	Declarations of Interest relating to the items on the Agenda
1.2.1	The Chair noted that a register of the Board of Members' interests was in the process of being completed and would be presented at the next meeting. In the meantime, members were invited to declare any interests relating to items on the agenda. There were no additional declarations.
1.3	Declarations of Gifts and Hospitality
1.3.1	The Chair invited Board members to declare any gifts and hospitality received. No gifts or hospitality were declared.
1.4	Update from the Chief Executive Officer
1.4.1	Frances O'Callaghan began by paying tribute to everybody involved in the 'safe landing' from NCL CCG as it transitioned into NCL ICB. She also thanked everybody who contributed to the final meeting of the NCL CCG Governing Body on 30 June 2022, the final day of the CCG's existence. The CCG had come into being just as Covid was striking and consequently the last Governing Body meeting was the only one held in person.
1.4.2	She then welcomed the new ICB executive team, particularly Phill Wells, Chief Finance Officer and Sarah Morgan, Chief People Officer.
1.4.3	It was acknowledged that NCL faces significant challenges, including financial challenges and ongoing activity pressures, but there are also major opportunities to improve the wellbeing of local residents and patients and the system is committed to working together in a collegiate way to achieve this. In addition, a cultural change is underway, as the NHS organisations come together and the ICB continues to strengthen its relationships with local authority colleagues and the voluntary sector.
1.4.4	She highlighted that the ICB Board has a crucial role to play in terms of finding a common purpose and expressed her optimism for the future.
1.4.5	The Chair echoed the welcome that Frances offered to new colleagues and her thanks to CCG staff for ensuring that the transition passed so smoothly.
1.5	Questions From the Public
1.5.1	The Chair noted that no questions had been submitted in advance by members of the public. He observed that the ICB had followed the historic approach taken by the CCG but the Board would consider in due course how it wishes to receive representations from the public in regards to Board agenda items as there are various models it might wish to adopt going forward.
2.	FINANCE / COMMISSIONING
2.1	Budget 2022/23
2.1.1	<p>Phill Wells provided a high-level overview of the 2022/23 budget, as well as the challenges and risks:</p> <ul style="list-style-type: none"> • The NCL system has submitted a balanced plan for 2022/23, albeit one with significant financial risks • The core efficiency expectations within the ICB and the providers are in many places larger than the historical values delivered previously • In aggregate, the NCL provider sector is in deficit, due primarily to the figures for the Royal Free and GOSH, partly due to challenges in establishing funding baselines for both organisations. This is balanced by the ICB which is planning to deliver a relatively large surplus • At the time of submitting the plan to NHS England, the ICB submission contained £21m which effectively represents growth money for the system as a whole. This will

	<p>be allocated over the year to providers and primary care with a net-neutral impact on the system bottom line</p> <ul style="list-style-type: none"> • The report shows that the ICB has an underlying £19.3m deficit, which is addressed by the release of £23.7m non-recurrent support throughout the year that will be directed towards a specific programme of investments, resulting in a £4.4m surplus. With the retention of the system growth funds at the point of submission, this represents an overall surplus of £25.6m • The ICB has a £22m efficiency target, some of which is yet to be identified • £20m of high-medium level risk has been identified. If any of this comes to pass, it may require further non-recurrent support while the ICB establishes ways of bringing the overall position into balance • In conclusion, the challenge facing NCL is high but there are also great opportunities.
2.1.2	The Chair commended the huge amount of work that had taken place across the system to develop the financial plan. He acknowledged that members would have questions about some of the detail and gave assurance that they would have the opportunity to discuss these with Phill Wells before the next meeting.
2.1.3	The Board of Members NOTED the report.
2.2	Standing Financial Instructions (SFIs)
2.2.1	Phill Wells introduced the SFIs which contained a number of changes from the previous CCG version, particularly regarding approval limits. He noted that the SFIs followed a national template and would be reviewed again in due course after they have been implemented to ensure that they are operating effectively.
2.2.2	The Board of Members APPROVED the NCL ICB's SFIs.
3.	GOVERNANCE
3.1	Clinical and Care Leadership Model
3.1.1	Chris Caldwell provided an overview of the work taking place to develop a Clinical and Care Leadership Model for the ICB encompassing clinical and care leaders from across health and social care. This builds on the substantial amount of work which has taken place in recent years in this area across the system, as well as the establishment of the Clinical Advisory Group during the pandemic.
3.1.2	The ICB proposes to put in place interim arrangements to help it to proceed with the co-production process to create a model that people feel fully engaged with. A draft model has been created which is being socialised across the system and a range of interim appointments have been made until the end of September to facilitate the transition process. Recruitment is underway for the post of Deputy Medical Director and the ICB will also maintain the short-term continuation of the CCG's clinical leadership at borough level, including the Individual Funding Request (IFR) roles, as an interim model.
3.1.3	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • In response to a query about the future size of the clinical leadership, it was clarified that going forward the ICB would potentially be able to draw upon the clinical leadership from across the system. However, there is also a firm intention to bring on new clinical leaders to strengthen future sustainability • In response to a question about the practicalities of different clinical leaders working together, it was noted that the model envisages a matrix approach, whereby junior leaders who might need some system development will work in teams with people who have more experience of system leadership. People will also be recruited to do specific pieces of work who will also represent their professional body. It is important that that ICB is able to demonstrate that the clinical leadership model aims to be multi-professional and is able to attract a wide range of people by the way in which the roles are set up and through the arrangements for remuneration that are put in place

	<ul style="list-style-type: none"> It was noted that the model is still in developmental stage and therefore remains a work in progress. The new model will incur a lower cost than the previous CCG model.
3.1.4	<p>The Board of Members:</p> <ul style="list-style-type: none"> ENDORSED the strategic shape of the emerging clinical leadership model. APPROVED the next steps in developing the Clinical and Care Leadership Model and to delegate responsibility to the Chief Medical Officer and Chief Nursing Officer to further develop the model and commence implementation ENDORSED the short-term continuation of the CCG's clinical leadership/IFR model in the interim period and the supporting remuneration rates.
3.2	Supporting Documents to the Constitution
3.2.1	<p>Ian Porter introduced the Scheme of Reservation and Delegation (SORD) which sets out the power and authority of the Board of Members, the Chair, the Board Committees and senior officers. The SORD should be read in conjunction with the SFIs as part of the ICB's decision-making processes. He also explained that any cosmetic changes to the CCG policies which are transferring over to the ICB will be made automatically, rather than being brought to a Board meeting for approval. In the event of any significant changes to any policies, these will be taken through the relevant approval process.</p>
3.2.2	<p>The Board of Members:</p> <ul style="list-style-type: none"> APPROVED the Scheme of Reservation and Delegation.
3.3	Committee Terms of Reference
3.3.1	<p>Ian Porter introduced the Committee Terms of Reference which he took as read. He noted that as the new Committees settle into the rhythm of the ICB, any changes to their Standing Participants will be made without needing to bring revised Terms of Reference back to the Board for approval.</p>
3.3.2	<p>He then provided an overview of the ICB Functions and Decisions Map. The Map provides a high level overview of the ICB's governance structure, including its key functions and how these are exercised in accordance with the SORD. The Map also sets out the system forums, including the System Management Board, the Population Health Forum and the Clinical Advisory Group. It further references the North Central London Specialist Commissioning Steering Group to support the transition of the services that are scheduled to be delegated to ICBs by NHS England from 1 April 2023.</p>
3.3.3	<p>In response to a suggestion that it would be helpful to also articulate role of Integrated Care Partnership (ICP) in more detail, assurance was given that after emergent discussions have taken place over the summer and the ICP has agreed its Terms of Reference and its work programme, a formal item on the ICP will be brought to a future Board meeting.</p>
3.3.4	<p>The Board of Members:</p> <ul style="list-style-type: none"> APPROVED the Terms of Reference of: <ul style="list-style-type: none"> Audit Committee Remuneration Committee Strategy and Development Committee Primary Care Contracting Committee Individual Funding Requests Panel Individual Funding Requests Appeals Panel Procurement Oversight Group Finance Committee Quality and Safety Committee Integrated Medicines Optimisation Committee APPROVED the Functions and Decisions Map.

3.4	ICB Forward Plan
3.4.1	Richard Dale introduced the latest version of the ICB Forward Plan, which incorporates Board meetings in public and seminars. He noted that members would already be very familiar with much of the content, which builds on work undertaken by the ICS Steering Committee and Transition Board. The plan will be kept under regular review and updated accordingly, while ensuring that the workload of the Board remains manageable.
3.4.2	Ian Porter highlighted that this marked the start of the formal management of the committees and the Board Secretariat will shortly be circulating key meeting dates for the remainder of the year. He thanked the Governance team for the significant amount of work over recent months which is reflected in the meeting papers.
3.4.3	The Chair invited Board members to contact Ian Porter outside the meeting if they have any suggestions for items that ought to be added to the Forward Plan.
3.4.4	The Board of Members NOTED the ICB Forward Plan.
4.	ANY OTHER BUSINESS
4.1	There was no other business.
5.	DATE OF NEXT MEETING
5.1	27 September 2022 between 2pm and 4pm.