North Central London
Integrated Care Board

NHS North Central London ICB
Board of Members Meeting

Tuesday, 7 February 2023
2pm – 4pm
Clerkenwell Room
2nd Floor, Laycock Professional Development Centre
Laycock Street
N1 1TH

AGENDA
Part 1

Item	Title	Lead	Action	Page	Time
1.	**INTRODUCTION**				
1.1	Welcome and Apologies	Chair	Note	Oral	2pm
1.2	Declarations of Interest (not otherwise stated)	Chair	Note	3	
1.3	Draft Minutes of the NCL ICB Board of Members Meeting on 29 November 2022	Chair	Approve	8	
1.4	Matters Arising	Chair	Note	19	
1.5	Update from the Chair	Chair	Note	Oral	2.10pm
1.6	Report from the Chief Executive Officer	Frances O'Callaghan	Note	21	2.15pm
2.	**STRATEGY AND BUSINESS**				
2.1	Quality Vision Update	Dr Chris Caldwell	Note	29	2.35pm
2.2	Summary of NCL ICB BCF and Section 75 Agreements (2022/23)	Sarah Mansuralli	Approve	34	2.50pm
3.	**OVERVIEW REPORTS**				
3.1	Integrated Performance and Quality Escalation Report	Richard Dale and Dr Chris Caldwell	Note	64	3.05pm
3.2	Finance Report	Phill Wells	Note	88	3.20pm
3.3	Board Assurance Framework	Ian Porter	Note	119	3.30pm

4.	**GOVERNANCE**				
4.1	Amendments to ICB Governance Arrangements	Ian Porter	Approve	134	3.40pm
5.	**ITEMS FOR INFORMATION AND ASSURANCE**				
5.1	Minutes of the Audit Committee Meeting on 26 September and 22 November 2022	Kay Boycott	Note		3.50pm
5.2	Minutes of the Finance Committee Meeting on 1 November 2022	Usman Khan	Note		
5.3	Minutes of the Quality and Safety Committee Meeting on 8 November 2022	Liz Sayce	Note		
6.	**ANY OTHER BUSINESS**				
6.1	Any Other Business				
7.	**DATE OF NEXT MEETING**				
7.1	9 May 2023 (2pm – 4pm)				

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Declaration of Interests Register – NCL ICB Board of Members	**Date of report**	30 January 2023	**Agenda Item**	1.2
Integrated Care Board Sponsor	Mike Cooke Chair, NCL ICB	**Email / Tel**		mike.cooke4@nhs.net	
Lead Director / Manager	Frances O'Callaghan, Chief Executive, NCL ICB	**Email / Tel**			
Report Author	Steve Beeho Board Secretary			s.beeho@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications**		Not applicable.	
Report Summary	Members and attendees of the NCL ICB Board of Members meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item. A conflict of interest would arise if decisions or recommendations made by the Committee could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence. Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway. Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date. Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.				

Recommendation	The Board of Members is asked to: • **NOTE** the requirement to declare any interests relating to the agenda; • **NOTE** the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes; • **NOTE** the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the ICB.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	The Declaration of Interests Register is a standing item presented to every meeting of the Board of Members.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Board of Members and regularly monitored.
Appendices	The Declaration of Interests Register.

NCL ICB Board of Members Declaration of Interest Register - February 2023

Name	Current Position (s) held- i.e. ICB Board, Trust, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or Indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Mr Mike **Cooke**	Chair North London Integrated Care System		Yes			direct						
	Chair of ICB Board Member of ICB Finance Committee Chair of ICB Strategy and Development Committee	BEAT, the national Eating Disorders Charity	No	no	yes	direct	Chair of Trustees	19/11/2019	current	18/11/2019	08/07/2022	BEAT is commissioned by some commissioning organisations to provide services. This declaration is for transparency. There is no conflict of interest between the roles flagged in this declaration. In any future scenario where NCL based commissioners enter any discussions with BEAT I would step out of and would not be involved in any discussions or decision making
Ms Frances **O'Callaghan**	Chief Executive of North London Integrated Care System	n/a	no	no	no	no				24/02/2020	16/08/2022	
	Member of ICB Finance Committee											
	Member of ICB Strategy and Development Committee											
	Member of ICB Executive Management Team											
Mr Phill **Wells**	Chief Finance Officer								current	23/06/2022	21/07/2022	
	NCL ICB Board Member and Chief Finance officer Member of ICB Finance Committee Attendee of ICB Audit Committee Member of ICB Executive Management Team	Audit and Risk Committee, Department for Digital, Culture, Media and Sport	yes	yes	no	direct	Independent Member	2016	current	23/06/2022	21/07/2022	Where decisions to be taken by the ICB contain a potential or perceived conflict, I will excuse myself from the decision making process and a suitable deputy will act in my place
		Essex County Council	no	no	no	indirect	Partner is an IT Director	01/09/2019	current	21/07/2022		
		The Air Ambulance Service	yes	yes	no	direct	Trustee and Chair of Audit and Risk Committee	01/03/2022	current	23/06/2022	21/07/2022	
Dr Jo **Sauvage**	Chief Medical Officer, Member of ICB Board, Member of ICB Executive Management Team		yes	yes	yes	direct		01/07/2022	current	10/07/2022		
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region		yes	yes	yes	direct			current	10/07/2022		
		NCL Clinical representative London Clinical Executive Group	yes	yes	yes	direct	NCL Clinical Representative		current	10/07/2022		
		London People Board	yes	yes	yes	direct	CMO Representative		current	10/07/2022		
		London Primary Care School	yes	yes	yes	direct	ICS Representative		current	10/07/2022		
		London Anchors Board	yes	yes	yes	direct	GP Representative		current	10/07/2022		
		NHS London Sustainability Network/Co-Chair of the Board	yes	yes	yes	direct	Clinical Director		current	10/07/2022		
		London Region Air Quality Delivery Group	yes	yes	yes	direct	Co - Chair		current	10/07/2022		
		Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	yes	yes	yes	direct	Member		current	10/07/2022		
		Working for Islington GP Federation	yes	yes	yes	direct	Salaried GP	01/07/2022	current	10/07/2022		Appropriate mitigations to be taken as directed by ICB, to avoid my involvement in any decision making pertaining to financial transactions /or other.
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	11/07/2019	current	10/07/2022		contrcat to novate to salaried GP - Federation
		South Islington PCN	yes	yes	yes	direct	GP Pracitce is a member		current	01/07/2022		
Ms Kay **Boycott**	Non Executive Member, Member of the ICB Board,		yes	yes	yes	Direct		01/07/2022	current	11/07/2022		
	Member of ICB Strategy and Development Committee	Eakin Healthcare Group	yes	yes	yes	Direct	Director	01/09/2021	current	11/07/2022		
	Member of ICB Quality and Safety Committee	Imperial College Healthcare NHS Trust	yes	yes	yes	Direct	Director, Non Executive	01/09/2019	31/08/2022	11/07/2022		
	Chair of ICB Audit Committee											
	Member of ICB Finance Committee	London Fire Brigade	yes	yes	yes	Direct	Independent Audit Committee Member	01/11/2020	current	11/07/2022		
	Member of ICB Remuneration Committee	Durham University	yes	yes	yes	Direct	Lay member of Council and Audit and Risk Committee Chair	27/11/2018	current	11/07/2022		
		English Heritage Trust	yes	yes	yes	Direct	Director	01/01/2022	current	11/07/2022		
		Various	yes	yes	yes	Direct	Various		current	11/07/2022		These are infrequent and under NDA - In previous NHS roles I have agreed I would declare if relevant to a specific agenda item
		IBM	no	no	no	Indirect				11/07/2022		
Ms Liz **Sayce OBE**	Non Executive Member, Member of the ICB Board											
	Chair of ICB Remuneration Committee											
	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	yes	yes		direct	vice chair	26/01/2021	current	26/08/2022		
	Member of ICB Audit Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	22/01/2023	
	Vice-Chair of ICB Integrated Medicines Optimisation Committee	Social Security Advisory Committee	yes	yes		direct	Member and Vice-Chair	2016	current	26/08/2022		
	Member of ICB Primary Care Contracting Committee	Fabian Society Commission on Poverty and Regional Inequality	yes	yes		direct	Commissioner	2021	current	26/08/2022		
	Chair NCL People Board	Royal Society of Arts	no	no	no	direct	Fellow		current	26/08/2022		
		Institute for Employment Studies Commission on the Future of Employment Support	yes	yes	no	direct	Commissioner	2022	2024	26/08/2022		
		Recovery Focus (a national voluntary organisation)	no	no	no	indirect	Partner is a Trustee		current	26/08/2022		
		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Trustee	24/11/2022	current	24/11/2022		

		Consultancy roles	no	no	no	indirect	My partner offers consultancy across the UK to mental health services, sometimes working with NHS Trusts, local authorities or voluntary sector organisations		current	26/08/2022		I would declare a specific interest if my partner at any point worked with an organisation in North Central London, and recuse myself from any discussions relating to that organisation as needed
Dr Christine **Caldwell**	Chief Nursing Officer, Member of ICB Board	none	N/A	N/A	N/A	N/A	N/A			04/07/2022		
Ms Caroline **Clarke**	Board Member ICB		no	yes	no	Direct	Member			02/07/2022		
	Member of ICB Finance Committee	Royal Free Hospitals	yes	yes	no	Direct	Group Chief Executive	2019	current	02/07/2022		
		North Middlesex University Hospital	yes	yes	no	Direct	Accountable Officer	01/04/2021	current	02/07/2022		
		Royal Free Charity	no	yes	no	Direct	Director / Trustee	24/06/2020	current	02/07/2022		
		UCL Partners Ltd	yes	yes	no	Direct	Director	29/04/2019	current	02/07/2022		
		RFC Developments	yes	yes	no	Direct	Director	21/03/2019	current	02/07/2022		
		Overcoming MS	no	yes	yes	Direct	Trustee	04/05/2017	current	02/07/2022		
		Healthcare Financial Management Association (HFMA)	no	yes	no	Direct	Trustee	09/12//2016	current	02/07/2022		
Mr Dominic **Dodd**	Board Member ICB		no	yes	no	Direct	Member	01/07/2022	current	04/07/2022		
		UCLH Alliance	yes	yes	yes	Direct	Chair	30/10/2019	current	04/07/2022		
		Royal National Orthopaedic Hospital	yes	yes	yes	Direct	Chair	01/11/2019	current	04/07/2022		
		KEHF Ltd	yes	yes	yes	Direct	director	31/03/2021	current	04/07/2022		
		Wildwood Square Ltd	yes	yes	yes	Direct	director	07/07/2020	current	04/07/2022		
		Disinformation Index Ltd	yes	yes	yes	Direct	director	01/02/2022	current	04/07/2022		
		Skin Analytics Lrd	yes	yes	yes	Direct	director	11/09/2019	current	04/07/2022		
		Kings Fund	no	yes	No	Direct	Trustee	06/12/2016	current	04/07/2022		
		NHSE/I	no	yes		Direct	Advisor on National and Regional Operating Model	01/10/2021	current	04/07/2022		
		UK Biobank	no	yes	No	Direct	Trustee	01/12/2021	current	04/07/2022		
Dr Usman **Khan**	Board Member ICB		no	yes	no	Direct	Member		current	07/09/2022		
	Chair of ICB Primary Care Contracting Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022		
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	yes	yes	yes	Direct	director	27/06/2022	current	07/09/2022		
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors	01/08/2022	current	07/09/2022	09/01/2023	
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	yes	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022		
		FIPRA, a European public affairs consultancy	yes	yes	yes	Direct	Senior Advisor for EU Health Policy	01/50/2020	current	07/09/2022		
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and Policy		current	07/09/2022		
		Good Governance Institute	no	yes	No	Direct	Senior Advisor / Associate	01/02/2022	current	07/09/2022	09/01/2023	
Baroness Julia **Neuberger DBE**	Board Member ICB			yes	yes	direct	Member	01/07/20222	current	07/07/2022		
		UCLH	yes	yes	yes	direct	Chair	25/02/2019	current	07/07/2022		
		Whittington Health Trust	yes	yes	yes	direct	Chair	01/04/2020	current	07/07/2022		
		Walter and Liesel Schwab Charitable Trust	no	yes	no	direct	Trustee	06/12/2001	current	07/07/2022		
		Rayne Foundation	no	yes	no	direct	Trustee	09/09/2018	current	07/07/2022		
		Independent Age	no	yes	no	direct	Trustee	09/10/2019	current	07/07/2022		
		The Lyons Learning Trust	no	yes	no	direct	Trustee	13/04/2016	current	07/07/2022		
		Leo Baeck Institute	no	yes	no	direct	Trustee	15/07/2020	current	07/07/2022		
		Yad Hanadiv Charitable Foundation	no	yes	no	direct	Trustee	2021	current	07/07/2022		
		UK Commission on Bereavement	no	yes	no	direct	Member / Bereavement Commissioner	2021	current	07/07/2022		
		UCL Health Alliance	no	yes	no	direct	Vice Chair	2021	current	07/07/2022		
		House of Lords	yes	yes	no	direct	Independent Cross Bench Peer	15/06/2004	current	07/07/2022		
		West London Synagogue	no	yes	no	direct	Rabbi Emirata	01/03/2020	current	07/07/2022		
Ms Harjinder **Kandola MBE**	Board Member ICB							01/07/2022	current	21/07/2022		
		Barnet Enfield Haringey Mental Health Trust	yes	yes	yes	direct	Chief Executive	16/07/2018	current	21/07/2022		
		Camden and Islington Foundation Trust	yes	yes	yes	direct	Chief Executive	01/10/2021	current	21/07/2022		
Mr Ian **Porter**	Board Attendee ICB	none	n/a	n/a	n/a	n/a		01/07/2022	current	01/07/2022		
	Audit Committee, attendee											
	Procurement Oversight Group, voting member											
	Remuneration Committee, attendee											
	Member of ICB's Executive Management Team											
	System Management Board, attendee											
Mr John **Hooton**	Board Attendee ICB		no	yes	no	direct		01/07/2022	current	06/07/2022		
		Barnet Borough Coiuncil	yes	no	yes	direct	Chief Executive	01/02/2017	current	06/07/2022		
		Live Unlimited Charity (no 1176418)	no	yes	no	direct	Chair of Trustee	01/03/2018	current	06/07/2022		
Dr Jonathan **Levy**	Board Attendee ICB		yes	yes	no	Direct		01/07/2022	current	04/07/2022	08/09/2022	
	Clinical Lead – Living Well Camden Borough Mental Health	James Wigg and Queens Crescent Practices	Yes	Yes	No	Direct	GP Partner	15/11/2015	current	10/09/2019	08/09/2022	
	Member of ICB Quality and Safety Committee	Enterprise Medic Limited	Yes	Yes	No	Direct	Consultancy services to James Wigg and Queens Crescent Practice. Sole Director and sole shareholder	01/09/2015	current	10/09/2019	08/09/2022	
	Chair of ICB Integrated Medicines Optimisation Committee	Kentish Town South Primary Care Network	Yes	Yes	No	Direct	Practice is a member of PCN	10/09/2019	01/07/2019		08/09/2022	
		South Kentish Town PCN Ltd (Company number 12723647)	Yes	Yes	No	Direct	Practices are members of the PCN and I am the Clinical Director	06/07/2020	current	08/02/2021	08/09/2022	
		Camden Health Partners	Yes	Yes	No	Direct	Shareholder in GP Federation	15/11/2016	current	10/09/2019	08/09/2022	
Dr Simon **Caplan**	Board Member ICB		yes	yes	no	Direct		01/07/2022	current	04/07/2022		
	Clinical Director Welbourne PCN	Fernlea Surgery	Y	Y	Y	Direct	Partner	1990	current	26/01/2021	04/07/2022	
	Member of ICB Audit Committee	NCL GP Providers Alliance	Y	Y	Y	Direct	Board Member	01/05/2022	current	04/07/2022		

	Member of ICB Strategy and Development Committee	Jewish Care (National charity)	Y	Y	Y	Direct	Member of Clinical Governance Committee		current	26/01/2021	04/07/2022	
		Federated4Health	Y	Y	Y	Direct	Practice is a member	2016	current	26/01/2021	04/07/2022	
		Welbourne PCN	Y	Y	Y	Direct	Practice is a member	01/06/2020	current	26/01/2021	04/07/2022	
		NHSE & I (London region) Medical Directorate	Y	Y	Y	Direct	Senior Clinical Advisor NHSE & I	01/04/2020	current	26/01/2021	04/07/2022	
		Freelance Covid vaccinator	no	no	no	indirect	spouse is vaccinator	01/05/2021	current	04/07/2022		
Dr Alpesh **Patel**	Board Member Attendee and Chair of GPPA	White Lodge Medical Practice	Y	y	n	direct	GP Partner	1998	current	27/01/2016	12/12/2022	
		Gemini Health	y	y	n	indirect	Director	Aug-17	current	27/01/2016	12/12/2022	
		Enfield Healthcare Cooperative	y	y	n	indirect	Director	Sep-17	current	27/01/2016	12/12/2022	
		Enfield One Ltd	y	y	n	indirect	Director			27/01/2016	12/12/2022	
		White Lodge Medical Practice Ltd	y	y	n	indirect	Director	2009	current	27/01/2016	12/12/2022	
			y	y	n	indirect	Director	2009	current	27/01/2016	12/12/2022	
		Equity Health LLP	y	y	n	indirect	Director	Nov-08	current	27/01/2016	12/12/2022	
		Enfield Health Partnership Limited, Provider of community gynaecology service	y	y	n	indirect	Shareholder 5%	Mar-13	current	27/01/2016	12/12/2022	
		Enfield Healthcare Alliance	Y	Y	N	indirect	Shareholder less than 5% (as White Lodge	2015	curremt	27/01/2016	12/12/2022	
		Local Medical Committee	N	Y	N	indirect	member	11/09/2014	current	27/01/2016	12/12/2022	
		BEH MHT	N	Y	N	indirect	spouse is a Pyschiatrist at Trust	27/01/2016	currrent	27/01/2016	12/12/2022	
		Evergreen Surgery	y	y	y	direct	Director	2007	current	27/01/2016	12/12/2022	
		NCL training Hub	y	y	y	direct	Clinical Lead	01/04/2022	current	12/12/2022		
		NHSE	y	y	y	direct	GP Appraiser	2016	current	12/12/2022		
		Enfield Health Partnership Limited (Federation)	y	y	y	direct	co-chair	mid 2020	current	12/12/2022		
		Enfield Care Network	y	y	y	direct	Practice is a member of PCN	01/07/2019	current	08/05/2020	12/12/2022	
Kaya **Comer-Schartz**	Board Member attendee and Leader of Islington Borough Council	Islington Borough Council	y		y	direct	Leader of the Council		current	14/12/2022		
		Junction Ward - Islington Borough					Councillor Representative, Labour		current	14/12/2022		
Richard **Dale**	Executive Director of Transtion and Performance Member of Executive Management Team Attend ICB Board of Members Attend Finance Committee Attend Strategy and Development Committee	No interests declared	No	No	No	No		03/07/2018	current	04/09/2019	06/07/2022	
Sarah **Mansuralli**	Chief Development and Population Health Officer Member of Executive Management Team Attend ICB Board of Members Exec Lead for Strategy and Development Committee Attend Finance Committee Attend Procurement Oversight Group	No interests declared	No	No	No	No		07/11/2018	current	07/11/2019	04/07/2022	
Sarah **McDonnell-Davies**	Executive Director of Place member of Executive Management Team Attend ICB Board of Members Attend NCL Committee Meetings as required e.g. Strategy and DEvelopment Committee Primary Care Contracting Committee Borough Commissioning Committee	None	no	no	no	Direct	n/a			20/06/2018	06/10/2022	
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team											
	Attend Remuneration Committee	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022		voluntary and do not provide any services only thought leadership as a health and social care stakeholder contributor
		Fresh Visions People Ltd	no	no	yes	Direct	Trustee / Director	01/04/2022	current	04/07/2022		Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Optivo are declared as a conflict of interest as operate out of London

North Central London
Integrated Care Board

Draft Minutes
Meeting of NHS North Central London ICB Board of Members
29 November 2022 between 2pm and 4pm
Claremont Room

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
Cllr Kaya Comer-Schwartz	Leader, Islington Council
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
Deirdre Malone	Interim Director of Quality (representing Dr Chris Caldwell)
Sarah Mansuralli*	Chief Development and Population Health Officer
Sarah McDonnell-Davies*	Executive Director of Places
Sarah Morgan*	Chief People Officer
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Dr Jo Sauvage	Chief Medical Officer
Liz Sayce	Non-Executive Member
Phill Wells	Chief Finance Officer
In Attendance:	
Ed Nkrumah	Director of Performance
Andrew Spicer	Head of Governance and Risk
Anna Stewart	Start Well Programme Director
Emma Whicher	Medical Director, NMUH
Apologies:	
Richard Dale*	Executive Director of Performance and Transformation
Dominic Dodd	Chair, UCL Health Alliance
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Ian Porter*	Executive Director of Corporate Affairs
Minutes:	
Steve Beeho	Board Secretary

1.	**INTRODUCTION**
1.1	**Welcome & Apologies**
1.1.1	The Chair welcomed attendees to the Meeting. He noted that the agenda reflected the ICB's commitment to meeting the challenge of how best to tackle health inequalities and address the health and wellbeing of the population of North Central London (NCL), while also addressing urgent and important short-term operational challenges.

* Standing Participant

1.1.2	The Chair then noted that item 4.2 (Amendments to ICB Governance Arrangements) was being withdrawn until a later date as there are a number of outstanding issues relating to this paper which have not been concluded.
1.1.3	Apologies had been received from Richard Dale, Dominic Dodd, Dr Alpesh Patel and Ian Porter.
1.2	**Declarations of Interest relating to the items on the Agenda**
1.2.1	The Chair invited Members to declare any interests relating to items on the agenda.
1.2.3	There were no additional declarations of interests or gifts and hospitality.
1.2.4	The Board of Members: • **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 27 September 2022**
1.3.1	The Board of Members **APPROVED t**he minutes as an accurate record.
1.4	**Matters Arising**
1.4.1	There were no matters arising.
1.4.2	The Board of Members **NOTED** the Action Log.
1.5	**Update from the Chair**
1.5.1	The Chair noted that there had been a meeting of the emergent Integrated Care Partnership (ICP) since the Board of Members last met, with a productive discussion around shaping the ICP, which will be meeting formally in the New Year. He also noted that in the wake of the Fuller Review, an ICS workshop will be taking place the following week to discuss neighbourhood working. A report on this will be brought to a future meeting.
1.6	**Report from the Chief Executive Officer**
1.6.1	Frances O'Callaghan provided an overview of the report, highlighting the following points: • The ICS is currently facing a complex set of operational challenges. As winter looms, the focus is on the urgent and emergency care pathway, including the care of mental health patients • A huge amount of work is taking place across the system to minimise delays and improve patient flows through hospitals, including working closely with the London Ambulance Service (LAS) to improve conveyancing and reduce handover times • NCL has received an additional injection of approximately £11m to the Better Care Fund for 2022/23, split between the ICB and the five local authorities. The joint plan for utilising this additional funding will need to meet a range of national discharge requirements and the initial spending plan is due to be submitted to NHS England by 16 December 2022. The funding will come in two tranches – the level of delivery in December will determine the funding available in January • The development of the Population Health Improvement Strategy is central to the work of the ICB to improve the health of local residents and people travelling into and working in NCL. Nevertheless, the wider determinants of health lie outside of the healthcare system, hence the importance of a child's early years (as reflected in the Start Well item later on the agenda) and the impact of anchor organisations to provide meaningful work which in turn benefits people's health and wellbeing. The Strategy has been developed through collaborative working between the NHS, local authority partners and VCSE partners to develop a mutual approach which is greater than the sum of its parts. The Strategy will then need to be made a reality through the outcomes framework which identifies earlier interventions in clinical pathways.

	Maintaining a strong research-based relationship with academic partners will also be integral to this. The Strategy will be discussed in detail at a future meeting • The paper highlighted the important work being done by the Communities Team as part of the ICB's mission to reduce health inequalities • The Haringey Great Mental Health Programme, which brings together system partners to address inequalities in mental health outcomes and experience faced by Haringey residents, particularly those who have been disproportionately impacted by the COVID-19 pandemic, has been shortlisted for the Innovation and Improvement in Reducing Healthcare Inequalities category at this year's HSJ Awards. • Work is continuing on the development of the NCL Sickle Cell Disease (SCD) Improvement plan. It is clear that some elements of care require improvement and the ICB is committed to addressing this.
1.6.2	The Board of Members discussed the paper, making the following comments: • Morris House Group Practice was congratulated for winning the HSJ's Covid Vaccination Programme Award • It was confirmed that system discussions have already taken place about how best the additional BCF funding can be used. The teams operating at borough level have a strong idea of the things that need to happen to have the greatest impact on improving the rate of discharges. It is important to note that this will involve a multi-faceted approach which goes beyond commissioning additional residential and home care • The update on the NCL ICB Safeguarding Conference was welcomed • Assurance was given that the ICB is committed to examining opportunities to 'scale' as part of the learning from the Inequalities Fund and it would be helpful to take stock as a Board in due course. Learning is already being shared across the five boroughs through the Directors of Integration and has been factored into the Winter Plan. The ICB is part of a national learning network for health inequalities and the learning will also feed into this.
1.6.3	The Board of Members **NOTED** the Report.
2.	**STRATEGY AND BUSINESS**
2.1	**Start Well Update**
2.1.1	Sarah Mansuralli and Emma Whicher, Joint SROs for the programme, introduced the paper which provided an update on the progress since the last meeting in the areas identified as opportunities for improvement. The following points were highlighted: • The programme is designed to improve clinical outcomes, patient experience, access and equity of offer for NCL residents and patients and those from outside of NCL who choose to use our services • The case for change identified areas of variation and inequity where there are significant opportunities to improve care and outcomes for patients • As noted at the September meeting of the Board of Members, progress has been made in areas for improvement which do not require consideration of how services are organised. This action plan will be overseen by the Children, Young People, Maternity and Neonatal (CYPMN) Board and includes a range of actions incorporated in other programmes already in place in NCL • Since the September meeting of the Board considerable work has taken place to update the proposed care models with the involvement of a large number of stakeholders (over 100 clinicians, patients, young people and partner organisations) as well as taking into account best practice across the country and national guidance. • At this meeting the Board are being asked to do two things: first, to endorse the proposed care models, which do not require service change and to commence planning for their implementation; and, secondly to approve the move to a formal options appraisal for those proposed care models that would trigger a service change if implemented.

	• The paper seeks agreement to proceed to an options appraisal process in three areas and to test these against the status quo:
	  ○ four obstetric led birthing units co-located with four neonatal units (three of which will be level 2 and one will be level 3 - this excludes the current specialist level 3 at GOSH)
	  ○ no longer having a stand-alone midwifery unit
	  ○ the implementation of the proposed emergency and planned surgical children and young people's care models, including the creation of a centre of expertise
	• If agreed by the Board of Members, it is anticipated that the options appraisal will be undertaken from December 2022 to April 2023. As part of this, there will be a focus on the impact of groups with protected characteristics through an integrated impact assessment. An update on progress will be provided to the Board at a future meeting.

2.1.2	The Board of Members discussed the paper, making the following comments: • The ICB will need to be mindful that local residents in Barnet may have strong feelings about the potential closure of the stand-alone midwifery unit and it is important that engagement with service users continues as part of the next phase of the programme in order to ensure that the aspects of care that are valued by service users are addressed in future proposals . Furthermore, although the number of births at the standalone unit may have declined in recent years, it is important to carefully consider the rationale for its original establishment. • The ICS should take a wider view of children's holistic needs (including care and education plans before and after any surgery), in addition to the location of the surgery itself • It would be helpful for discussions to take place about how to ensure that early pregnancy screening happens, and this is something that the ICB ought to look at in the round, to avoid over medicalising care for women and babies • Assurance was given that there is a work programme about the children and young people transformation agenda which focuses on the broader population health improvements that are needed, including asthma and school readiness. This work is overseen by the Children, Young People, Maternity and Neonatal (CYPMN) Board. Start Well is a specific change programme running alongside this wider range of work and many of the opportunities for improvement within the Start Well case for change are being overseen through the CYPMN Board and associated programmes of work • The Start Well case for change highlights the variation in the services and support available in the community following secondary care treatment. There was strong convergence between the themes underpinning from the Community Services review and Start Well in terms of prioritising 'hospital at home' which needs to be equitably delivered • The proposed care models for Long Term Conditions looks at the pathways in and out of hospital, this was one of the proposed care models that would not trigger a service change. • The proposed care model for emergency medical pathways should enable more effective work with primary care and local authority colleagues which in turn may support less children requiring paediatric emergency care • The pandemic highlighted that there is significant variation in the medical and surgical pathways for children across NCL and the Start Well programme represents an exciting opportunity to improve this. • Workforce and staffing considerations will need to be carefully considered as part of the options appraisal process. The centrality of managing the risk around workforce was also echoed by a number of members of the Board • The opportunity to be able to consider Patient Related Outcome measures as part of the options appraisal process was raised and will be considered by the programme team • The clarity of the paper in setting out the rationale for moving to an options appraisal was welcomed.

	• It was acknowledged that NCL, in common with other ICBs, is facing a number of difficult issues. For instance, the lack of midwives and the impact that this has on continuity of care is a national issue. In order to address this, it is essential to create good jobs and careers to encourage staff retention, especially as the system relies on junior staff who need senior staff around them for support and direction • It was acknowledged that the paper was at this stage inevitably focused on the areas which may trigger a service change, however going forward it would be useful to hear more about all of the proposed future care models because of the importance of keeping people out of hospital and preventing them from being readmitted. • A number of points were made about the paper which could also be applied more widely. It would be helpful if future reports made any connections with other pieces of work more explicit so that the Board can be sighted on the interdependencies between programmes of work and joint working that is taking place. It would also be helpful to receive greater clarity about the role of joined-up data and technology in this model, particularly virtual appointments and how this might impact on patient experience. • It would also be beneficial if future papers included a description of a typical patient journey where relevant and for the richness of patient feedback to be incorporated into the body of papers, rather than being presented in the appendices • Assurance was given that reducing variations in patient experience and outcomes will be considered through the options appraisal process. In addition, it should be noted that processes are already in place through existing programmes of work and the Local Maternity and Neonatal System (LMNS) to manage outcomes for maternity and neonates, as well as children and young people • The ICB will want to achieve outcomes for residents in line with the Outcomes Framework contained within the Population Health Improvement Strategy and the extensive engagement on the Start Well case for change over the summer was helpful in terms of understanding what service users would prioritise in respect of choices around maternity and paediatric care as well as the factors that drive these choices. • The profile and complexity of births across NCL has changed, partly as a result of women giving birth at a later stage in their lives, resulting in more complex care being required. • Feedback from service users indicated that although they do not necessarily want to give birth in a medicalised setting, they do want to be able to quickly access medical interventions and support if required.
2.1.3	The Board of Members: • **AGREED** the proposed children and young people's care models for long-term conditions, emergency medical care model and planned medical requirements and commence planning for their adoption • **AGREED** to proceed to an options appraisal in respect to the implementation of the proposed maternity and neonatal care models. This options appraisal would: a. Set out all possible site-specific options for having four obstetric led birthing units co-located with four neonatal units (three of which will be level 2 and one will be level 3), instead of the current five (excluding the specialist level 3 at GOSH) b. Additionally, set out the option of no longer having a stand-alone midwifery unit. For all options identified in 2a, there would be two permutations – one with and one without the stand-alone midwifery unit. c. Set out the appraisal of these options, compared to the status quo against a set of criteria to be agreed by the Start Well Programme Board, but which would include at a minimum an assessment of the impact of the option on quality, access, workforce, and finances (including recurrent affordability, capital and cash availability) at both an organisational and system-level over an agreed time-horizon • **AGREED** to proceed to an options appraisal in respect to the implementation of the proposed emergency and planned surgical children and young people's care models. This options appraisal would: a. Set out all possible site-specific options for the creation of a centre of expertise for the delivery of paediatric surgery for low volume specialities and very young children

	b. Additionally, set out the options of emergency care for under ones fast-tracking to dedicated unit(s). For all options identified in 3a there would be two permutations – with and without this fast-track pathway. c. Set out the appraisal of these options, compared to the status quo against a set of criteria to be agreed by the Start Well Programme Board, but which would include at a minimum an assessment of the impact of the option on quality, access, workforce, and finances (including recurrent affordability, capital and cash availability) at both an organisational and system-level over an agreed time-horizon • **NOTED** that the ICB will undertake further public engagement and/or consultation when the outputs of the options appraisal are known and before any decisions as to service changes are taken • **NOTED** that the options appraisal is anticipated to be undertaken from December 2022 with the ambition to have a draft pre-consultation business case in April 2023, with an update at a future Board meeting in 2023.
2.2	**Delegation of Specialised Commissioning and Pharmacy, Optometry and Dentistry**
2.2.1	Sarah McDonnell-Davies introduced the paper, highlighting the following points: • NHS England plan to delegate the commissioning and oversight of Dentistry, Optometry and Pharmacy (DOP) Services and approximately 65 Specialised Services, with a further 26 scheduled to be devolved at a later date • The DOP services are due to be transferred in 2023/24 and there will be a year of joint working with NHS England on the Specialised Services while the overall plans are developed. This equates to approximately £1.2 billion worth of services • There are also 4500 providers in scope across NCL, ranging from significant specialist trusts to high street providers • This delegation represents Population Health opportunities, particularly around DOPs, patient empowerment and early interventions, but this will be preceded by a significant amount of due diligence • It is anticipated that an MOU for the delegation of DOP services will be brought to the Board in the new year for formal consideration.
2.2.2	The Board of Members discussed the paper, making the following comments: • Local authorities generally welcome this proposal as an opportunity for community health improvements, especially in dentistry. However, it is also recognised that this will mean a significant change in responsibility • It would be helpful to consider examples of best practice at this early stage which can be built upon when devising any new infrastructure • The clarification around shared responsibilities with NHS England and reciprocity in governance arrangements was welcomed • The importance of a “safe landing” was noted but the earlier point about the value of planning ahead was echoed • Although there are exciting opportunities in the ICB taking on optometry, there are also considerable risks around dentistry, so the due diligence around what the ICB is inheriting will be vital • The paper rightly has a focus on risk management; however, greater clarity will be welcomed in a future paper about the timeframe for benefits realisation and the desired trajectory, so that the ICB can start to do some innovative place-based integration • Assurance was given that the scoping of opportunities has already begun (for instance with community pharmacy), alongside the formal due diligence and this will be elaborated on in the next paper presented to the Board.
2.2.3	The Board of Members: • **NOTED** the requirement for ICBs to take delegated responsibility for the commissioning and oversight of these services and management of associated risks

	• **NOTED** the key milestones and expectation of a formal decision on delegation of DOP in Quarter 4 of 2022/23.
3.	**OVERVIEW REPORTS**
3.1	**Integrated Performance and Quality Escalation Report**
3.1.1	Dr Chris Caldwell and Ed Nkrumah introduced the paper, which provided an update on the key quality and performance measures associated with the ICB's priority strategic programmes and the national assurance and oversight process for ICBs and ICSs. They highlighted the following points: • The report's content is continuing to evolve as the ICB develops and discussions unfold about further integrating of reporting. There will also be an increased focus on benchmarking and inequalities as requested by the Board • In response to an action at the last meeting, an induction session for Non Executive Members on performance had been held earlier that day • Improving access to psychological therapies remains a key priority and NCL has seen a slow but steady improvement trajectory as the system recovers from the pandemic. However, NCL is currently tracking below its stretched operational plan targets. There are plans in place to secure additional capacity from digital service providers and the voluntary sector to deliver sustainable improvements. Plans also focus on addressing inequalities in terms of access for patients with long term conditions and those from minority ethnic backgrounds. • Pressures on mental health beds in the sector are resulting in the high usage of out of area placement beds. A number of schemes are in place to accelerate discharges to release beds and mitigate other risks, such as the St Pancras redevelopment and the closure of the Mental Health Crisis Assessment Service unit. • Good progress continues to be made in the elective recovery programme, with the elimination of all two-year waits for non-urgent treatments. There were four cases remaining as at the end of last week, all of which were unavoidable - three related to Patient Choice and one patient was unwell • The ICB focus is now on 78-week waiters as it works through its long-waiting cohorts. Good progress is being made and the goal is to clear over 4,000 cases before the end of March 2023 • Overall, NCL remains one of the top performing systems nationally in terms of the volume of activity being undertaking relative to 2019/20 • The diagnostic backlog is being reduced with the use of additional capacity, including the Community Diagnostic Centres at Finchley Memorial and Wood Green • The cancer backlog is currently double what it needs to be by the end of the year, so a lot of focus, resources and funding are going towards increasing capacity and pathways at Trust and system level to deliver sustainable improvements • Ongoing work is taking place at NMUH under the oversight framework process, including the development of plans to ensure backlogs return to pre-pandemic levels by March 2023 across the board, particularly in colorectal and urology services. These challenges are partly driven by increasing demand. • Steady progress is being made on the primary and community care metrics for waiting times, appointments and health checks. This is against a backdrop of increasing demand and referrals in these areas, as well as a growing proportion of patients seen face to face in primary care • NCL wants to be recognised as a high-performing and high quality system which drives innovation and creativity and having partners committed to working together will be integral to achieving this. This will also require the confidence to highlight when things are not going well and a willingness to support each other to address them collectively. The paper identifies a number of quality concerns which are being tackled in this way. • The first meeting of the System Quality Group was held earlier that month to start to think about how quality issues can be identified early on, particularly with the help of Health Education England

	• Recent media coverage about the culture and quality of care provided in health and social care settings was noted. The Board was assured that NCL is alert to this issue and is looking at how it can ensure that there is an appropriate culture of care in all the services it commissions, including those located outside NCL • The issues facing the ICS in Urgent and Emergency Care encompass quality of care and patient experience as well as performance, so it essential that the ICB looks at what happens to patients throughout the pathway when it measures performance.
3.1.2	The Board of Members discussed the paper, making the following comments: • The gap analysis presented by Amanda Pithouse, Chief Nurse for both Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Camden and Islington NHS Foundation Trust (C&I) to the Trust Boards in the response to a recent *Panorama* programme was welcomed. The Boards of both Trusts had played an active part in this analysis and are committed to innovation and learning from peers. This was reinforced by a recent discussion at the Mental Health Improvement Board. It was also noted that Amanda Pithouse has agreed to undertake a review of 'closed culture' and will also be leading an ICS-wide seminar on this issue • It was queried how system collaboration in diagnostics might be strengthened and what action the NCL Cancer Alliance would like to see taken in this respect. It was confirmed in response that the Alliance is working collaboratively with the NCL Diagnostic Programme to tackle the challenges in the diagnostic phase of cancer pathways • It was noted that the increase in referrals for suspected cancer was in line with national guidance aimed at improving early detection of cancer and should be welcomed. The system therefore needed to ensure there is adequate capacity to accommodate the additional activity • In response to a suggestion that performance metrics should also include patient outcomes as well as the patient experience, it was noted that high level national measures are already in place regarding the proportion of patients who are diagnosed with Stage 1 and 2 cancer. The NHS Long Term Plan sets out a national ambition to diagnose 75%.of cancers at Stage 1 or Stage 2 and although NCL is one of the better performing systems in this area, it is not meeting this target at present. It was noted that there is a challenge around the timeliness of data, as it will often be over two years out of date. • It was agreed that Ed Nkrumah would consider other potential proxy measures for outcomes that would not represent a burden to the system • It was highlighted that the Cancer Alliance has agreed to establish a workstream around Population Health Improvement, focusing on cancer outcomes and early interventions in particular • The importance of improving access across the board to address inequalities was noted • It was noted that there are variations in cancer diagnoses *within* boroughs as well as between boroughs • When considering the introduction of fresh indices, it is important to be realistic about what is being asked of staff, bearing in mind the current pressures on the workforce and the low morale in parts of the system • It was suggested that a dedicated session on workforce at a future Board meeting would be helpful • It was clarified that the waiting list data relates to patients who are yet to start definitive treatment, and therefore the majority will have already received a number of contacts with primary and/or secondary care, including first and follow-up appointments and diagnostics. In addition, a number of initiatives are in place to support different patient cohorts who are on the waiting list, managed by the pro-active integrated care teams working across the five boroughs • GPs now have access to the details of all patients registered on Healtheintent who are waiting for a secondary care appointment and can provide support as appropriate • It was queried whether the ICB will be able to use particular indicators to track its impact on outcomes

	• It was suggested that it would be helpful for future reports to provide greater granularity on a specific issue to give the Board a more detailed understanding.
3.1.3	The Board of Members **NOTED** the key issues set out in the paper for escalation and the actions in place to support improvement.
3.1.4	Action: Ed Nkrumah to consider other potential proxy measures for outcomes.
3.2	**Finance Report**
3.2.1	Phill Wells introduced the paper, which set out the financial position for the ICS as a whole and in more detailed form for the ICB. He highlighted the following points: • NCL ICS is reporting a £50.7m deficit at Month 7, representing an adverse variance of £27.0m against the Year to Date plan. The Month 7 forecast outturn position (FOT) remains at breakeven, although achieving this looks increasingly challenging • Discussions are taking place with providers and the ICB Board about what any FOT movement might be – this will need to comply with the protocol recently issued by NHS England. It is expected that the system position will move, particularly as there are risks outside its control, including excess inflation and out of area contracts • The 'straight line' forecast continues to improve, which is positive for the system as a whole • The Elective Recovery Fund (ERF) continues to be a complex issue for NCL. Elective performance is very good so within NCL the system is earning the vast majority of the ERF it has been allocated but there is a contractual risk around those Trusts outside NCL who have still not committed to "fair share" allocations with our providers. This will need to be resolved by year end and has been escalated with NHS London • UCLH is significantly overperforming against the ERF baseline - the ICB has made a commitment to honour the costs that they are incurring • The system is almost £17m behind plan with regards to efficiency savings – this is fundamental to the exit run-rate position as is the extent to which the final year financial performance is underpinned by non-recurrent support • The ICB is reporting a position that is £9.4m adverse to plan at Month 7 and forecasting a year-end adverse variance of £19.1m. This is largely due to changes in the national guidance around Additional Roles Reimbursement Scheme (ARRS) which requires this to be reported as a cost pressure. However, the ICB is expecting the ARRS costs to be fully reimbursed which would then result in the ICB delivering the full year financial plan, with the adverse variance off-set by the financial surplus from Months 1-3 • The ICB is also finding it challenging to deliver its efficiency plan and this will continue to be a strong focus of the Finance Committee for the remainder of the financial year. Reducing expenditure on agency staff also needs to be a continuing priority • A review of capital plans has been undertaken across the system. Where there has been slippage, a process has taken place with providers to reallocate this budget to schemes that the system is confident it can deliver before the end of the financial year. This will include an allocation to support the Welbourne primary care scheme which will now be progressed to its conclusion.
3.2.2	The Board of Members discussed the paper, making the following comments: • It was confirmed that the Finance Committee feels assured that the ICB and the wider system are focused on the priorities that have been identified • It was noted that different parts of the system face challenges in the wake of the Autumn Statement. For local authorities, these are primarily around Adult Social Care and Children's Social Care. Although the funding was not as high as the NHS would ideally have liked, it is sufficient to address immediate priorities for the time being. It remains to be seen what payment formula will be adopted for 2023/24 as discussions are still taking place about which formula is most effective in terms of incentivising outcomes.
3.2.3	The Board of Members **NOTED** the Finance Report.

3.3	**Board Assurance Framework (BAF)**
3.3.1	Andrew Spicer introduced the paper, highlighting the following points: • The ICB is on a journey to develop a system approach to risk management to ensure that there is meaningful oversight and management of ICB and system risks • As part of this direction of travel, the report highlights which risks are system-focused and which are ICB-only risks • Two new risks have been added to the BAF, both of which are system risks – PC2: *Failure of shared service model to manage unfunded levels of recruitment and activity* and QUAL64: F*ailure to undertake timely Continuing Healthcare assessments and reviews within 28 days.*
3.3.2	The Board of Members discussed the paper, making the following comments: • It was clarified that the distinction between the two types of risks is that system risks impact on the system as a whole whereas ICB-only risks impact solely on the ICB • It was confirmed that the risk relating to recruitment (PC2) is also on the Risk Registers of the Royal Free, BEHMHT and C&I, as well as being a system risk. It was also suggested that this should also be on the Provider Alliance's Risk Register. It is hoped that the actions being taken will result in the risk score diminishing in the new year • It was noted that risk PC2 had been added to the ICB Risk Register because it posed a significant risk to the ability of the 8 providers using the shared recruitment service to recruit staff in a timely manner. This had a corresponding impact on the ability to staff services. A number of key controls have been put into place to effectively mitigate the risk • The PC2 risk score of 9 is below the threshold for inclusion in the BAF. However, because it is a significant system risk it was included in the report for oversight and information • The Board discussed the risk around workforce and noted that workforce underpins everything the system is trying to achieve. Therefore, work would be undertaken to develop a wider workforce risk.
3.3.3	The Board of Members **NOTED** the Board Assurance Framework.
4.	**GOVERNANCE**
4.1	**NCL ICS People Board – Terms of Reference**
4.1.1	Liz Sayce introduced the paper, highlighting the following points: • The proposed People Board will be a committee of the NCL ICB Board of Members to guide and support the development of NCL ICS through workforce transformation • A constructive seminar had recently been held, which brought together some of the proposed membership, including people working in economic development, universities, local authorities, education and NHS organisations • The concept of 'one workforce', looking across the health, social care and voluntary sectors will be integral to the work of the People Board, as well as other issues, including training and wellbeing • Subject to the Terms of Reference being approved, the first priority of the People Board will be to develop the NCL ICS People Strategy.
4.1.2	The Board of Members discussed the paper, making the following comments: • It was clarified that there is a separate People and Culture Oversight Group that covers workforce issues which relate exclusively to the ICB. The Group has been established in recognition of the need for the ICB to receive dedicated attention, in common with the other organisations which make up the ICS • In response to a question about whether the ICB Board should also receive and be accountable for an ICB People Strategy, the Chair noted that the issue of what good governance looks like in respect of the people management aspects of the ICB is one of the key points that the paper that was withdrawn for item 4.2 will need to resolve

	• It would be helpful to amplify in the Terms of Reference the 'join' with other organisations which will help to make it easier to find the right information in the right place • It was welcomed that Liz Sayce will chair the People Board and the Quality Committee, in light of the over-arching sense that quality is dependent on people • The ICB was encouraged to make use of the learning that partners, particularly local authorities, have already developed around areas such as employing local people, procurement and addressing inequalities, to avoid 're-inventing the wheel'.
4.1.3	The Chair noted that the ICB Board was being asked to approve the Terms of Reference on the basis that the People Board would be additive and reach out far and wide, including the tertiary education sector, in order to come together and build on what partners are doing.
4.1.4	The Board of Members **APPROVED** the Terms of Reference for the NCL People Board.
4.2	**Amendments to ICB Governance Arrangements**
4.2.1	This item was deferred to a future meeting.
5.	**ITEMS FOR INFORMATION AND ASSURANCE**
5.1	**Minutes of the Finance Committee Meeting on 4 October 2022**
5.1.1	The Board of Members **NOTED** the minutes of the Finance Committee.
5.2	**Minutes of the Quality and Safety Committee on 7 September 2022**
5.2.1	The Board of Members **NOTED** the minutes of the Quality and Safety Committee.
5.	**ANY OTHER BUSINESS**
5.1	The Chair noted that in light of potential system challenges in December and January, a tactical decision might need to be taken to cancel the scheduled Board Meeting on 31 January 2023.
6.	**DATE OF NEXT MEETING**
6.1	It was subsequently agreed that the next Board Meeting would take place on 7 February 2023 between 2pm and 4pm.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023 - Action Log

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Action	Lead	Deadline	Update
27 September 2022	1	**Quality Vision Paragraph 2.2.5** To provide an update on the Quality Vision at a future Board meeting.	Chris Caldwell	January 2023	This is on the agenda of the Board meeting on 7 February 2023.
27 September 2022	2	**Integrated Performance and Quality Escalation Report Paragraph 3.1.4** To organise an induction session on performance for the Non Executive Members.	Richard Dale	November 2022	An induction session was held on 29 November 2022.

29 November 2022	5	**Integrated Performance and Quality Escalation Report** **Paragraph 3.1.4** To consider other potential proxy measures for outcomes.	Ed Nkrumah	January 2023	Work is ongoing with the Population Health management team to align operational performance measures to the ICS Outcome Framework indicators, overseen by the Population Health Committee.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Chief Executive's Report	**Date of report**	27 January 2023	**Agenda Item**	1.6
Lead Director / Manager	Not applicable.	**Email / Tel**		Not applicable.	
Board Member Sponsor	Not applicable.				
Report Author	Frances O'Callaghan Chief Executive, NCL ICB	**Email / Tel**		frances.o'callaghan@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	The Chief Executive's Report shares highlights from the work of the ICB and its partners and key issues for the Board of Members' consideration that are not covered elsewhere on the agenda. The report includes a Chair's Action which was taken on 12 December 2022 to approve additional funding of £1.3m (including 10% contingency) from ICS 2022/23 slippage capital to cover increased project costs. The Chair's Action is included in Appendix 1.				
Recommendation	The Board of Members is asked to: • **NOTE** the Report • **NOTE** the Chair's Action.				
Identified Risks and Risk Management Actions	Where applicable, any risks are identified within the report.				
Conflicts of Interest	There are no conflicts of interest arising from this report.				
Resource Implications	There are no direct resource implications arising from this report, although areas described have resource implications for the ICB.				
Engagement	Engagement activities are highlighted as appropriate.				

Equality Impact Analysis	There are no equality impacts arising from this report.
Report History and Key Decisions	This report is a standing item on the agenda of Board of Members meetings.
Next Steps	None.
Appendices	None.

1. Introduction

1.1 This report shares highlights from the work of the ICB and its partners and key issues for the Board of Members' consideration that are not covered elsewhere on the agenda.

2. Ongoing System Operational Pressures

2.1 It is important to note at the start of this report that North Central London, like the rest of England, continues to experience very challenging operational pressures across health and care services. This has arisen from high demand in primary care and high occupancy in hospitals, combined with the effects of Covid and flu, as well as from challenges with timely discharge from hospital.

2.2 This is in addition to undertaking additional planned activity to reduce the waiting list, with many of our sites delivering more activity than they did in 2019/20 and progress to reduce those waiting the longest for their care.

2.3 Over the same period, we have also seen numerous days of industrial action which has impacted our services.

2.4 In response to this, across North Central London, we are enacting a system wide plan to support resilience across our services. This was codesigned with colleagues in NHS trusts and partners organisations.

2.5 I want to thank all colleagues, both in the ICB and across partners, involved in undertaking and coordinating the response to the challenges, which are ongoing. The detail of this system response and the impact on our services are set out in the Performance Report and will be covered later in the agenda in full.

3. Pathfinder for supporting people leaving care

3.1 The NHS has made a national commitment to the Care Leavers Covenant which is a national inclusion programme through which organisations from the private, public and voluntary sectors pledge to provide support for care leavers aged 16-25 to help them to live independently. This commitment was made during National Care Leavers Week in October 2022, signed by Amanda Pritchard, NHS CEO and Dr Navina Evans, Chief Workforce Officer, NHS England and Chief Executive, Health Education England.

3.2 This has resulted in the development of the NHS Universal Family Programme, which has committed to support 250 young Care Leavers access employment, education and training opportunities by 2024 through ten national ICB Pathfinders.

3.3 After a national bidding process, NCL has been successful in being appointed one of the ten NHS Universal Family (Care Leavers Covenant) Pathfinder ICBs.

3.4 Recognising the inequalities people leaving care face when seeking further education, training and employment, the NCL ICS pathfinder programme builds on previous work carried out in Islington and Camden supporting young people leaving care through a collaboration with the local authorities and NHS organisations.

3.5 This work aligns with our commitment to improving population health and was already in train as part of the development of our ICS people strategy and will accelerate our ability to start to make a difference to the lives of people within our wider communities.

4. Delivering enhanced support to people residing in care homes

4.1 North Central London ICB Care homes programme has been working with care home providers and other stakeholders to ensure care home residents receive pro-active, well planned, personalised care helping them to lead the healthiest lives possible. A key area of focus has been on delivering remote monitoring to care homes and other care settings over the last 18 months through the use of the Whzan blue box which enables care home residents to have their

observations taken by staff. The results can then be accessed via clinicians across our local healthcare system and used to provide proactive support if required. We now have 127 care providers, across the five boroughs, trained up on how to take observations using Whzan. Care home staff report increased confidence in recognising when someone is unwell along with feeling empowered in conversations with clinicians by having additional patient information.

4.2 Across all care homes using Whzan there has been a 28% reduction in LAS call outs and a £663 reduction in the average cost of a single non-elective admission. Our ambition is to continue the process of embedding digital technology in care homes using a collaborative approach. Especially as work to date has strengthened relationships between staff working in the NHS, Local Authority and Adult Social Care with benefits realised for both residents and staff. This work forms part of the overarching digital social care programme which supports care providers on their digital journey. Expansion of the programme in 2023/24 will include a falls prevention projection using acoustic monitoring. The team won two HSJ Awards in 2022 for 'Partnership Working' and 'Digital System, Process and Development'.

5. Ofsted visit to Islington

5.1 In October 2022, Ofsted visited Islington Council's children's services to inspect the arrangements for care experienced children and young people (care leavers). The inspectors reported that 'care experienced children and young people in Islington benefit from teams of highly committed, ambitious and determined professionals who work extremely well together, helping the children and young people to remain safe and to achieve in life. Strong collaborative work with partner agencies is reflected through shared corporate priorities in strategic plans.'

5.2 The Designated Nurse for Children Looked After (CLA) and Designated Doctor actively support the Islington services on behalf of the ICB, as well as chairing the CLA health group.

5.3 The partnership collaboration and integrated approach to services was noted by the inspectors as ensuring that children with additional needs experience a seamless transition to adult services This includes physical and sexual health, providing care experienced young people with easy access to healthcare, and a 'drop in' at the time that they need it.

5.4 Islington Council with Health Partners continue to provide outstanding care to its care experienced children and young people.

6. Clinical and Care Leadership appointments

6.1 In December 2022, David Pennington, social worker and assistant director of quality was appointed as NCL ICB Director of Safeguarding and Sheila O'Shea added to her portfolio to become NCL ICB Director of Complex Care and Deputy Chief Nurse. David Connor, Director of Midwifery at Royal Free, London, and co-chair of our local Maternity and Neonatal System, has agreed to support the ICB CNO with Midwifery strategic clinical leadership as part of his Local Maternity & Neonatal System role.

6.2 From January 2023 the ICB clinical directorate will be joined by Dr Sonali Kinra and Michelle Johnson. They will be working specifically to nurture the development of clinical and care leadership within our system, key to transforming the way we will deliver services. They will also focus on integration, and the growth of neighbourhood multi-disciplinary teams, further to the recommendations of the Fuller Stocktake.

6.3 In the coming weeks we will also be joined by our five Clinical Directors of Place, who will work in partnership with colleagues to deliver the vision of place-based care within our five boroughs, as well as leadership for digital and medicines. The roles will be key in bringing us together as partners to deliver more streamlined, integrated and responsive services for the people we serve. True to our commitment to be multi-professional our leaders will be drawn from across our

system and bring to bear the rich experience of clinical and care expertise from a broad range of clinical professions.

7. Emergency planning, resilience, and response (EPRR)

7.1 The ICB has statutory responsibilities for EPRR as a CAT 1 responder. Our responsibility requires us to have greater oversight and provide support to our NHS system partners along with undertaking increased collaboration with other non NCL NHS partners. The recent NHSE assurance process resulted in the ICB receiving a substantially compliant 'green' rating. We are continuing to work with partners in supporting a range of challenges and risks as well as further developing our own action plans, with a particular focus on the development of team business continuity plans, incorporating learning from numerous incidents.

Frances O'Callaghan
Chief Executive

27 January 2023

APPENDIX 1

North Central London
Integrated Care Board

Urgent decision under Chair's Action

Under section 13 of the ICB's Standing Orders the Chair and Chief Executive acting together may exercise any of the decision making powers reserved to the Board of Members' where a decision is of such importance or urgency that it cannot wait until the next ICB Board meeting or appropriate committee or sub-committee meeting.

The power can only be exercised by the Chair and Chief Executive after having consulted at least two other members of the Board of Members, including at least one Non-Executive Member.

All decisions made by Chair's Action must be reported at the following Board of Members' meeting.

Matter for Consideration:	Chair's Action to approve additional funding of £1.3m (including 10% contingency) from ICS 2022/23 slippage capital to cover increased project costs.	**Date of report**	20 January 2023
Lead Director / Manager	Phill Wells	**Email / Tel**	Tel: 07939 717 441 Email: phill.wells@nhs.net
Report Author	Karla Damba	**Email / Tel**	Karla.damba@nhs.net 0771 998 7594
Name of Authorising Finance Lead	Phill Wells	**Summary of Financial Implications** ICS committed £6.5m to the scheme over two financial years 2022/23 and 2023/24 in September 2022. An additional £1.3m from 2022/23 slippage capital is requested to cover higher scheme costs identified after detailed costing.	
Report Summary	**Background:** The Welbourne primary care scheme has been a strategic priority for NCL since 2017. In September 2022, the ICB System Management Board supported Welbourne and agreed to use ICS capital allocation to fund the scheme. SMB approved prioritisation of £6.5m, phased over two years – 2022/23 and 2023/24. The scheme can achieve financial close w/c 12 December 2022 but there is a shortfall in funding, identified after detailed costs have been received. Key reasons for this are construction inflation, a longer design programme and complexities to achieve site access in FY2022/23. In September, the team were mindful of volatile construction market conditions and inflation but were only able to make cost estimates based on allowances applied to total floorspace, with a small contingency. The works cost is now a fixed price, based on detailed design and signed off by technical advisors AECOM. The team requests funding to support additional project costs with 10% contingency. The total request is £1.3m, to be funded from slippage in the 2022/23 ICS capital allocation.		

APPENDIX 1

	Reason: Financial close for the scheme was scheduled for w/c 12 December 2022 and finalised costs were late arriving. The ICB could not commit to the scheme without the entirety of funding required. Delaying the decision risked scheme cancellation, reputational risk for the relationship with Haringey Council and lack of sufficient primary care provision in an area of significant deprivation and population growth.
Recommended action	The Chair and Chief Executive of North Central London ICB are asked to take a Chair's Action to **APPROVE** additional funding of £1.3m (including 10% contingency) from ICS 2022/23 slippage capital to cover increased project costs.
Decision	**We approve the recommendation under Chair's Action.**  …… Mike Cooke, ICB Chair Date: 31.01.2023  …… Frances O'Callaghan, ICB Chief Executive Date: 12 December 2022 **Two other members of the Board who were consulted prior to this decision being made. (At least one must be non-executive)** 1. Dr. Chris Caldwell, Executive Chief Nurse 2. Usman Khan, Primary Care Contracting Committee Chair
Resource Implications	Project delivery resource is included in the scheme costs and oversight is part of the existing remit of the ICS Estates Team.
Engagement	Key stakeholders – the GP practice, Haringey Council, NHS England, technical and legal advisors for all parties have been closely involved to get the scheme ready for Financial Close
Equality Impact Analysis	Undertaken as part of the scheme case for change.

APPENDIX 1

Report History and Key Decisions	July 2018 - Scheme identified as priority project by NCL STP 7 September 2022 - SMB decision to fund £6.5m
Next Steps	• Report Chair's Action to 7 February 2023 Board of Members meeting. • Discussion and formalising at Finance Committee
Appendices	Welbourne Primary Care scheme update paper 9 December 2022.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Update on Progress with Implementation of NCL ICB's Vision for Quality Care	**Date of report**	January 2023	**Agenda Item**	2.1
Lead Director / Manager	Dr Chris Caldwell, Chief Nursing Officer	**Email / Tel**		chris.caldwell@nhs.net	
Board Member Sponsor	Dr Chris Caldwell, Chief Nursing Officer				
Report Authors	Dr Chris Caldwell, Chief Nursing Officer Dee Malone, Interim Director of Quality	**Email / Tel**		chris.caldwell@nhs.net Deirdre.malone@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** None.			
Report Summary	This report provides an update on how an integrated strategic approach to 'quality' is incorporated into the over-arching ICB strategy for integrated care to improve population health outcomes, improve equity and underpin our People strategy, rather than develop a separate quality strategy. The team have explored potential approaches to developing a quality strategy by speaking with a wide range of stakeholders. The outcome of this exploratory work was discussed with the Chair of the Quality and Safety Committee (QSC) and the committee members in January, where it was agreed that a separate quality strategy would therefore be unhelpful. The paper describes how quality and safety are integrated fundamentally into the work to deliver the population health improvement strategy through a range of inter-related processes. This complements the innovative work of the quality team have been undertaking to drive innovation in our approach to system quality oversight and assurance, by undertaking 'Deep Dives' into priority areas for the ICB, such as maternity services and Sickle Cell Disease. A development day for QSC members on 24 February 2023 will provide an opportunity for the committee members to discuss the Population Health Improvement Strategy, and the integration of quality and safety into its work, confirming our ambitions for quality and the role of the committee in this.				
Recommendation	The Board of Members is asked to **NOTE** the approach set out in the paper.				

Identified Risks and Risk Management Actions	Not applicable.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	The quality vision was presented and discussed at the North Central London Quality and Safety Committee on 7 September 2022. The Committee supported the direction of travel set out in the vision. It was presented to the Board on 27 September 2022, where members supported the plan for further innovation in thinking to progress the development of a quality strategy to enable the implementation of the vision. The vision was presented to the NCL Chief Nurses who are supportive of this approach. The vision has been discussed with the CEO of Healthwatch (Islington), ICB Directors of Quality across London and nationally and the national NHSE quality programme. Several ICBs are adopting the approach set out in the paper.
Next Steps	Work alongside colleagues within the Development and Population Health Directorate, Performance and Transformation and the Chief People Officer to incorporate quality into the emerging ICB strategy.
Appendices	Not applicable.

Update on progress with implementation of NCL ICB's vision for quality care.

Authors:
Dr Chris Caldwell and Dee Malone

January 2023

Introduction

In September 2022, the Board approved the NCL vision for delivering integrated quality health and care for our population and the people using our services through co-creation and collaboration with system partners.

The vision ***"Residents have the best start in life, live more years in good health, be economically active, age within a connected community and have a dignified death"*** reflects the unique make up of our population and our objectives for our people have a good start in life and live more years in good health before a dignified death. The vision also set out our approach to supporting our staff to deliver high quality and safe care, aligned with the four aims of the ICB to:

- To improve population health, and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

The Board concluded that the vision reflects the aims of the ICB and welcomed the commitment to addressing quality at a system level.

The Board also supported the plan for further innovation in thinking to progress the development a quality strategy to enable the implementation of the vision but recognising overlap with the Population Health Improvement and People strategies and our interface with primary care.

Updated position

Strategy

We have explored potential approaches to developing a quality strategy by speaking with a wide range of stakeholders, including colleagues working in quality in other ICBs nationally, the national NHSE quality programme, Healthwatch and our local providers as well as reviewing published evidence. The conclusions of this work have been discussed with the Chair of the Quality and Safety Committee (QSC) and presented to the committee in January.

Our vision is evidence based and reflects the Institute for Healthcare Improvement (IHI) quadruple aim which integrates patient experience and outcomes, access to services, experience of staff, financial efficiency, service performance, as elements for quality care to deliver health improvement at a population level.

As such, it is clear that an integrated strategic approach to quality care must sit alongside and support the over-arching ICB strategy for integrated care to improve population health outcomes, improve equity and underpin our People strategy: we need the workforce supply and development to deliver system quality. Based on the work undertaken, we have concluded that a separate quality strategy would therefore be unhelpful.

Instead, we have proposed to the QSC that we progress our vision to ensure that our approach to quality and safety are integrated fundamentally into the work to deliver the population health improvement strategy through a range of inter-related processes including:

- The application of a population focussed model of Quality Improvement (QI).
- Integrated system oversight and assurance working with performance, transformation and finance vis the System Oversight Framework.
- Integrating quality metrics into the system balance scorecard.
- Identification and pursuit of a small number of key focus areas for improvement.
- How our teams are organised and work collaboratively with colleagues internally and across the system.
- Alignment with the CQC's anticipated approach to system quality inspection.

Innovation

We have been assessing a number of mechanisms to drive innovation in our approach to system quality oversight and assurance, moving away from traditional CCG approaches to provider oversight. This includes undertaking 'Deep Dives' into priority areas to view services and systems through a quality lens, based on lived experience, such as maternity services and sickle cell disease and an analysis of themes arising from investigations into provider organisation 'Never Events'.

We have also facilitated a number of 'After Action Reviews' into issues affecting quality of services across the system. This approach enables the quality function to demonstrate system leadership as a convenor for quality and safety, driving transformation and a focus on QI and co-production, collaboration, and shared learning in relation to solutions to system wide issues.

Key system concerns are escalated through our new System Quality Group and where appropriate to the regional joint strategic oversight group hosted by NHSE.

The chair of our QSC is planning to meet the chairs of our provider quality committees to understand their key challenges and discuss how we can support them from a system perspective.

Finally, we are hosting a development day on 24 February for the QSC members to discuss the Population Health Improvement Strategy and the integration of quality and safety into its work, confirming our ambitions for quality and the role of the committee in this. The workshop will specifically focus on 'population', exploring how we ensure that we seek to understand and work from the lived experience of residents and patients, creating of a 'culture and environment' for quality improvement; that supports 'system level' oversight and assurance.

Next steps

We will continue to iterate this strategic approach in collaboration with executive colleagues across the ICB, including with the Development and Population Health Directorate, Performance and Transformation and the Chief People Officer to incorporate quality into the emerging ICB strategy underpinning it with the identification of a clear set of measures through which we can evaluate progress over time.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Summary of NCL ICB BCF and Section 75 Agreements (2022/23)	**Date of report**	20 January 2023	**Agenda Item**	2.2
Lead Director / Manager	Sarah Mansuralli, Chief Development and Population Health Officer	**Email / Tel**		sarah.mansuralli@nhs.net	
Board Member Sponsor					
Report Author	Alex Smith, Director of Transformation Community Simon Wheatley, Director of Integration, Camden	**Email / Tel**		alexander.smith1@nhs.net simon.wheatley2@nhs.net	
Name of Authorising Finance Lead	Becky Booker, Director of Financial Management Mark Ruddy, Head of Financial Management	**Summary of Financial Implications** The BCF plan has been uplifted in accordance with national guidance and includes the following funding streams: • The ICB minimum contribution £120.8m allocated to the ICB, uplifted by £6.5m (5.66%) from £114.3m for 2021/22. • The Improved Better Care Fund (iBCF) of £58.5m allocated to local authorities, uplifted by £1.7m (3%) from £56.8m in 2021/22 • The Disabled Facilities Grant (DFG) £12.3m allocated to local authorities. • Newly announced Adult Social Care Discharge Fund of £11.9m allocated to local authorities and to ICBs. The total non-BCF Section 75 agreement value is £263.6m of which the ICB contributes £121.2m and NCL councils £142.3m. The s.75 and BCF values have been agreed and BCF minimum spend met in each borough, with all identified cost pressures fully mitigated from a budget perspective. The government has announced an additional £200m of funding for discharge. Any schemes that				

		are stood up against the £5.4m, NCL share of the new £200m national Discharge fund, may be added to the BCF or relevant Section 75(s) along with any additional schemes stood up in the final quarter of 2022-23. Scheme approval will be subject to usual ICB Governance arrangements.
Report Summary	The BCF and wider s.75 agreements are important legal and contractual arrangements between the NHS and local authorities. For the nationally-determined BCF scheme, local financial commitments and planned performance trajectories against a core set of metrics must be set out and agreed annually. These are presented within the paper for BoM approval. As materially-significant and important enablers of local health and care delivery and integration, the paper also sets out the wider borough s.75 agreements for BoM view and approval. Members should recognise that for a range of reasons, these agreements have not been reviewed in depth for a period of time. Looking ahead, there are deepening operational, performance and financial challenges. A need for and an approach to a robust borough-based review is described in this paper for consideration and approval.	
Recommendation	The Board of Members is asked to: • **APPROVE** the BCF and non-BCF s.75 schemes and budgets set out for financial year 2022/23. • **NOTE** that schemes stood up against the £5.4m NCL share of the new £200m national Discharge allocation may be added to the BCF or relevant Section 75 along with any additional schemes stood up in the final quarter of 2022-23. • **APPROVE** the metrics associated with the BCF schemes, noting that 2022/23 outturn performance against these metrics will act as the baseline for trajectory setting for 2023/24 and beyond. • **APPROVE** the proposed joint review of s.75 and BCF arrangements with local authority partners as outlined in section 4.	
Identified Risks and Risk Management Actions	There is a risk of strategic dissonance if budgets and performance trajectories are not approved, as they have been approved by NHSE. This can be mitigated through the information provided in the paper, and decision by ICB BoM. There is a risk that providers will be underpaid or unpaid if financial agreements are not approved. There is a risk of escalating system operational strain, worsening performance, and financial pressure if a detailed prospective review is not undertaken.	
Conflicts of Interest	Not applicable.	
Resource Implications	There are financial implications linked to the significant shared investment into s.75 / BCF from NHS and Council partners.	
Engagement	This paper is based on engagement between system partners (NHS and Council), with BCF budgets and metrics endorsed by the NHSE regional team.	

Equality Impact Analysis	Any future proposed changes arising through borough-based reviews will be subject to appropriate commissioning process and service change arrangements.
Report History and Key Decisions	BCF metrics were considered by Strategic Development Committee in December 2022. Committee support was conditional on stretching Q4 trajectories (to address variation in ambitions and assumptions across NCL) and using these as a baseline to build upon in 2023/24 and beyond.
Next Steps	Subject to approval the next steps will be to: • Finalise and formalise the 2022/23 s.75 agreements with local authorities, including any variation required to reflect the approved budgets (by end of March 2023). • Finalise arrangements for the joint review of BCF and s.75 agreements with local authority partners (by end of March 2023). • Provide a report back to the Strategy and Development Committee of the ICB on the outcome of the review and recommended next steps by 21 June (provisional meeting date).
Appendices	Main report attached. Further detail on borough-specific BCF and s.75 agreements is available through this link.

North Central London
Integrated Care Board

Summary of NCL ICB BCF and Section 75 Agreements (2022/23)

Report for NCL ICB Board of Members

20 January 2023

1. Introduction and purpose of this paper

1.1. The Better Care Fund (BCF) is a distinct component of a section 75 (s.75) agreements. S.75 agreements are important legal and contractual arrangements between the NHS and local authorities. Together, they provide a framework for collaboration between health and care partners to improve the performance of the community / hospital interface (including supported discharge); and drive wider population health initiatives which are underpinned by pooled or aligned budgets respectively.

1.2. In the context of current winter/operational pressures as well as financial constraints impacting both health and care organisations in North Central London, the need has never been greater to ensure that our BCF and wider s.75 agreements are set up to optimise operational delivery and financial efficiency – ensuring that high impact schemes are funded now and into the future.

1.3. This points to an opportunity for the ICB and local authority colleagues to jointly-scope and deliver a value for money review of the BCF and wider s.75 agreements, with the aim of:

- Scaling contract value to be sustainable or demonstrate added value.
- Recycling resource through contract efficiencies including termination and re-procurement.
- Reusing investment through re-specifying schemes to be more focussed on key deliverables, and/or demonstrable outcomes.

1.4. It should be recognised that a proportionate investment of time and commitment is necessary to prioritise this review accordingly. This report proposes an approach (detailed in ***section 4***) to undertake this task, with the review undertaken and recommendations reporting by the end of Q4 2022/23, followed by contractual and service changes instigated in 2023/24. This important work should be overseen by the Strategy and Development Committee (S&DC).

This report sets out:

1.5. North Central London (NCL) BCF schemes and budgets, including the additional allocation linked to the national Adult Social Care (ASC) Discharge Fund [1], agreed for 2022/23. These have been submitted to NHS England (NHSE) and approved.

1.6. A summary of BCF plans and associated metric ambitions (set out in ***Appendix 1***), including:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions
- Improving the proportion of people discharged to their usual place of residence

[1] https://www.gov.uk/government/publications/adult-social-care-discharge-fund

- Long term support needs of older people (65 and older) met by admission to residential and nursing care homes per 100,000
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

1.7. A summary of NCL non-BCF s.75 agreements, together with their associated budgets for 2022/23. The paper describes material changes and their implications.

1.8. In the interests of conciseness, this paper contains summaries of the contents of borough-based BCF and wider s.75 agreements. A detailed breakdown of agreement contents is available via this hyperlink.

1.9. In line with previous planning rounds, national BCF policy guidance was confirmed in July 2022, part-way through the financial year. In addition, supplementary national guidance about the additional Adult Social Care Discharge Fund (that is enabled through the BCF) was released on 18 November 2022.

1.10. Practically, this means that the NCL Integrated Care Board (ICB) has been working with Local Authority and wider partners to finalise BCF schemes, and associated s.75 agreements, mid- to late-year. As such this report reflects arrangements which are underway and in place.

1.11. In line with national guidance, the ICB and Councils were required to submit the BCF templates to the national BCF planning team at NHS England by 26 September, with the further submission reflecting the additional Adult Social Care Discharge Fund proposals submitted on 16 December 2022.

2. The Better Care Fund

2.1. The BCF Policy Framework sets out four national conditions which all BCF plans must meet to be approved:

- A jointly agreed plan between local health and social care commissioners that has been signed off by the health and wellbeing board (HWB).
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
- Invest in NHS-commissioned out-of-hospital services.
- Implementing the BCF policy objectives.

2.2. NHS and local authority collaboration remains key in meeting the planning conditions. In addition, joint working continues to support practical improvements to help older people and those with complex needs and disability to live at home longer.

2.3. Through BCF-facilitated collaboration on approved schemes there is evidence to demonstrate benefits to NCL residents including:

- Enabling more residents to stay at home for longer
- Providing additional support to hospital social work and discharge teams, in turn enabling better hospital flow for patients presenting in A&E who need to be admitted.
- Enabling the development of systems and processes as part of borough-based partnerships, including the development and support of neighbourhood models in line with the ambitions of the *Fuller report* [2].
- Providing greater access to preventative care to help reduce unnecessary admissions. For example, the BCF can help deliver joined-up preventative models of care to enable people to access support at an earlier stage.

Additional detail on scheme themes, and attributed impact / benefits across NCL, is provided in the ***graphic below***:

[2] https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf

Rapid Response

BCF-funded Rapid Response services are multi-disciplinary teams led by NHS community trusts, with Council input, which can mobilise focussed support at home within 2 hours.

The teams take referrals from GPs, Councils or EDs, and operate across NCL, 8am – 8pm, 7 days a week. This capacity is critical in reducing avoidable admission.

Benefits achieved

- 5,000+ referrals to UCR services in Q1-Q2 2022-23, avoiding potential admission
- Service delivering 21% activity **over** plan for the year to date

Across NCL

Dementia

Barnet has trialled BCF schemes for frailty and dementia MDTs in two local PCNs. Learning from these pilots has informed the evolution of a combined frailty / dementia MDT model now being implemented across the Borough.

Wider 7-day social care support, community health and acute discharge teams work through this MDT to ensure residents receive care and support at the right time and in the right place.

Benefits achieved

- Working to support the > 1/3 of unpaid carers in Barnet looking after someone with dementia

Barnet

Carers

Camden Carers offers information, advice and support to unpaid carers. This cohort often experience poorer health outcomes with lower take-up of statutory and other support services.

Camden Carers is the gateway to a wide range of services provided by local organisations and agencies to meet this need.

Benefits achieved

- Registered nearly 4,000 carers, with 375 of these newly identified in past 12 months
- Informed local Virtual Ward design

Camden

Discharge

The BCF funds the Enfield Discharge to Assess service, supporting patients to be discharged to and assessed at home. It provides personalised care after a hospital admission.

Evidence shows short, timely rehabilitation helps people maintain their independence and can prevent more expensive, ongoing support at home (including bed-based needs).

Benefits achieved

- Over 50% of patients discharged home to Enfield receive support in this way
- Benefits 1,085 people annually, or 21 people per week on average (21-22)

Enfield

Healthy Neighbourhoods

Healthy Neighbourhoods in East Haringey is a collaboration between VCS and statutory partners.

Primary care screening uses an NCL-wide algorithm to identify residents, supported by VCSE organisations, to 'in reach' into under-served communities (e.g. young men from black ethnic backgrounds) and deliver a range of onward support interventions.

Benefits achieved

- 24% decrease in NEL admissions for patients Apr–Jun 2022 against the same period in 2019
- Reduction seen even amongst 20% most deprived population

Haringey

Frailty

The BCF funds the Islington Pro-Active Ageing Well service, a collaboration between Age UK, Whittington Health and Islington GP Federation to help frail people at risk of deterioration stay well at home.

Through primary care screening, the service identifies moderately frail residents and then offers a range of interventions to mitigate further needs.

Benefits achieved

- Nearly 1,000 residents supported in Islington with proactive interventions in Q1 22-23
- Wider team on track to reach 3,800 people by end of this year

Islington

2.4. Many of the NHS and Council-commissioned schemes continue to demonstrate positive impact for the most complex and vulnerable residents in NCL. To clarify and embed efficiency and value sustainably into the future, it is proposed to establish an NCL-wide group to review schemes across health and care. This process will consider the impact of schemes on BCF metrics, assess value for money, and encourage learning from best practice. Along with borough partnership intelligence and input, the outputs of this NCL-wide process will inform priority scheme planning across NCL in 2023/24.

2.5. Approaching this as a pan-NCL endeavour will maximise economies of scale and scope. It will provide opportunity to share what works from across the system footprint, recognising the unique social and demographic characteristics of each borough.

2.6. While NCL BCF schemes respond to the national BCF guidance, national financial requirements (i.e., the nationally-determined budget uplifts), and have common overarching strategic themes, they are developed and driven at borough ('place') level, through collaborative relationships with local authority and wider partners. Borough-based BCF agreements reflect population need, the local health and care landscape, and historic agreements.

2.7. On 26 September, NCL HWB areas (co-terminus with boroughs) submitted BCF plans comprising narrative, planning, demand and capacity, and anticipated delivery against the national metrics framework. Submitted plans were within the agreed funding envelope and incorporated requirements set out in the guidance. The regional NHSE BCF team has since reviewed and assured NCL plans, and these will now be subject to in-year monitoring locally and regionally.

2.8. ***Figure 1*** below sets out the total NCL ICB and local authority contributions to the BCF in 2022/23. This includes the minimum ICB contribution, as well as both the local authority-funded integrated BCF (iBCF), and the disabilities facilities grant.

Borough	ICB Min Contribution (£'000)	Improved Better Care Fund (iBCF) (£'000)	Disabled Facilities Grant (DFG) (£'000)	Total BCF (£'000)
Barnet	29,344	9,622	2,885	41,850
Camden	22,289	12,874	1,047	36,210
Enfield	24,908	11,726	3,736	40,370
Haringey	22,211	9,806	2,679	34,696
Islington	22,045	14,501	1,940	38,486
TOTAL	**120,797**	**58,529**	**12,286**	**191,612**

Figure 1: a summary of ICB and local authority contributions to the BCF

2.9. On 18 November, the Department for Health and Social Care (DHSC) confirmed the release of the national ASC discharge fund with 45% allocated to local authorities (£5,388k pan-NCL) and 55% to ICBs (£6,483k

pan-NCL) to pool into BCF arrangements through agreement by local health and social care leaders. This funding is to support additional schemes through to the end of March 2023 and is set out in ***Figure 2*** below:

Borough	ICB contribution (£'000)	LA contribution (£'000)	Total contribution (£'000)
Barnet	1,733	1,206	2,939
Camden	935	1,071	2,006
Enfield	1573	1,082	2,655
Haringey	1,257	957	2,214
Islington	984	1,072	2,056
TOTAL	**6,482**	**5,388**	**11,870**

Figure 2: a summary of ICB and local authority contributions to the BCF Discharge Fund

2.10. Specific conditions govern the use of this additional funding:

- Local authority and ICB funding should be pooled into local s.75 agreements, with sign off from HWBs.
- Funding should only be used on permitted activities which reduce flow pressure on hospitals, including mental health and community inpatient settings, by enabling more people to be discharged to an appropriate care setting.
- Fortnightly reporting including a progress review in January 2023.

2.11. The funding will be distributed in two tranches. The first tranche is released in January 2023, with the second released in February. This is subject to submitting fortnightly reports and participating in a system meeting with the regional team planned for January 2023.

2.12. A set of principles was agreed between partners as a prerequisite for NCL ICB approval. These include:

- the ability to demonstrate additionality on top of current BCF-funded provision
- impacting on hospital beds
- targeting barriers to discharge
- all schemes to conclude on or by 31 March 2023.

2.13. The five NCL HWB areas submitted plans which included confirmed NCL system-wide priority schemes i.e., intermediate care beds, mental health discharge, and homeless discharge.

2.14. By delivering in line with a 'test and learn' approach, schemes which demonstrate the greatest impact will inform best practice and be prioritised for inclusion in 2023/24 BCF plans.

3. NCL s.75 agreements

3.1. In NCL, there are s.75 agreements in place underpinning jointly-commissioned services in each NCL borough. These agreements capture the BCF and non-BCF agreements covering other areas of collaborative working with local authorities.

3.2. Nationally, similar arrangements for aligned resourcing between Councils and the NHS are intended to be the foundation for even more widespread and expanded pooled finances. To achieve this, DHSC has set out an intention to review s.75 of the NHS Act 2006 to "*simplify and update the underlying regulations*" [3], but have not specified a timescale by when this will be available.

3.3. In NCL, s.75 agreements are the basis through which we have joined up – and continue to integrate - care at place level. In the future, they will also enable greater operational integration at both place as well as neighbourhood level.

S75 snapshot:

The Enfield Integrated Learning Disability Service (ILDS) is a blended team of NHS health and Council social care staff that provides support to adults with learning disabilities, their families and carers. The service helps people with learning disabilities to be healthy, independent and valued members of their community. The service also helps young people (16+) to plan their transition into adulthood.

3.4. In Barnet, Camden, Haringey and Islington, the services and schemes within the s.75 agreements are managed by joint (integrated) commissioning teams reporting jointly into the ICB and Council. In Enfield, local services and schemes are overseen by the lead commissioners from the ICB and the Council. The tables in ***section 5*** set out a summary of the proposed 2022/23 financial values, with borough summaries in ***section 6***. The current set of s.75 agreements will be varied to reflect these figures.

3.5. Non-BCF s.75 agreements cover a wide range of collaborative working arrangements between the ICB and local authorities. This underpins areas to deliver improved population health through borough-based collaboration, such as mental health, learning disabilities and voluntary & community sector (VCS) contracts. The scale, scope, and financial value of NCL s.75 agreements varies across the boroughs, reflecting population need, the local health and care landscape, and historic agreements. In some boroughs, substantial values associated with core community and mental

3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055687/joining-up-care-for-people-places-and-populations-web-accessible.pdf

health contracts which are managed exclusively by the ICB sit within the non-BCF sections of s.75 agreements. This explains some of the variation which is not population-based.

S75 snapshot:

The Camden Care Navigation and Social Prescribing service, provided through Age UK Camden and Voluntary Action Camden, is open to all Camden residents (18+) at risk of or experiencing social isolation, who are struggling to navigate the local health and care system, who wish to live more independently and actively in their communities, or who have been recently discharged from hospital.

It offers a range of interventions including care navigation, signposting to community & voluntary organisations, information & advice (including benefits).

The service receives over 100 referrals a month, and provides active support for around 50% of those (with other people referred onto partners for appropriate assistance).

3.6. This variation in the non-BCF s.75 agreements provides further opportunity for the review process described in ***section 4***. Working towards a more consistent 'core' of these agreements, with discretion for local tailoring, should unlock economies of scale and scope. Over time, this would provide for flexibility around resources, underpinning greater integration and delegation to place.

3.7. ***Figure 3*** below sets out NCL ICB and local authority total contributions towards the 2022/23 non-BCF s.75 agreements.

Borough	ICB contribution (£'000)	LA contribution (£'000)	Total contribution (£'000)
Barnet	7,514	3,885	11,399
Camden	36,138	34,450	70,588
Enfield	3,932	5,279	9,211
Haringey	61,846	55,592	117,437
Islington	11,788	43,127	54,915
TOTAL	**121,219**	**142,332**	**263,551**

Figure 3: a summary of ICB and Local Authority contributions to the non-BCF s.75 agreements

3.8. Each S75 agreement sets out contractual obligations, expectations, and governance arrangements for the BCF and iBCF, including the individual or joint responsibilities associated with managing the fund and personnel required to support this as well as day-to-day management and oversight, contracts, financial decision making and accountability).

3.9. The financial schedules within each s.75 agreement outline the contribution of partners to constituent schemes. Reflecting the variation in the schemes

captured within these agreements, financial schedules too vary by borough. For the BCF, contributions are determined by historic baselines and national guidance. Integrated and/or aligned commissioning covered in the wider s.75 agreements have evolved over time through dialogue and agreement as part of the annual commissioning cycle between Councils and the NHS.

4. Review of BCF and joint commissioning arrangements for 2022/23

4.1. In developing this report, the ICB and Council finance and commissioning leads have undertaken a summary review during Q2 - Q3 2022/23. Local teams involved in the history, monitoring and development of s.75 agreements have provided input to this process.

4.2. For each borough, this review focused on:

- Consideration of schemes under each key area within the s.75 agreement.
- Review of budget for each scheme by finance / commissioning leads.
- Development of an overall financial schedule per borough summarising the local arrangements for BCF and integrated commissioning schemes under the s.75 agreement.

4.3. In terms of both the BCF and s.75 agreements, this review has focused on:

- Incorporating BCF 2022/23 national planning requirements [4].
- Reviewing 2021/22 metric achievement, to set realistic yet stretching ambitions for 2022/23.
- Agreeing schemes for the additional social care discharge fund [5] in line with analysis of current barriers to discharge within each borough.
- Reviewing and confirming budgets for each scheme by accountable finance and commissioning lead.

4.4. Following these reviews, the ICB Board of Members (BoM) should note the following key points:

- Although no material movements are anticipated, forecast outturns for demand-led services may vary from budget by month 12. The ICB has plans in place to mitigate emerging cost pressures should these arise.
- The s.75 agreements for Camden, Haringey and Islington include schemes funded by local authorities, but provided by an NHS trust with contracts held by the ICB. In Barnet and Enfield there are direct arrangements in place between Councils and NHS trusts). The ICB has received central funding from NHS England to fund pay uplifts ordinarily funded by the local authority.
- In Haringey, the ICB has notified the Council of withdrawal of £496k funding from the Edwards Drive scheme in the non-BCF s.75 agreement – with effect from 2022/23. This is reflected in the borough

[4] https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf

[5] https://www.gov.uk/government/publications/adult-social-care-discharge-fund/addendum-to-the-2022-to-2023-better-care-fund-policy-framework-and-planning-requirements

figures presented in this paper for ICB BoM endorsement. Changes to this position will be managed through appropriate governance.

- The financial and operational performance and outcome delivery of each scheme has been reviewed with the relevant local authority. Financial schedules have been signed off by each Council.

4.5. The ICB BoM should note that while this report proposes the approval of BCF and s.75 agreements for 2022/23, there is a shared need in each borough to review both sets of agreements to ensure both value for money and that the services continue to effectively meet the need of local populations and address inequalities. Additionally, a review of current arrangements would inform greater integration at place and neighbourhood to deliver care that improves population health outcomes.

4.6. For the BCF this joint review will need to focus on:

- Alignment of schemes with the aims and objectives of the BCF scheme as defined in national guidance.
- Value for money of schemes being supported, their impact on BCF metrics, and how monitoring informs joint governance.
- Providing confidence that each scheme contributes to addressing rising demand arising from post-pandemic changes in the NCL population, including growing acuity.
- Ensuring that schemes within the BCF contribute to addressing inequalities and support the ambition of helping people to live for longer in good health.

4.7. For non-BCF s.75 agreements this joint review will need to focus on:

- Delivering shared accountabilities at place level, and meeting locally-determined priorities.
- Ensuring s.75 agreements cover areas of collaborative working which place-based partnerships are genuinely able to implement and entrench, rather than schemes which are managed on an NCL system-wide footprint.
- Value for money of contracts in the context of the financial challenges faced across the public sector.
- Shared oversight arrangements including impact monitoring and review processes to inform future place-based priorities.
- Ensuring that schemes within a s.75 agreement contribute to addressing inequalities and support the ambition of helping people to live for longer in good health.

4.8. The proposed joint reviews should be considered and undertaken in the context of the financial constraints both local authorities and the ICB are facing in the short to medium term, the need for collaboration to identify and realise financial efficiencies, and responsibilities around joint governance.

4.9. The ICB BoM should note that teams have already commenced this work by preparing local discussion and identifying potential areas for optimising

services while achieving efficiencies. This period of scoping should be followed by a more detailed review with recommendations reporting by the end of Q4 2022/23, followed by contractual and service changes instigated in 2023/24, with oversight through S&DC.

4.10. In addition, the ICB BoM should note any proposed changes to services commissioned through BCF or s.75 agreements must reflect the ICB's formal duties around both service change and contractual notice period. This means most proposed contractual changes will be subject to a lead in time to implement.

4.11. In preparing for 2023/24, ICB Directors of Integration (DOIs) have led an initial review of contracts within each borough s.75 agreement to identify where contracts are no longer required (and could therefore realise an efficiency) or where additional value is possible within the scope of the contract either by delivering more for the same investment, or through reducing the overall cost for the same impact. A number of opportunities have been identified to inform joint discussions with local authority partners. This work should be followed by workshops to explore opportunities for both NHS and local authority partners to realise further efficiencies and improve the sustainability and effectiveness of s.75 agreements across NCL.

5. Financial implications

5.1. In developing this report, ICB and Council commissioning and finance leads have been meeting to review 2022/23 arrangements.

5.2. The BCF agreements have been uplifted in accordance with national guidance and the detail of how the uplift will be applied for 2023/24 is set out in this section.

5.3. The BCF plan includes the following funding streams:

- The ICB minimum contribution £120.8m allocated to the ICB, uplifted by £6.5m (5.66%) from £114.3m for 2021/22.
- The Improved Better Care Fund (iBCF) of £58.5m allocated to local authorities, uplifted by £1.7m (3%) from £56.8m in 2021/22
- The Disabled Facilities Grant (DFG) £12.3m allocated to local authorities.
- Newly announced Adult Social Care Discharge Fund of £11.9m allocated to local authorities and to ICBs.

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5.4. The total s.75 agreement value is £263.6m of which the ICB contributes £121.2m and the councils £142.3m. The total value of NCL s.75 agreements is £6.2m lower than in 2021/22, this is primarily driven through NHS provider growth and offset by a change in treatment of the Intermediate Care General Pool (previously in the Islington s.75 £8.8m. Further information can be found in ***section 6***.

5.5. The s.75 and BCF values have been agreed and BCF minimum spend met in each borough, with all identified cost pressures fully mitigated from a budget perspective.

5.6. ***Figure 4*** below sets out NCL ICB and local authority total contributions towards to s.75 agreements for 2022/23. Further detail can be found in ***section 6***.

Borough	ICB Min Contribution (£'000)	Improved Better Care Fund (iBCF) (£'000)	Disabled Facilities Grant (DFG) (£'000)	BCF Discharge Fund (£'000)	Total BCF (£'000)	Section 75 (Non BCF) (£'000)	Grand Total (£'000)
Barnet	29,344	9,622	2,885	2,939	44,790	11,399	56,189
Camden	22,289	12,874	1,047	2,006	38,216	70,588	108,804
Enfield	24,908	11,726	3,736	2,655	43,025	9,211	52,236
Haringey	22,211	9,806	2,679	2,214	36,910	117,437	154,347
Islington	22,045	14,501	1,940	2,056	40,542	54,915	95,457
TOTAL	**120,797**	**58,529**	**12,287**	**11,870**	**203,483**	**263,551**	**467,034**

Figure 4: collated NCL ICB and Council s.75 agreements in 2022/23

5.7. On 09 January the Government announced an additional £200m of funding for discharge. Any schemes that are stood up against the £5.4m NCL share of the new £200m national discharge fund may be added to the BCF or

relevant s.75 agreements along with any additional schemes initiated in Q4 2022/23. Scheme approval will be subject to appropriate ICB governance.

6. Borough overview

6.1. In **Barnet**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £41.9m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

Funding Source	Area of spend	Budget 22/23	Contribution ICB	Contribution LA	Total Increase	ICB Increase	LA Increase
Minimum ICB Contribution	Acute	259,357	259,357	0	9,874	9,874	0
	Community Health	13,050,382	13,050,382	0	932,249	932,249	0
	Continuing Care	5,141,378	5,141,378	0	102,749	102,749	0
	Mental Health	240,890	240,890	0	4,027	4,027	0
	Primary Care	680,850	680,850	0	0	0	0
	Social Care	8,767,921	8,767,921	0	469,680	469,680	0
	Other	1,203,422	1,203,422	0	53,333	53,333	0
DFG		2,884,527	0	2,884,527	0	0	0
iBCF		9,621,518	0	9,621,518	282,868	0	282,868
BCF Discharge Fund	Community Health	244,351	244,351	0	244,351	244,351	0
	Mental Health	145,000	145,000	0	145,000	145,000	0
	Social Care	2,549,890	1,343,649	1,206,241	2,549,890	1,343,649	1,206,241
Grand Total		**44,789,486**	**31,077,200**	**13,712,286**	**4,794,021**	**3,304,912**	**1,489,109**

6.2. The total agreed value of the additional integrated s.75 agreements for 2022/23 is £11.4m of which £7.5m is funded by the ICB and £3.9m funded by the local authority, as set out in the table below.

Area of spend	Budget 22/23	Contribution ICB	Contribution LA	Total Increase	ICB Increase	LA Increase
Adults	1,677,000	413,000	1,264,000	0	0	0
Childrens	4,556,173	3,908,074	648,099	132,220	108,864	23,356
LD - Campus Pool Fund	1,864,604	945,650	918,954	0	0	0
Learning Disability	3,301,701	2,247,701	1,054,000	32,273	32,273	0
Grand Total	**11,399,479**	**7,514,426**	**3,885,053**	**164,494**	**141,138**	**23,356**

6.3. The increase in expenditure is entirely due to NHS Provider uplifts for In-sector (1.7%) and Out of Sector uplifts (4.0%).

6.4. In **Barnet**, the s.75 continues to support essential joint health and care initiatives, including:

- Barnet LD service providing integrated assessment and care management for over 1,000 adults, helping them live independently in their communities.
- Aspects of the Barnet CAMHS service, delivering the early help offer to local children and young people.
- Integrated therapy services which improve the health and wellbeing of 0-19 year olds (up to 25 years of age with an Education Health and Care Plan (EHCP)).
- Health assessment and review services to support Looked after Children.

- Adults Joint Commissioning Unit to foster collaboration and join up of commissioning across the borough partnership.
- Contributing towards the local mental health network.

6.5. Looking ahead, the Barnet borough partnership is seeking to use the s.75 agreement to support the transition of Barnet residents with LD from long-term hospital stay at Harperbury Hospital, to supported living onsite or in the community. More widely, the s.75 provides a foundation for identifying and stretching service delivery in 2023/24 as part of the ongoing local planning and commissioning cycle.

6.6. In **Camden**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £36.2m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

Funding Source	Area of spend	Budget 22/23	Contribution ICB	Contribution LA	Total Increase	ICB Increase	LA Increase
Minimum ICB Contribution	Community Health	5,789,743	5,789,743	0	1,451,422	1,451,422	0
	Mental Health	904,612	904,612	0	27,252	27,252	0
	Primary Care	269,708	269,708	0	4,508	4,508	0
	Social Care	15,325,227	15,325,227	0	710,812	710,812	0
DFG		1,046,736	0	1,046,736	0	0	0
iBCF		12,874,054	0	12,874,054	378,535	0	378,535
BCF Discharge Fund	Community Health	130,522	130,522	0	130,522	130,522	0
	Mental Health	239,375	239,375	0	239,375	239,375	0
	Social Care	1,636,571	565,103	1,071,468	1,636,571	565,103	1,071,468
Grand Total		**38,216,548**	**23,224,290**	**14,992,258**	**4,578,997**	**3,128,994**	**1,450,003**

6.7. The total agreed value of the integrated s.75 for 2021/22 is £70.6m of which £36.1m is funded by the ICB and £34.5m funded by the local authority, as set out in the table below:

Area of spend	Sum of Budget 22/23	Sum of Contribution ICB2	Sum of Contribution LA2	Total Increase	ICB Increase	LA Increase
Adults	2,165,000	2,135,000	30,000	26,562	26,562	0
Childrens	31,616,040	18,725,609	12,890,431	402,501	556,762	-154,261
Learning Disability	13,858,856	6,736,856	7,122,000	220,746	220,746	0
Mental Health	22,633,596	8,475,842	14,157,754	-384,587	-841,530	456,943
Other	315,000	65,000	250,000	315,000	65,000	250,000
Grand Total	**70,588,493**	**36,138,308**	**34,450,185**	**580,222**	**27,541**	**552,681**

6.8. In **Camden**, the s.75 continues to support essential joint health and care initiatives, including:

- The Camden Learning Disability Service (CLDS) that recently won an award for working to support a woman who had been resident in hospital over 20 years, into a community setting.
- Primary care-hosted / led multi-disciplinary team meetings which are a key enabler of anticipatory care.

- Care navigation and social prescribing services which provide assessment, planning and guided navigation for people who are socially isolated or at risk of exclusion from other services.
- A range of interventions to support people who are homeless, including targeted services for children and young people, mental health support, and outreach to hostels for physical health needs.
- Investment in integrated discharge support, and services which work to improve flow from hospitals to the community.
- The Hillside Clubhouse, supporting people with mental health conditions to access employment, training and support.
- 'Mind the Gap' services which provide dedicated, seamless support for children and young people as they transition into adult services (19-25).

6.9. Looking ahead, the Camden borough partnership is seeking to maintain current delivery in the face of challenging financial pressures. Practically this means scoping efficiency (in scale and scope), while identifying and addressing duplication. Opportunities in 2023/24 include a broad 'early help' offer to identify and support people earlier, as well as consolidating Camden's homelessness support around a common set of outcomes.

6.10. In **Enfield**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £40.4m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

Funding Source	Area of spend	Budget 22/23	Contribution ICB	Contribution LA	Total Increase	ICB Increase	LA Increase
Minimum ICB Contribution	Community Health	11,939,012	11,939,012	0	639,550	639,550	0
	Mental Health	1,475,827	1,475,827	0	79,057	79,057	0
	Social Care	11,488,985	11,488,985	0	611,493	611,493	0
DFG		3,735,926	0	3,735,926	0	0	0
iBCF		11,726,099	0	11,726,099	344,852	0	344,852
BCF Discharge Fund	Community Health	219,585	219,585	0	219,585	219,585	0
	Mental Health	245,771	245,771	0	245,771	245,771	0
	Social Care	2,189,840	1,107,644	1,082,196	2,189,840	1,107,644	1,082,196
Grand Total		**43,021,045**	**26,476,824**	**16,544,221**	**4,330,148**	**2,903,100**	**1,427,048**

6.11. The total agreed value of the integrated s.75 for 2021/22 is £9.2m of which £3.9m is funded by the ICB and £5.3m funded by the local authority, as set out in the table below:

Area of spend	Sum of Budget 22/23	Sum of Contribution ICB2	Sum of Contribution LA2	Total Increase	ICB Increase	LA Increase
Learning Disability	5,366,995	2,137,065	3,229,930	82,195	82,195	0
Mental Health & DOLs	899,391	47,830	851,560	0	0	0
Equipment (ICES & CHC	2,196,603	1,153,963	1,042,640	192,327	192,327	0
Other	748,128	593,437	154,691	250,082	250,082	0
Grand Total	**9,211,117**	**3,932,296**	**5,278,821**	**524,604**	**524,604**	**0**

6.12. In **Enfield**, the s.75 continues to support essential joint health and care initiatives, including:

- The Chase Farm Hospital Older People Assessment Unit (OPAU) which supports better, more tailored care, while reducing hospital admission where possible. The OPAU provides a same-day assessment service (including diagnostics) for 1,500 patients a year. It is provided by an integrated, multidisciplinary service led by a consultant with input from Enfield community services, a social care provider and acute teams.
- Step down service for people with complex mental ill-health - reducing hospital admissions and supporting timely discharge.
- Voluntary and community sector investment supporting improved access to mental health and wellbeing support and improved self-management of long-term conditions.
- VCS capacity in hospital to promote community resilience through active support and signposting to GPs, including GP registration for unregistered patients.
- Mental health support for employment and enablement services.
- Bespoke support for people with learning disabilities to improve uptake of health checks, immunisations.
- Capacity to develop the virtual ward, integrated discharge team, and winter planning.
- Digital technology, integrated community equipment services, including telehealth and assistive technology.
- A programme of strength-based training and development rolled out across the borough partners.

6.13. Looking ahead, the Enfield borough partnership is seeking to maintain current delivery in the face of challenging financial pressures. This includes stretching current work, including Ageing Well, completed in partnership across Enfield and Haringey Councils and the ICB, to deliver a new Mental Health and Wellbeing Hub, encompassing a community/ twilight café. Overall progress will continue to be driven through the Enfield Joint Health & Social Care Commissioning Board with oversight of the delivery of the BCF joint priorities. This will be enabled through a refreshed and jointly developed BCF performance dashboard to monitor progress going forward.

6.14. In **Haringey**, BCF plans were submitted in-line with national requirements. The submission was made with a total value of £34.7m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

Funding Source	Area of spend	Budget 22/23	Contribution ICB	Contribution LA	Total Increase	ICB Increase	LA Increase
Minimum ICB Contribution	Community Health	13,978,851	13,978,851	0	798,984	798,984	0
	Continuing Care	155,000	155,000	0	0	0	0
	Mental Health	89,000	89,000	0	0	0	0
	Primary Care	692,447	692,447	0	0	0	0
	Social Care	7,295,343	7,295,343	0	390,797	390,797	0
DFG		2,678,851	0	2,678,851	0	0	0
iBCF		9,806,399	0	9,806,399	288,323	0	288,323
BCF Discharge Fund	Community Health	138,183	138,183	0	138,183	138,183	0
	Mental Health	182,000	182,000	0	182,000	182,000	0
	Social Care	1,893,652	936,817	956,835	1,893,652	936,817	956,835
Grand Total		**36,909,726**	**23,467,641**	**13,442,085**	**3,691,939**	**2,446,781**	**1,245,158**

6.15. The total agreed value of the integrated s.75 for 2021/22 is £117.4m of which £61.8m is funded by the ICB and £55.6m funded by the local authority, as set out in the table below:

Area of spend	Sum of Budget 22/23	Sum of Contribution ICB2	Sum of Contribution LA2	Total Increase	ICB Increase	LA Increase
Adult Mental Health	63,786,466	47,190,702	16,595,764	1,554,692	1,611,222	-116,530
Learning Disabilities	43,348,061	12,451,958	30,896,104	8,466	-901,363	-64
CAMHS	2,935,465	1,784,723	1,150,742	794,520	389,628	150,800
CYP	7,224,999	296,707	6,928,292	253,202	6,283	246,919
Other	41,250	20,625	20,625	-3,750	-1,875	-1,875
OP/LTC	101,022	101,022	0	0	0	0
Grand Total	**117,437,263**	**61,845,736**	**55,591,527**	**2,607,130**	**1,103,895**	**279,250**

6.16. In **Haringey**, the s.75 continues to support essential joint health and care initiatives, including:

- A full range of adult mental health services from early help, prevention, bereavement support, IAPT and suicide prevention, as well as mental health services for people with severe or complex needs.
- Learning disability services including the Haringey Learning Disability Partnership (HLDP) and the all-age autism hub.
- Children's services including school and health visiting, targeted mental health support within schools, and CAMHS. The s.75 also underpins targeted health-related support for specific groups of children/sets of issues such as those who are looked after, young carers, and young offenders.

6.17. Looking ahead, the Haringey borough partnership is seeking to use the s75 agreement in a more targeted way, with a focus on optimising joint management of budgets which support core borough partnership ambitions:

- Start Well: The development of a universal offer for speech language and communication support, and further strengthening of CAMHS services.
- Live Well: improvement in preventative community-based mental health; integrated support for people experiencing multiple disadvantage and

employment opportunities for people with mental and physical health needs.

- Age Well: early help and support to age well, through improved diagnosis rate and management of long-term conditions, reduction in avoidable hospital admissions and improved intermediate care.

6.18. In **Islington**, BCF plans were submitted in line with national requirements. The submission was made with a total value of £38.5m (BCF Discharge was submitted separately in December 2022 following the publication of allocations guidance) and is summarised in the following table:

Funding Source	Area of spend	Budget 22/23	Contribution ICB	Contribution LA	Total Increase	ICB Increase	LA Increase
Minimum ICB Contribution	Community Health	10,215,449	10,215,449	0	1,059,983	1,059,983	0
	Continuing Care	387,956	387,956	0	6,485	6,485	0
	Mental Health	195,264	195,264	0	3,264	3,264	0
	Primary Care	463,000	463,000	0	0	0	0
	Social Care	10,783,554	10,783,554	0	111,188	111,188	0
DFG		1,939,775	0	1,939,775	0	0	0
iBCF		14,500,901	0	14,500,901	424,937	0	424,937
BCF Discharge Fund	Community Health	137,363	137,363	0	137,363	137,363	0
	Mental Health	256,866	239,866	17,000	256,866	239,866	17,000
	Social Care	1,661,345	606,771	1,054,574	1,661,345	606,771	1,054,574
Grand Total		**40,541,472**	**23,029,222**	**17,512,250**	**3,661,430**	**2,164,919**	**1,496,511**

6.19. The total agreed value of the integrated s.75 for 2021/22 is £54.9m of which £11.8m is funded by the ICB and £43.1m funded by the local authority, as set out in the table below:

Area of spend	Sum of Budget 22/23	Sum of Contribution ICB2	Sum of Contribution LA2	Total Increase	ICB Increase	LA Increase
Intermediate Care	0	0	0	-8,686,512	-5,151,700	-3,520,812
Learning Disabilities	40,142,909	4,937,577	35,205,332	-409,672	-50,390	-359,282
Transforming Care	761,336	642,794	118,542	-300,972	-279,648	-21,324
Mental Health Commis	5,046,985	2,319,697	2,727,287	0	0	0
Carers	952,900	95,000	857,900	0	0	0
MHCOP	8,010,541	3,792,753	4,217,788	549,643	232,908	316,735
Grand Total	**54,914,671**	**11,787,821**	**43,126,849**	**-8,847,513**	**-5,248,830**	**-3,584,683**

6.20. In **Islington**, the s.75 continues to support essential joint health and care initiatives, including:

- Mental health recovery pathways.
- Community equipment that supports residents to remain living at home.
- Multi-disciplinary working across localities.
- Carers support.

6.21. Looking ahead, the Islington borough partnership is seeking to use the levers of delegation via borough partnership to take a more collaborative approach to planning and commissioning health and care services for Islington residents.

6.22. The ICB BoM should be aware that each borough has in place arrangements to jointly review and assure the operational and financial performance of the BCF and wider s.75 arrangements. Consistent features include:

- An identified local authority and ICB responsible officer (typically the Director of Adult Social Services, and the ICB Director of Integration respectively).
- Strategic visibility and oversight of performance via Health and Wellbeing Boards.
- Space at other borough partnership fora (exec and programme boards) for scoping and agreeing variations to existing schemes as part of the local implementation of the commissioning cycle.
- A regular meeting in each borough between the Council and ICB to review operational and financial delivery of joint commissioning arrangements (using the national framework of metrics for the BCF, and locally-agreed measures for wider s.75 provision), to identify and understand variation, and to explore options to return to trajectory.
- Ongoing contract management processes led by identified contract leads.

7. Recommendations and next steps

7.1. The ICB BoM is asked to:

- **APPROVE** the BCF and non-BCF s.75 schemes and budgets set out in ***sections 5*** and ***6*** for financial year 2022/23. **NOTE** that any schemes that are stood up against the £5.4m NCL share of the new £200m national discharge fund may be added to the BCF or relevant s.75 agreements along with any additional schemes initiated in Q4 2022/23.
- **REVIEW** and **APPROVE** the metrics associated with the BCF schemes, noting that 2022/23 outturn performance against these metrics will act as the baseline for trajectory setting for 2023/24 and beyond.
- **APPROVE** the proposed joint review of s.75 and BCF arrangements with local authority partners as outlined in ***section 4.***

7.2. Subject to ICB BoM approval of the budgets contained within this report, ICB teams will:

- Finalise and formalise the 2022/23 s.75 agreements with local authorities, including any variation required to reflect the approved budgets (by end of March 2023).
- Finalise arrangements for the joint review of BCF and s.75 agreements with local authority partners (by end of March 2023).
- Provide a report back to the Strategy & Development Committee of the ICB on the outcome of the review and recommended next steps by 21 June (provisional meeting date).

Appendix 1: Summary of NCL BCF plans and associated metric ambitions

BCF metric 1: Unplanned hospitalisations for chronic ambulatory care sensitive conditions

HWB area	2021/22 Actual	2022/23 Plan	Comments
Barnet	479.5	347	• Ambition based on the quarterly average and trends for 2021/22 reflected against the Q1 2022/23 actual outturn. • The Access to Care pilot is a new joint initiative between CLCH and the ASC admissions avoidance team, that aims to provide a holistic patient response to reduce unnecessary attendances at A&E, and enable people to receive the care required to remain in their own homes.
Camden	470.1	541	• Targets have been maintained at 2019/20 (i.e., pre-pandemic) levels. In-year reporting for this metric has been challenging due to a lag in coding of cases within acute settings. • Continued investment in Rapid Response and District Nursing will be key in meeting this target and the team will be delivering further training to Care Homes to reduce avoidable admissions. • New schemes in 2022/23 expected to contribute to strong performance in this area include the Autism Hub, with additional case work capacity for adults with autism (without a learning disability); and a personal health budget pilot for residents on the Altered Airways Pathway.
Enfield	614.8	481	• Enfield admission avoidance trajectory represents an ambitious reduction. • Population health and inequalities plan agreed to tackle the top three contributors for avoidable admissions to hospital (heart disease, diabetes, and COPD) through tackling smoking and obesity including in the most deprived wards.
Haringey	627.4	567	• Q1 2022/23 is actual, with Q2 demonstrating an improved position. Trajectory setting used historical seasonal trends projected figures for Q2 - Q4. • Community solutions enable people to come forward for triaging, diagnosis & help earlier, enhancing enhance proactive management of conditions & independence, including self-management.
Islington	704.1	655	• Islington admission avoidance, taken annually, has been steadily reducing since 2019/20 as a result of continued investment and development. • Islington is forecasting a further reduction in 2022/23 as a result of expanded capacity in the Rapid Response teams, further integration with 111 services and alternate care pathways, and development of broader preventative offers such as the Proactive Ageing Well service.

BCF Metric 2: Improving the proportion of people discharged to their usual place of residence

HWB area	2021/22 Actual	2022/23 Plan	Comments
Barnet	92.5%	92.4%	• The reablement pathway has been revised with enhanced capacity for this year. There is additional investment from BCF funds to provide an extra 200 hours of reablement service capacity, and the establishment of an OT-led reablement approach starting from September 2022. • CLCH has deployed nursing staff to care homes to provide clinical input for supported discharge. The new care technology framework will also provide additional assistive community equipment to enable patients to return home safely with additional monitoring.
Camden	92.3%	92.4%	• RFH was recognised for doubling the number of patients supported through IDTs in 2021/22 while consistently enabling 20-25% of discharges through pathway 1. Further development of the Virtual Ward in 2022/23 is expected to improve performance in this area. • BCF funding for Carelink will see greater coordination between IDTs and community-based services to enable residents to return home under the care of the virtual ward. The BCF will continue to provide funding for reablement services both in the community and with dedicated reablement flats at Henderson Court, with a key focus on facilitating timely discharges and ensuring good outcomes for residents.
Enfield	92%	92%	• Increased step down to rehab/bedded care before final move home contributed to a slightly lower performance in Q1. • Integrated discharge planning meetings include operational and commissioning colleagues combining operational service response with commissioning requirements. Increased provision of extra care intermediate flats with long term tenancy now an option to avoid need for residential placements.
Haringey	92.9%	93.7%	• Reflects improvements in Home First solutions investments and P2 bedded units in BCF (including Virtual Wards funded outside BCF) to derive planned figures. • Current and planned investment in Home First, P2 beds and longer-term community solutions enabling people to return and stay at home rather than move to long-term care home provision on discharge.
Islington	91.7%	91.8%	• Expected discharge to usual place of residence draws on historical trend analysis, pathway 0/1/2/3 mapping, and reflects developments including Virtual Wards. • BCF is a key enabler to improve discharge outcomes by funding services such as reablement, hospital discharge teams, and intermediate care. Forecasting a moderate increase in this metric due to ongoing increases in acuity of Islington residents admitted to hospital.

BCF metric 3: Long term support needs of older people (65 and older) met by admission to residential and nursing care homes

HWB area	2021/22 estimate	2022/23 plan	Comments
Barnet	500.8	440.9	• Projected target is based upon 10% reduction in admissions to residential care year-on-year. • Development of new extra care schemes and live-in care services in Barnet this year will enable people to receive higher levels of support within their own home as an alternative to residential admission.
Camden	313.5	395.8	• The target has been maintained at 2019/20 (i.e., pre-pandemic) actual admissions. 2021/22 performance showed a slight decrease in admissions compared to 2020/21 actual performance and was well below the 2021/22 target. • A refreshed accommodation strategy for older people is currently in development. This work is a key element of Camden's transformation agenda and provides an opportunity to review existing provision and ensure that the projected increase in demand for services through to 2035 can be met through a range of diverse, high quality accommodation options, including extra care, which reduce the need for residential and nursing care.
Enfield	400.7	425.3	• Continue to expect an increase in permanent admissions as a result of services such as discharge to assess, which have led to a large increase in short stay placements. Target set is above borough 2021/22 performance. • Increased extra care step down capacity available to improve options to return home. More community options have been put in place for patients with lower acuity, with a greater % of placements into care homes at the higher end of acuity/nursing/dementia.
Haringey	361.3	361.5	• Anticipated to make steady progress on reducing care home admissions in 2022/23 as part of a continued drive towards Home First solutions. At the same time, there is an increase complexity of cases of people needing support which mitigates against improvement. • Investment in Home First, P2 beds and longer-term community solutions enables people to return and stay at home rather than move to long-term care home provision.
Islington	358	350	• The number of admissions in 2021/22 has been affected by the pandemic causing suppressed demand and increased complexity. • Aim to avoid further increases in admissions in 2022/23 through learning taken from the pandemic period and more joined-up commissioning and collaborative working across health and social care. The Home First model, strength-based working, and the development of an integrated urgent response model across community health, social care discharge and hospital avoidance pathways will enable residents to remain in their own homes for longer and with a better quality of life.

BCF metric 4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

HWB area	2021/22 estimated	2022/23 plan	Comments
Barnet	77.4	77.4	• As a minimum the aim is to maintain 2021/22 outturn, although it is anticipated that that based on last year's delivery this year's outturn will again exceed this plan. • Introduction of therapy-led reablement from September 2022 will provide increased capacity over winter from an enhanced reablement approach following hospital discharge.
Camden	74.6	81.9	• The 2022/23 target has been reset at 2019/20 performance in response to the significant increase in the number of reablement packages delivered. As a result, a number of spot providers are currently utilised to meet demand. • Work is underway with one neighbourhood-based homecare provider to retrain staff specifically to focus on reablement. There will be continued focus on recruitment and retention of staff to improve performance during 2021/22.
Enfield	87.7	88	• In 2022/23, there is an intention to increase the proportion while increasing the overall number of service users. • Plans to increase capacity by 30% for 2022/23 over the entire year, representing additional capacity of 184 while maintaining current performance.
Haringey	54.5	75.2	• 2021/22 estimate figure based on sample of cases. Target set to improve performance towards 2019/20 levels. • Current and planned investment in Home First, P2 beds and longer-term community solutions enable people to return and stay at home rather than move to long-term care home provision, or return to hospital.
Islington	78.8	78.7	• The reablement service will be returning to full functionality by the end of the year. A plan is in place to improve performance and towards pre-pandemic levels. • The reablement service will be returning to full functionality by the end of the year with a revised eligibility criteria focusing on acute/hospital discharges. Working towards expansion of this offer is subject to increased therapy capacity within the discharge, across wider health services.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Integrated Performance and Quality Report	**Date of report**	17 January 2023	**Agenda Item**	3.1
Lead Director / Manager	Richard Dale, Executive Director of Performance and Transformation Chris Caldwell, Chief Nurse	**Email / Tel**		richard.dale@nhs.net Chris.caldwell@nhs.net	
Board Member Sponsor	Richard Dale, Executive Director of Performance and Transformation Chris Caldwell, Chief Nurse				
Report Author	Deirdre Malone, Director for Quality (Interim) Ed Nkrumah, Director of Performance	**Email / Tel**		Deirdre.malone@nhs.net edmund.nkrumah@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** The report does not set out specific financial requests, but some of the improvement programmes do have financial implications. Within the System Oversight Framework, finance is a key aspect of oversight. The detail of this is contained in the separate finance report.			
Report Summary	The NCL ICB Integrated Performance and Quality Report presents the latest analyses of key system operational performance and quality indicators against national and locally agreed targets relating to acute, mental health, community and primary care services. **Operational Pressures:** Report highlights key operational pressures particularly in urgent and emergency care services across the system in recent weeks and the actions taken to respond. This relates to: • **Industrial Action:** There has been a system wide approach to responding to industrial action since December 2022. Strikes are managed as an incident on every day there is industrial action, with a national, regional and ICS level rhythm to managing the impact.				

- **Ambulance Response Times and Handovers to A&E:** NCL ICS has worked in conjunction with LAS to support the development of an agreed clinical handover protocol to support rapid handover in times of pressure to reduce handover delays which remains high.
- **Frailty Pathway and New Ways Of Working with Paramedics (Silver Line):** 'Frailty cars' have been implemented as an addition to the current infrastructure to attend our frailest residents in their homes.
- **Mental Health:** A number of actions are being put in place to further mitigate mental health- related delays in EDs, including a pilot underway for Barnet, Enfield and Haringey Mental Health Trust crisis teams to provide a face-to-face rapid response to EDs when demand is high in North Middlesex, with an ambition to extend across NCL.
- **Hospital Attendances and Capacity Within Acute Hospitals:** A&E demand is now in-line with 2019/20 levels and with respiratory infection levels in our communities appearing to be subsiding, this may be having a positive impact on attendance levels. In NCL we now have 100 frailty **virtual ward beds** open across the system with utilisation rates over 80%. We will open a further 8 beds from end of January 2023 and plan to increase this further during the year. Additional Pathway 2 beds to support **discharges** from hospital are in place across NCL to ease the pressures in acute Trusts.

Mental Health Services: Between April and November 2022, 22,770 people accessed psychological therapy services in NCL, against a target of 28,400. The ICB continues to collaborate with providers to tackle workforce recruitment and retention challenges which remains the key driver of the under-performance. IAPT recovery rate was over target at 52% (target 50%), and 6-week and 18-week wait targets were met. NCL is also performing well against the three metrics relating to the use of inpatient facilities for patients with Learning Disability/Autism and expects to achieve year end targets for 2022/23.

Community Health Services: The waiting times for children and young people's (CYP) and adult services remained steady in November 2002, with 73% of children referred waiting less than 18 weeks for an assessment. The waiting list for an initial autism assessment appointment remained high, but the new NCL face-to-face autism diagnostic hub commenced in December 2022 and has picked up the longest waits from each NCL borough.

The waiting time compliance for adult community services reduced slightly to 87% waiting under 18 weeks from referral. Through waiting list validation, prioritisation of resources, and mutual aid, NCL community service providers plan to reduce waiting times, particularly in high-priority areas such as MSK, diabetes, podiatry and respiratory.

Planned care: NCL ICS has made good progress towards eliminating the number of patients waiting more than 2 years on a Referral to Treatment (RTT) waiting list, and is on track to eliminate all 78+ week waiters by March 2023. The key system and provider interventions to sustain and further improve performance are set out in the NCL Elective Recovery Programme which focuses on referral optimisation, improving productivity, increasing capacity, outpatient transformation and mutual aid.

The proportion of patients waiting more than 6 weeks for a diagnostic test has increased over December and into January due to winter pressures on secondary care - in addition, many services did not run across weekends and festive bank holidays. There are plans in place to increase capacity and productivity in addition to the two Community Diagnostics Centres which are now operational.

Performance of cancer services remain variable. The number of first cancer treatments delivered up to November 2022 exceeded the level required to address

	the shortfall in cancer treatments stemming from the pandemic. Challenges in the diagnostic phase of cancer pathways, however, continues to adversely impact on the number of patients waiting 62 days or longer. There are revised plans and trajectories in place at system and provider level to streamline our most challenged pathways – colorectal, urology, breast and dermatology. These are closely monitored. Performance at NMUH remains a key focus area due to the ongoing risk to delivery. **System Oversight Framework:** The ICB continues to meet regularly with organisations in Segment 3 of the national System Oversight Framework where support is mandated by the Regulator to improve performance. Criteria for exiting SOF3 have been agreed with Royal Free London and North Middlesex Hospital and closely monitored. Detailed work programmes are being developed by Tavistock & Portman, aligned to the Trust's exit criteria. **Priorities and Operational Planning 2023/24:** Guidance was released by NHS England in December 2022 covering three high level objectives for the coming financial year: (1) recover core services and productivity; (2) make progress in delivering the key ambitions in the Long-Term Plan; (3) continue transforming the NHS for the future. Work has commenced in NCL, led by the ICB, to develop credible plans for finance, workforce, activity and performance in line with published guidance. Draft plans are due to be submitted to NHS England at the end of February, with the expectation that final plans will be signed off by ICB and Trust boards for submission before the end of March 2023.
Recommendation	The Board of Members is asked to **NOTE** the key issues set out in the paper for escalation and the actions in place to support improvement.
Identified Risks and Risk Management Actions	Key risks identified are detailed in the BAF and listed below: • PERF7 - Failure to manage surges during heightened periods of pressure (including winter, Easter and other Bank Holidays) and impact on waiting time standards and capacity for elective pathways • COMM14 - Failure To Achieve NHS Constitutional Targets - Urgent and Emergency Care (Threat)
Conflicts of Interest	Not applicable.
Resource Implications	The report does not set out specific resource requests, but some of the improvement programmes do have resourcing implications.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable – although quality processes do take account of equity when reviewing specific incidents.
Report History and Key Decisions	This report is underpinned by the Quality Report to the Quality and Safety Committee and the monthly Performance Report shared across the organisation and system.
Next Steps	The report will continue to iterate based on board and stakeholder feedback, as well as develop once the work on the NCL Outcomes Framework is complete.
Appendices	Full dashboards for quality and performance measures, and a glossary of terms used in this report are set out in the appendix for reference.

NHS
North Central London
Integrated Care Board

NCL ICB Integrated Performance & Quality Report

January 2023

Authors:

NCL ICB Performance and Quality Teams

Executive Summary

The NCL ICB Integrated Performance and Quality Report presents the latest analyses of key system operational performance and quality indicators against national and locally agreed targets relating to acute, mental health, community and primary care services.

The report focusses on the following key areas:

- Stocktake of operational pressures (slide 3)
- Urgent & Emergency Care (slide 6)
- Primary Care (slide 9)
- Mental Health Services (slide 10)
- Community Health Services (slide 11)
- Planned Care – Electives & Diagnostics (slide 12), Cancer Services (slide 13)

Progress updates are also provided for the following organisations in Segment 3 of the national System Oversight Framework (SOF) where improvement support is mandated by the Regulator;

- Royal Free London (slide 15)
- North Middlesex Hospital (slide 15)
- Tavistock and Portman (slide 16)

An overview of NHS 2023/24 Priorities and Operational Planning guidance for the NHS is also included in the report (slide 17)

The report includes a high-level overview of actions being taken to address key challenges and mitigations against identified key risks. NCL ICB has systems and processes in place to ensure all performance measures across different frameworks are closely monitored, prioritised and escalated where appropriate. This includes the System Oversight Framework, Operational Plans, the Long Term Plan and NHS Constitutional Standards.

Dashboards for performance and quality measures are included in the appendix for reference.

The ICB's approach to quality and performance management is designed to complement the ICS Population Health Strategy which focuses on improving the health of our population by improving outcomes and reducing health inequalities. The operational and process measures set out in the report are therefore aligned and underpins the deliver of the outcome measures set out in the ICS Population Health Strategy.

Operational Pressures: System response (1/3)

NCL like the rest of England continues to experience very challenging operational pressures across health and care services. This has arisen from high demand in primary care and high occupancy in hospitals, combined with the effects of Covid and flu, as well as from challenges with timely discharge from hospital.
This is in addition to undertaking additional planned activity to reduce the waiting list, with many of our sites delivering more activity than they did in 2019/20 and progress to reduce those waiting the longest for their care.

Over the same period, we have also seen numerous days of industrial action which has impacted our services. Across North Central London, we are enacting a system wide plan to support resilience across our services, this was codesigned with colleagues in NHS trusts and partners organisations. This plan is overseen by a daily check in with sites and a weekly system wide meeting for senior operational leads. We have a consistent escalation framework to support sites to take proactive actions in the face of pressures and systematic approach to support via mutual aid across the system. Headlines from the current data and key actions in place to support system resilience are set out over the next few slides.

Response to industrial action

There has been a system wide approach to responding to industrial action since December 2022. Strikes are managed as an incident on every day there is industrial action, with a national, regional and ICS level rhythm to managing the impact. At the time of the Board meeting, we will have responded to 6 days of Royal College of Nursing strikes (and be in the middle of the final day), which have impacted significantly on UCLH who have had 4 days of industrial action in total, leading to 2,192 rebooked procedures. Also affected were GOSH, Tavistock and Portman and the NCL ICB. We have also had 3 strikes by Unison affecting the London Ambulance Service (LAS), which have been operationally challenging to manage, and required a London-wide system response to keeping London safe on those strike days. This saw additional senior clinical staff mobilised to support frontline colleagues both in EDs and the LAS call centre. There has also been Chartered Society of Physiotherapist strike action, which impacted on 6 of our providers in the first round - GOSH, UCLH, RFL, NMUH, BEH and CNWL.

The NCL system has managed to respond effectively to the continued industrial action, however, this takes considerable time, effort, and resource. There is a significant cost and burden to our affected providers and their staff and many of our clinicians, leaders and wider staff continue to go above and beyond to ensure we can continue to offer care to our population. The British Medical Association are currently balloting junior doctors, closing on February 20th 2023. We are expecting a national response, meaning a larger number of organisations could be affected. Royal Free London as our lead provider for doctors in training, are currently supporting the ICB Chief People Officer and wider HR Director and Medical Director community to develop a strategy to respond, and this will also need to include primary care. At the time of writing, there are two further LAS strikes planned for later in February 2023, which again will be managed both at the sector and the London level. The mandate remains in place for the RCN and Unison until May 2023 and therefore without a national resolution, there is a risk this could continue into 2023/24.

Operational Pressures: System response (2/3)

North Central London Integrated Care Board

Frailty pathway and new ways of working with paramedics (Silver Line)

We have worked with partners to develop 'frailty cars' as an addition to the current infrastructure. These cars are able to attend patients' homes to support with the needs of our frailest residents. This new service will include a focus on supporting people who have had a fall. It will also allow specialist "care of the elderly" clinicians to provide advice to care home staff to help them to better support residents with urgent health needs. The same advice will be available through the ambulance service, with some non-emergency calls (category 3 and 4) being diverted straight to this service, so that specialist advice can be provided as soon as possible to callers. The plan is for two cars to manage up to 14 incidents per day from February 2023, as a pilot across Barnet and Enfield with nursing/therapy staff from urgent care response teams. Since go-live in September 2022, 383 calls have been made into the NCL Silver Triage Line from paramedics on scene in care homes. Through the consultant geriatrician advice and guidance provided over the phone by this service, 80% of the calls have resulted in patients being managed within the community, with no requirement to convey to hospital. There is now agreement to expand the cohort of patients to include those aged over 65 living in their own home from January 23rd 2023.

Hospital attendances and capacity within acute hospitals

A&E demand is now in-line with 2019/20 levels and with respiratory infection levels in our communities appearing to be subsiding, this may be having a positive impact on attendance levels. Emergency admissions remain relatively steady across sites at around 12% of attendances, but bed occupancy across acute trusts is extremely high at over 98%. Length of stay (LOS) remains high at all sites and is increasing despite ongoing work to understand the change in acuity, and discharge rapidly and safely. In NCL, 24% of beds are occupied by patients who have a LOS of more than 21 days - this is in line with the London average of 25%. Currently, 227 G&A beds are occupied by Covid-19 positive patients, with similar numbers for 'flu. This is creating a high demand for side rooms required for managing infectious patients, so causing delay to placing patients from ED. There were 487 12-hour breaches in the last week, a slight decrease on the previous week, but a very significant increase from pre-Covid-19 levels, where these were managed on an exceptional basis. To support acute sites, there are 125 extra 'escalation beds' open, although this varies by site depending on need, and if the sites estates can support this (North Middlesex: 35 beds, Royal Free: 28, Whittington Hospital: 62).

Ambulance response times and handovers to A&E

Ambulance response times remain challenged with the category 1 (life-threatening calls) target of 7 minutes being met some, but not all of the time (the average response time in December 2022 was 10 minutes 32 seconds). The category 2 response time (emergency calls, e.g., stroke or chest pain) is not being met across the capital and it is important to acknowledge that we need to do more to meet the new ambition in the National Operating Plan of ensuring these calls are seen in 30 minutes. We will need to work closely with all our partners and the LAS if we are to do this. We continue to see challenges in ambulance handovers on arrival at hospital which delays the crews returning to call outs. To support crews getting back on the road at times of pressure, NCL ICS in conjunction with LAS has supported the development of an agreed clinical handover protocol to support rapid handover in times of pressure. The new protocol outlines the process that will take place where there is not sufficient capacity within EDs to allow for handover as soon as possible (noting the existing national 15 minutes standard). A significant part of this process focusses on ensuring cohorting arrangements are in place allowing paramedics to oversee multiple patients, and crews to get back on the road. All NCL providers now have cohorting in place and operational, with Barnet Hospital confirming implementation from January 10th 2023.

Operational Pressures: System response (3/3)

North Central London
Integrated Care Board

Discharge

We have opened additional Pathway 2 beds to support patients being discharged from hospital, as we know extra capacity is needed throughout winter for this cohort. In addition, all 5 Health and Wellbeing Board areas submitted joint Adult Social Care Hospital Discharge Fund plans. This additional funding is mobilising increased support for discharge across NCL until March 2023. The focus for this funding is to support Local Authority capacity, but NCL has also funded additional programmes to support mental health discharges, homeless support and increased Pathway 2 capacity already underway.

NCL's Discharge Programme continues to support effective flow in our system. NCL ICS has the highest percentage of discharges before 5pm (6.2% against the London average of 5.3%) and the highest percentage of total discharges against bed base (11.2% against 9.5%) of all London ICSs. There is still much room for improvement in this area and getting residents home earlier in the day is a priority for all sites. NCL is below the London average of percentage of beds occupied by patients no longer meeting the criteria to reside (9.3% against London average of 11.1%). We continue to work closely as a system to identify further opportunities in these areas; our approach emphasises sharing best practice, working collaboratively and increasing joint leadership around discharge. Plans are underway to mobilise additional national discharge funding to enable ICBs to deliver reductions in the number of patients who do not meet the criteria to reside but continue to do so, as well as improvements in patient flow. We are working with Local Authorities to determine how to optimise the additional capacity this brings and address residual barriers to discharge, e.g. Pathway 1 and 4 weeks to support discharge to assess.

Virtual Wards

Virtual wards have been opened to support patients to be cared for at home rather than in a hospital bed, and are an important part of our winter resilience plan. In NCL we now have 100 frailty virtual ward beds open across the system with utilisation rates over 80%. We will open a further 8 beds from end of January 2023 and plan to increase this further during the year. In addition, we have 10 paediatric 'hospital@home' virtual ward beds open at Whittington Hospital, with a further 12 beds planned within the North Middlesex system.

Mental Health

The mental health system remains very challenged with high demand for beds and limited local and national bed availability. This is leading to some very long waits in A&E and in medical beds. It is important to acknowledge that this is unacceptable and we must work together to deliver improvements in this area. The number of out of area placements also remains very high. In addition to winter funded schemes aimed at enhancing workforce capacity, a number of actions are being put in place to further mitigate mental health ED pressures, including:

- A pilot underway for Barnet, Enfield and Haringey Mental Health Trust crisis teams to provide a face to face rapid response to EDs when demand is high in North Middlesex, with an ambition to extend across NCL.
- 5 beds allocated from NHSE London Surge to support inpatient capacity for NCL providers.
- Better Care Fund Discharge funding for each borough to establish 5 intermediate care beds.
- A patient flow system in place to ensure all Trust beds are optimised, including continual review with senior escalation on delayed discharges.
- Mental Health Clinical Advice Service – we will reopen a facility for this service in temporary accommodation until the new build completes in December 2023.

Urgent & Emergency Care Services

North Central London
Integrated Care Board

Recent performance against the 4-hour A&E has reduced to 62%, and is down from the 73% at the same time last year. All NCL providers continue to experience significant pressures due to high acuity patients, high levels of medically optimised patients in acute beds, and staff shortages leading to ambulance handover delays and 12-hour breaches. Additional pressures are affecting paediatrics with the increase in 'flu and respiratory syncytial virus cases causing a significant challenge to the numbers of staffed beds available.

Planning guidance for 2023/24 has stated a revised A&E 4 hour target of 76% to be met by March 2024 – providers are currently working on trajectories and actions plans to meet this ambition, and final plans will be submitted to NHSE before the end of March 2023.

The Operational Pressures section of this report details the actions being taken by the system to improve resilience of services spanning all key stages of patients' journey.

NHS 111 service fell short of call answering and call abandonment targets due to staff shortages. Around 50 additional newly trained staff joined the operational team in December 2022 which will improve call answering times, and utilisation of local pharmacy and available primary care slots as alternatives to ED attendance.

Additional primary care capacity via extended access services have been in place to manage winter pressures, specifically allowing NHS 111 to redirect patients to this setting as an alternative to ED. NCL are also currently standing up acute respiratory hubs in primary care, in order to further ease pressures in EDs.

	Oct. '22	Nov. '22	Dec. '22
A&E 4-hour Waits *[23/24 national target – 76%]*	66%	67%	62%
Long Lengths of Stay (>21 days) *[Year end target – 380]*	560	511	504
Ambulance Handover Delays (>60 minutes) *[Occasions over 60 mins]*	1,008	866	1,251
NHS 111 – Calls Abandoned *[National target <5%]*	14%	18%	TBC
Number of 12 Hour Trolley Breaches *[From a decision to admit]*	1,722	1,484	2,003

Urgent & Emergency Care Services - Quality

North Central London
Integrated Care Board

Across NCL all of our providers have experienced delays in being able to receive patient handovers from LAS, with the NMUH and RFL being particularly challenged. As a system, we continue to wok with our providers to help support timely discharge of patients and support programmes of work to support system flow. Our providers are seeing a higher-than-usual number of children attending Emergency Departments (ED) largely because of concerns over strep A and scarlet fever.

North Middlesex University Hospital (NMUH)

The Trust have drawn up a £3 million Winter Plan having received funding from NHSE, setting out a range of schemes to cope with winter pressures and includes:

- Opening of additional capacity and establishment of new patient assessment pathways. Redesigning the use of assessment and short stay facilities with the NMUH Patient First Team supporting changes in process to improve flow.
- Single Day Emergency Care (SDEC) facilities already exist in Medicine, Surgery, Gynaecology and Paediatrics. The criteria for use are being expanded so that more patients can be treated in these facilities.
- A Clinical Decision Unit (CDU) has being established as part of changes on the Emergency Floor, enabling patients to be managed by the ED Consultant staff, whilst they wait for diagnostics to direct the next stage treatment or management.
- Acute Medical Unit (AMU) functions are being redesigned such that it creates a flow rather than simply acting as a ward. Once assessed they will move to a short stay bed, be discharged (possible for follow-up through SDEC or Virtual Ward) or be admitted into a specialty ward.
- Frailty assessments will be enhanced so that many frail patients where appropriate will be discharged into a supported home environment.
- Discharge lounge has been created to free up ward capacity.

Royal Free London (RFL)

The Trust has a well-developed winter plan in place at both Royal Free Hospital (RFH) and Barnet hospital (BH). To improve the challenges in ED, the flow improvement programmes for RFH and BH are focused on the whole patient pathway. Multi-agency discharge events (MADE) continue and are being increased at both sites to address delays in discharging medically optimised patients.

Barnet Hospital - The BH flow programme is focused on in-hospital processes to improve ward rounds. Business cases in progress to increase workforce in the ED, including the recruitment of a mental health lead nurse.

Royal Free Hospital – Hampstead - Additional inpatient beds have been opened as part of the winter plan. The flow programme is focused on increasing the use of SDEC and Urgent Treatment Centres (UTC) to relieve pressure, improving early discharge from inpatient beds and improving escalation in ED. Business case underway to increase the workforce in ED and UTC.

Urgent & Emergency Care Services - Quality

North Central London
Integrated Care Board

Delays in transferring patients from ambulance to Emergency Department (ED)

The NHS Long Term Plan sets out a vision to eliminate ambulance handover delays to ensure that patients have timely assessment and treatment. The quality team have undertaken a system analysis working with our providers to understand the factors behind the increase in the numbers of 120 and 180 minute delays in ambulance crews handing over patients to ED staff since July 2022.

Hospital site operational and senior management teams undertake a 'realtime' review of all 120 & 180 minute ambulance handover delays identifying a number of consistent themes over time and across sites:

- Blue light divert (LAS Step 2) in place at a hospital site, resulting in pressure on neighbouring Trusts.
- Insufficient side room capacity in ED due to potential or confirmed infectious patients (including covid, flu and other infections).
- Closed wards/beds and delays in transferring patients out of ITU due to IPC/cleaning requirements.
- Increase in the numbers of patients (adult and child) with mental health illnesses awaiting transfer to a mental health unit.
- Staff sickness, unfilled shifts, and a lack of specialist nurses to care for patients presenting with mental health illness.
- Low discharge profile and a shortage of beds due to limited flow,

A recent After Action Review (AAR) to understand the reasons why a mental health patient waited nine days in ED to be admitted into an appropriate bed found that a lack of in-patient Mental Health beds nationally was the key driver.

Following our system analysis of the delays in transferring patients from ambulance into ED, we agreed as a system to concentrate on quality and patient experience issues, rather than pure performance metrics. Nationally, NHSE have set a new ED target whereby 76% of patients are seen within four hours, with a decision to admit, be transferred or discharged by the end of March 2024, with further improvements in 2024/25, published in the https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance

As part of their Winter Plan, the LAS have increased the number of clinicians within the Clinical Hub in order to maximize the potential for Hear & Treat and referral to Alternative Care Pathways for calls where a physical ambulance response is not required, whilst simultaneously increasing the level of clinical oversight. This plan also includes the regional proposal for additional mental health nurses. The Clinical Directorate have completed a review of the various roles and responsibilities of Clinical Hub staff to identify areas requiring increased oversight of clinical safety. As a result of this review, increased oversight is now consistently applied to calls awaiting the dispatch of a physical ambulance response and Vulnerable Patients (i.e. Elderly Fallers, Overdose & Mental Health calls).

Primary Care

North Central London
Integrated Care Board

The overall number of core primary care appointments offered in NCL continues to rise. NCL performs consistently well in providing a high percentage of same day appointments, and continues to increase the percentage of appointments that are offered face to face - there is no defined optimal blend of appointment type alongside virtual contacts, so this is tailored to the needs of local populations.

Since November 2022, national practice level appointments data has been published in the public domain (GP Appointment Data – GPAD). The ICB is considering how best to incorporate this information alongside other data sources, to increase the visibility of general practice workload.

Outside core hours, a mix of urgent and planned primary care activity is provided by Primary Care Networks (PCNs) on weekday evenings and Saturdays. The ICB also continues to commission borough-based hubs to deliver urgent appointments on Saturday evenings, Sundays and Bank Holidays, and to ringfence appointments for NHS 111 on weekday evenings and Saturday daytimes – this had ended with the introduction of the national PCN DES Enhanced Access Specification.

Over winter, additional out of hours primary care capacity has been funded, largely provided via hubs, allowing NHS 111 to redirect patients as an alternative to ED. Acute respiratory capacity is also being mobilised in primary care to further ease ED and system pressures. Primary care winter funding has also provided targeted increases in capacity where most needed, e.g. additional capacity to see children and frail adults to prevent ED attendances.

NCL's PCNs continue to deliver against a range of national specifications. They are supported by NCL training hubs to develop a broad clinical workforce via the Additional Roles Reimbursement Scheme. Work continues on the development of a consistent locally commissioned service focused on the identification and management of long term conditions, with an emphasis on personalised care planning and continuity of care for those who will most benefit.

	Sept. '22	Oct. '22	Nov. '22
Core primary care appointments	635,734	697,242	700,259
% face to face appointments	63%	67%	65%
% same day appointments	47%	45%	48%

Primary care quality reporting

Primary care performance is managed via the Primary Care Contracting Committee. The Primary Care Quality & Performance Report covers the following key themes:

- Clinical and quality – including health checks and care plan implementation, patient experience, CQC ratings and complaints
- Activity – e.g. appointments by type, referral rates, and progress on the adoption of advice services
- Workforce – GP, Nurses and Additional Roles Reimbursement Scheme (ARRS)

Papers for the Primary Care Contracting Committee including the Primary Care Quality & Performance Report can be found here.

Mental Health Services

North Central London
Integrated Care Board

Between April and November 2022, 22,770 people accessed psychological therapy services in NCL, against a target of 28,400. The key drivers of the under-performance remain workforce recruitment and retention, coupled with a reduced number of trainees allocated to services aimed at **Improving Access to Psychological Therapy** (IAPT). NHS providers are investing in digital, and voluntary and community sector providers to offset their capacity shortfall. A year-round recruitment campaign has also been implemented supported in the short to medium term by the recruitment of agency and temporary staff. Additionally, the rollout of wellbeing outreach sessions which commenced during Q4 of 2021/22, are expected to positively impact on performance toward the end of 2022/23. Provisional data for November 2022 indicates the IAPT recovery rate was 52% (target 50%), 6-week wait performance was 84% (target 75%), with 18 weeks wait achievement over 97% (target 95%).

NCL continues to utilise more **Out of Area Placement** (OAP) beds than planned, due to high bed occupancy and long hospital stays. A number of programmes are in place to reduce out-of-area beds usage – work is underway to improve discharges, 7-day working, rapid access to enablement pathways, alternative housing options for people who are 'fit for discharge', and enhanced psychological therapies with support for high intensity users.

Latest data on access rates for community mental health services for **Children & Young People (CYP)** is currently unavailable due to a national technical issue, which is expected to be resolved in the next few months. The service is however indicating ongoing challenges with timely access to services due to staff shortages – recruitment of additional staff to address capacity strains is progressing well, with improvements expected by March 2023. Memory services in NCL are developing plans to ensure delivery against the **dementia diagnosis rate** national ambition (67%) is maintained

NCL is performing near to plan against the three metrics relating to the use of inpatient facilities for patients with **Learning Disability/Autism**, and expects to achieve year end targets for 2022/23. The Provider Collaborative continues to lead 6-weekly visits, with support from commissioners to minimise discharge delays. Care, Education and Treatment Review recovery action plans are also in place to ensure specific needs of children and young people are met..

	Sept. '22	Oct. '22	Nov. '22
IAPT Access *[November YTD Target: 28,400]*	17,070	19,780	*22,770**
Out of Area Placements *[Q3 Target: 822]*	1,198	294	611
CYP MH Access *[Year End Target: 23,291]*	Data not yet available due to national reporting issue		
Dementia Diagnosis Rate *[National Target: 67%]*	68%	Data publication paused due to a change in the data collection process.	
	Q1 22/23	**Q2 22/23**	**Nov. '22**
LD/Autism Inpatients (ICS) *[Q3 Target of 22 residents]*	27	23	TBC
LD/Autism Inpatients (NHSE) *[Q3 Target of 16 residents]*	16	18	TBC
LD/Autism Inpatients(<18yrs) *[Q3 Target of 5 residents]*	6	8	9

** Based on provisional data, subject to further validation*

Community Health Services

North Central London
Integrated Care Board

The waiting times for **children and young people's (CYP)** services have remained steady in November 2002, with 73% of children referred waiting less than 18 weeks for an assessment. The waiting list for an initial autism assessment appointment remains high, but the new NCL face-to-face autism diagnostic hub commenced in December 2022, and has picked up the longest waits from each NCL borough. The transformation proposals for prioritised areas covering nursing, therapies, community paediatrics and Autism/ADHD have been produced, and further local borough engagement workshops are taking place throughout January 2023. The CYP Community Board is overseeing the development of improvement plans for prioritised areas, led by provider trusts.

In November 2022, the waiting time compliance for **adult community services** reduced slightly to 87% waiting under 18 weeks from referral out of a total of a total waiting list of 27,900 patients. Less than 1% of patients have been waiting 52 weeks or longer, and most cases remain in rehabilitation and respiratory services - all patients have been offered virtual access to classes and supported self-education but have made a choice to be seen face-face. Through waiting list validation, prioritisation of resources, and mutual aid, NCL community service providers plan to reduce waiting times, particularly in high-priority areas such as MSK, diabetes, podiatry and respiratory.

	Sept. '22	Oct. '22	Nov. '22
Waiting Times % <18 weeks (CYP)	73%	73%	73%
Waiting Times >52 weeks (CYP)	24	31	36
Waiting Times % <18 weeks (Adults)	84%	88%	87%
Waiting Times >52 weeks (Adults)	37	35	46

Planned Care Services – Elective & Diagnostics

NCL has made significant progress towards eliminating the number of patients waiting more than two years on a **Referral to Treatment (RTT)** waiting list, reducing cases from 400 in November 2021, to 14 cases as of the week ending January 8th 2023. This position was driven by a pathway tracking list audit at MEH and a validation assessment programme at NMUH, which resulted in additional pathways being added. NCL ICB has established routine escalation meetings with both Trusts to provide oversight and assurance on managing this long waiting patient cohort. The ICS is on plan to treat all patients waiting longer than 78 weeks by March 2023. Elective activity levels (inpatient, day case and outpatient) have also consistently exceeded 2019/20 baseline level since April 2022.

The key system and provider interventions to improve elective performance and reduce waiting times are detailed in the NCL Elective Recovery Programme under the following themes;

- **Referral optimisation** – GP referrals to be manged appropriately first time
- **Improving productivity** – theatre utilisation, outpatient clinics, and adopt clinical best practice pathways
- **Increasing capacity** – additional sessions to deliver more appointments and procedures
- **Outpatient transformation** – innovative delivery including digital and patient initiative follow-ups
- **Mutual aid** – reducing inequity in access through sharing of resources and redistribution of demand

Recent industrial action in December 2022 and January 2023 impacted on elective recovery as some procedures and appointments had to be cancelled. Total system impact is yet to be quantified.

The waiting list for a **diagnostic** has been stable in recent months – the net impact of increasing demand and capacity which continues to track above 2019/20 levels. The proportion of patients waiting more than 6 weeks (backlog) increased over December and into January due to winter pressures on secondary care. In addition, many services did not run across weekends and festive bank holidays, in a number of organisations. Providers have developed short and medium term plans to increase activity, including waiting list initiatives, recruitment and outsourcing, all to complement the ICS Diagnostic Programme which is delivering additional capacity through the two Community Diagnostics Centres, amongst other initiatives.

	Nov. '22	Dec. '22	Jan. '23
RTT 104ww *[cases waiting, target -0]*	24	*13**	*14**
RTT 78ww *[cases waiting, target – 0 by March 2023]*	454	*519**	*519**
RTT 52ww *[cases waiting]*	7,095	*7,608**	*7,313**
RTT Waiting List *[Total cases waiting]*	252,172	*261,159**	*262,704**
Electives YTD *(Inpatients + Day Cases)*	108%	TBC	TBC
Outpatients YTD *(FA, FU + OPPROC)*	105%	TBC	TBC
Diagnostic Waits > 6 weeks	8.4%	*12.2%**	*15.3%**
Diagnostic Activity *(% of 2019/20)*	104%	*97%**	*87%**

** Based on provisional data, subject to further validation*

Planned Care Services – Cancer

Performance of cancer services remain variable. The number of first cancer treatments delivered up to November 2022 exceeded the level required to address the shortfall in cancer treatments stemming from the pandemic. This important milestone reflects system efforts to increase elective capacity and prioritise clinically urgent cases. Challenges in the diagnostic phase of cancer pathways, however, continues to adversely impact on the number of patients waiting 62 days or longer (backlog) which stood at 872 as of the week ending 8th January 2023 against a target of 488 by the end of March 2023. Lower GI pathway continues to account for most of the variance, coupled with temporary administration staffing shortages across teams. The increase also reflects seasonal trends attributable to patient initiated delays during the extended holiday period.

The NCL Cancer Alliance is leading a transformation programme aimed at optimising capacity through the development of alternative pathway for breast pain. Options to streamline access are also being considered. Work is also underway to implement Teledermatology services within suspected skin cancer services, in line with national guidance, to optimise the limited capacity within dermatology services in NCL. This will build on the roll-out of Teledermatology for non-urgent referrals which commenced in NCL in September 2022. Individual Trusts also have plans in place to increase capacity (breast radiologist, dermatologist and endoscopy) to deliver improvements on a sustainable basis. To tackle the recurring administrative workforce shortages which adversely impacts on waiting list management, providers are undertaking detailed analyses of their establishment to improve their understanding of any potential gaps.

The ICB, working in conjunction with the regulator, has enhanced oversight arrangements in place for RFL (SOF3 Trust for cancer) and NMUH (SOF3 and Tier 1 Trust for cancer). These arrangements are accompanied by additional resources provided by NCL Cancer Alliance and NHSE. The ICB is yet to be assured of NMUH's plan to recover cancer services and is taking steps to support and secure the assurance required. The Trust's backlog as a proportion of total waiting list remains an outlier. Further details are provided under the SOF3 update section of this report.

	Sept. '22	Oct. '22	Nov. '22
Cancer Waits 62-Day Backlog *[Year end target - 488]*	866	915	753
Cancer Diagnosis Standard (FDS) *[Target – 75%]*	72%	70%	70%
Cancer Treatments YTD *[Year End Target – 8,065]*	4,336	5,077	5,872

NCL Providers	Cancer Backlog as % of Waiting List
North Middlesex	17%
Royal Free London	9%
University College London	9%
Whittington Health	8%
Royal National Orthopaedics	4%
England Average	**13%**

Planned Care Services – Cancer; Quality

North Central London
Integrated Care Board

Psychological harm

Cancer leads within the ICB (commissioning and quality), in collaboration with the Transforming Cancer Services Team London (TCST) and the North Central London Cancer Alliance, are undertaking a piece of work to understand and meaningfully assess potential psychological harm to patients on Cancer pathways.

Focus groups were held with patients and other system stakeholders which identified key themes including:

1. Reactions to the terminology of “psychological harm” and “distress”.
2. Family dynamics.
3. System issues contributing to distress/harm.
4. Measuring/detecting harm and distress in the diagnostic and acute stages of cancer.

The next step is to develop an plan to address these themes. The quality team’s Cancer leads will be meeting with the TCST lead at the beginning of February to draft principles and actions for the work going forward including how to prioritise vulnerable groups.

National cancer waiting times

NMUH have employed an additional nurse within urology to support the additional prostate clinics. Two additional Colorectal surgeons started in post during September which will increase the service’s capacity to manage cancer patients.

NHS England Elective Care Improvement Support Team and the NCL Cancer Alliance continue to support the NMUH, meeting with them fortnightly to review progress against agreed milestones. The Trust have received £1.07m funding from NHSE via the NCL Cancer Alliance to support improvements across Cancer services.

System Oversight Framework (SOF) - Segment 3 (1/2)

North Central London Integrated Care Board

Royal Free London (RFL)

System Oversight Framework (SOF) arrangements are in place to support RFL's exit from Segment 3 of the national framework. The exit criteria jointly agreed with NHSE and monitored through regular formal meetings with the Trust focuses on improvements in financial performance, UEC, cancer and RTT. Serious incidents, clinical harm reviews and significant quality alerts that relate to the SOF3 areas, are also discussed.

Plans to improve UEC performance are in place although performance remains challenging, reflecting NHS-wide capacity constraints. RFL plans to reduce 4-hour waits in ED, long lengths of stay, medically optimised patients occupying beds, and ambulance handover delays over 30 minutes. RFL are also working on improving data capture for admissions and discharges that begin via the Clinical Decisions Unit and also Same Day Emergency Care pathways.

In relation to RTT, the Trust has progressed well against eliminating 104 week waiters, with 2 choice-related cases outstanding as of week ending 8th January 2023. RFL is also on track to eliminate 78-week waiters by March 2023. In recognition of the progress made so far, the National Team removed the Tier 2 status on the Trust for RTT in December 2022. ICB oversight arrangements remain in place to ensure delivery against plan.

The Trust is close to delivering against trajectories for the cancer 28-day Faster Diagnosis Standard as of November 2022. A revised trajectory was submitted for the cancer 62-day backlog, which remains high due to limited capacity to facilitate the diagnostic phase of pathways which is being addressed through an increase in capacity.

North Middlesex University Hospital (NMUH)

Similar SOF arrangements are in place at NMUH as with RFL. This includes a quarterly joint oversight meeting for both Trusts chaired by the ICB CEO, partly in recognition of the existing partnership between the two organisations. Key areas for NMUH requiring improvements with NHSE and NCL ICS support, are finance, UEC and cancer. Trajectories being managed include: UEC - A&E 4 hour waits, long length of stay, medically optimised patients and ambulance handovers; Cancer – the Faster Diagnosis Standard (FDS), and 62+ and 104+ backlogs.

For cancer, NMUH has been placed in Tier 1 (national oversight) in addition to the SOF Segment 3. Whilst progress has been made to secure additional diagnostic capacity to reduce delays in the urology pathway, further work remains to strengthen the operational leadership of the service and the Lower GI pathway. NMUH is in receipt of additional funding from NHSE and the NCL Cancer Alliance to support recovery in backlogs (62 and 104 days), and the FDS, focusing on increased MRI, CT and endoscopy capacity.

UEC performance remains challenged, due to increasing demand and capacity constraints. Plans focus on a wide range of initiatives including implementation of alternative pathways including the expansion of Same Day Emergency Care, utilisation of the existing Acute Medical Unit, and the creation of a Clinical Decisions Unit. NMUH plans also include the use of virtual wards, and improvements in internal processes to expedite discharges such as the "Home for Lunch/Tea" initiatives for older members of the population. Medically optimised patients occupying beds remain high, although the Cape Town ward remains open to support flow through the department.

System Oversight Framework (SOF) - Segment 3 (2/2)

North Central London Integrated Care Board

Tavistock & Portman (T&P)

The System Oversight Framework process in place at T&P is focussed on the development of plans for the key workstreams aligned to the agreed exit criteria alongside agreed milestones. Key issues and progress identified at the December 2022 oversight meeting are listed below:

Gender Identity Development Service (GIDS) – A proposed clinical pathway is on target to be agreed during Early 2022, in conjunction with the release of the Cass Report. The new service configuration will align with the clinical pathway, and an engagement workshop will be undertaken between GIDS staff and early adopter NHS Trusts for the new model.

Longer-Term Strategy – The T&P Strategic Review continued during December 2022, with the implementation of additional revised workforce structures. Work on the estates strategy with Camden and Islington NHS Foundation Trust and NCL ICS is ongoing.

Finance – T&P is confident that the full year, £4m deficit plan will be delivered. Internal Audit work on the HFMA review has now been completed and an action plan is in the process of being developed for the January 2023 Audit Committee.

Leadership and Governance – Four new Non-Executive Directors attended the November 2022 Board Meeting. T&P report that governance arrangements have been strengthened including a clear committee structure. Key developments include a task and finish working group to oversee the implementation of the recommendations of the external governance report and the SOF 3 Plan. Preparations are underway for a CQC Well Led Inspection.

Quality – various quality visits and mock CQC inspections have been undertaken in recent months, with no issues identified that T&P were not aware of. The Quality Framework Improvement Plan continues to be reported to the Oversight Meeting with a deeper focus on amber rated areas relating to sub committee structure and an increase in all safeguarding training. The newly recruited Associate Director for Quality is due to come into post by March 2023, while support for quality related issues continues from NHSE.

As part of the SOF 3 process, NCL ICB is working closely with both T&P and National and Regional NHSE colleagues to support the identification of interim solutions for waiting list management, as well as mobilising peer support across the other areas of the SOF criteria.

As part of this support, NCL ICB has identified a Clinical Director of Transformation to provide intensive support to help achieve improvements and service transformation.

2023/24 Priorities and Operational Planning

North Central London
Integrated Care Board

The Operational Planning Guidance and Priorities for NHS for 2023/24 was published by NHS England on the 23rd of December 2022. The guidance sets out three high level objectives for the coming financial year;

- Recover core services and productivity;
- Make progress in delivering the key ambitions in the Long Term Plan, and;
- Continue transforming the NHS for the future.

Recovery of core services and productivity: To improve patient safety, outcomes and experience, the NHS must focus on;

- improving ambulance response times and A&E waiting times by delivering an average of 30 minutes for category 2 ambulance response times during 2023/24 and no less than 76% seen within 4 hours by March 2024

- reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard. Systems are asked to eliminate waits of over 65 weeks for elective care, deliver system-specific activity targets, reduce cancer waits over 62 days, and ensure that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days by March 2024.

- making it easier for people to access primary care services, particularly general practice by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.

The guidance outlines a number of evidence-based actions that are essential to achieving these aims. This include: reducing ambulance handovers delays, bed occupancy and outpatient follow-up rate; increasing day case rates and theatre utilisation; moving to self-referral for many community services where GP intervention is not clinically necessary and increasing use of community pharmacies. We must also increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce. These actions will be supported by specific investments, including those jointly with local authorities to improve discharge.

Delivering the key Long Term Plan ambitions and transforming: The NHS will create stronger foundations for the future, with the goals of the NHS Long Term Plan our ‘north star’. These include core commitments to improve mental health services (IAPT; and community services for adults and children and young people; perinatal services and out of area placements), and services for people with a learning disability and/or autism. To transform the NHS, NHS England will also work with ICSs on prevention, workforce plan, digital infrastructure, and the development of a nationwide improvement approach to spread best practice.

The guidance stresses the need to: improve staff retention and attendance through a systematic focus on the NHS People Promise; continue to narrow health inequalities in access, outcomes and experience; and maintain quality and safety in our services, particularly in maternity services.

Work has commended in NCL, led by the ICB, to develop credible plans for finance, workforce, activity and performance in line with published guidance. Draft plans are due to be submitted to NHS England at the end of February, with the expectation that final plans will be signed off by ICB and Trust boards for submission before the end of March 2023.

Appendix 1 – NCL Mental Health Dashboard

North Central London
Integrated Care Board

North Central London ICS - Mental Health LTP/ICS Trajectories (Monthly)		TARGET 21/22	2021/22				TARGET 22/23 - Q1	2022/23			TARGET 22/23 - Q2	2022/23			TARGET 22/23 - Q3	2022/23	
			December	January	February	March		April	May	June		July	August	September		October	November
Summary of Monthly Measures	IAPT access	25.0%	18.8%	18.9%	18.8%	17.1%	10,650	2,855	6,040	8,775	21,300	11,730	14,570	17,070	31,950	19,780	22,770
	IAPT recovery rate	50.0%	48.0%	51.0%	48.0%	49.0%	50.0%	50.0%	51.0%	48.0%	50.0%	48.0%	47.0%	49.0%	50.0%	53.0%	52.4%
	IAPT first treatment 6 weeks finished course rate	75.0%	89.0%	88.0%	88.0%	87.0%	75.0%	88.0%	87.0%	87.0%	75.0%	84.5%	84.7%	85.0%	75.0%	83.0%	83.8%
	IAPT first treatment 18 weeks finished course rate	95.0%	99.0%	99.0%	99.0%	99.0%	95.0%	99.0%	99.0%	98.0%	95.0%	97.9%	98.1%	97.7%	95.0%	97.0%	97.7%
	CYP access - One contact	22,234	15,655	15,715	15,765	15,885	16,485	15,790	15,910	15,835	17,474	TBC	TBC	TBC	19,221	15,645	TBC
	Dementia diagnosis rate 65+	66.7%	68.8%	68.4%	68.8%	68.7%	69.0%	68.7%	68.8%	68.9%	70.0%	68.8%	68.3%	68.4%	71.0%	TBC	TBC
	EIP entering treatment - treatment received <2wks	60.0%	72.0%	67.0%	77.0%	83.0%	60.0%	88.0%	82.0%	71.0%	60.0%	66.7%	65% (BEH)	77% (BEH)	60.0%	84.0%	TBC
	Number of inappropriate OAP days In period	0	391	350	253	436	1,189	547	910	1,058	323	410	668	1,198	822	294	611
	1 hour response time %	95.0%	96.9%	96.1%	96.3%	93.3%	95.0%	93.3%	92.8%	93.3%	95.0%	95.6%	95.9% (BEH)	96.1% (BEH)	95.0%	89.5% (BEH)	86.5% (BEH)
	24 hour response time %	95.0%	97.8%	94.0%	95.6%	97.0%	95.0%	94.0%	94.9%	95.4%	95.0%	96.0%	98.2% (BEH)	96.5% (BEH)	95.0%	91.3% (BEH)	90.6% (BEH)
	Women accessing perinatal mental health (PMH)	8.6% (Y/E)	5.0%	5.0%	5.1%	5.1%	2,002	1,030	1,045	1,075	2,002	1,075	1,015	930	2,002	905	865
	Learning disabilities - adult inpatients (ICS Commissioned)	24	21	n/a	n/a	22	26	22	26	27	24	24	23	23	22	25	TBC
	Learning disabilities - adult inpatients (NHSE Commissioned)	16	19	n/a	n/a	18	19	16	17	16	19	17	17	18	16	17	TBC
	Learning disabilities - CYP inpatients	7	4	n/a	n/a	12	5	9	8	6	5	7	7	8	5	7	9
	Learning disabilities - annual health checks	75% (Y/E)	43.8%	50.8%	60.7%	69.8%	12.4%	2.3%	8.6%	14.9%	29.4%	20.6%	27.0%	33.5%	49.2%	45.4%	54.2%
	MHSD - Data Quality Maturity Index Score	80%	70.2%	67.8%	68.0%	74.7%	90%	75.1%	75.4%	71.5%	90%	75.8%	TBC	TBC	90%	TBC	TBC
	Adult mental health inpatients receiving a follow up within 72hrs of discharge	80%	71.0%	76.0%	79.0%	76.0%	80%	77.0%	80.0%	76.0%	Q2 - 80% (Y/E: 85%)	78.0%	79.0%	80.0%	80%	80.0%	TBC

November values in grey cells are based on provisional data, subject to further validation

Appendix 2 – NCL Acute Dashboard

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NCL ICB - Selected Acute Services		2021/22				2022/23							
		December	January	February	March	April	May	June	July	August	September	October	November
Urgent care	*A&E attendances plan*	*78,905*	*77,803*	*73,006*	*77,544*	*70,062*	*73,413*	*72,461*	*75,110*	*71,250*	*73,403*	*75,934*	*74,778*
	A&E attendances	62,021	62,494	62,040	74,041	67,867	75,335	73,557	71,282	62,094	65,515	72,863	72,837
	A&E conversion rate	15%	14%	13%	13%	13%	13%	12%	12%	14%	13%	12%	12%
	4 hour performance (95% Target)	73%	73%	72%	71%	72%	71%	69%	68%	71%	69%	66%	67%
	12 hour waits	375	661	639	1,144	756	818	972	1,168	956	1,309	1,722	1,484
	LAS Conveyances	7,296	7,396	6,938	7,117	7,124	7,555	6,897	6,979	6,913	6,877	6,658	6,914
	Ambulance handovers 30 min+	2,764	2,730	2,607	2,985	2,319	2,379	2,493	2,758	2,339	2,392	2,453	2,259
	Ambulance handovers 60 min+	817	825	758	1,045	576	608	753	979	681	783	1,008	866
RTT	*New RTT Pathways (Clockstarts) plan*	*57,259*	*59,386*	*56,926*	*64,825*	*53,853*	*59,540*	*57,426*	*59,902*	*56,792*	*57,639*	*57,788*	*58,686*
	New RTT Pathways (Clockstarts)	49,814	54,516	55,534	64,047	54,513	62,373	57,711	58,046	58,134	58,004	61,870	63,712
	RTT incompletes plan	*236,265*	*238,853*	*239,807*	*240,624*	*251,276*	*250,657*	*250,487*	*250,380*	*249,372*	*249,050*	*248,613*	*247,659*
	RTT incompletes	236,685	236,620	239,068	240,641	244,429	245,881	248,104	251,048	248,362	248,517	251,186	252,172
	52+ waits plan	*10,269*	*10,594*	*9,663*	*10,204*	*8,393*	*7,285*	*7,085*	*7,049*	*5,787*	*5,454*	*5,462*	*6,729*
	52+ waits	10,668	9,845	9,071	8,300	8,353	7,888	8,099	7,984	7,650	7,285	7,090	7,095
	78+ waits plan	*n/a*	*n/a*	*n/a*	*n/a*	*1,395*	*982*	*697*	*443*	*222*	*158*	*452*	*374*
	78+ waits	2,227	1,768	1,484	1,245	1,233	1,088	1,012	859	713	571	475	454
	104+ waits plan	*241*	*175*	*126*	*100*	*113*	*24*	*0*	*0*	*0*	*0*	*0*	*0*
	104+ waits	290	286	275	234	121	64	15	8	2	7	5	24
Diagnostics	*Imaging plan*	*48,703*	*51,758*	*52,873*	*53,885*	*51,401*	*54,018*	*52,447*	*54,811*	*54,436*	*56,591*	*57,123*	*58,799*
	Imaging activity	54,763	58,530	56,734	63,676	55,511	63,695	59,121	59,776	60,500	62,108	60,390	64,524
	Endoscopy plan	*3,569*	*4,153*	*4,273*	*4,422*	*3,743*	*4,433*	*4,265*	*4,469*	*4,196*	*4,298*	*4,277*	*4,437*
	Endoscopy activity	2,515	3,203	3,142	3,652	2,991	3,572	3,200	3,694	3,487	3,784	3,416	3,939
	Total Diagnostic 6+ weeks	5,081	5,418	3,568	3,760	5,068	6,141	6,084	5,531	5,756	4,857	3,473	3,366
	Total Diagnostic 6+ weeks Achievement	87%	86%	91%	91%	87%	86%	86%	87%	85%	88%	91%	92%
Cancer	*Cancer treatments plan*	*641*	*687*	*640*	*698*	*673*	*677*	*688*	*691*	*636*	*690*	*671*	*674*
	Cancer treatments	717	640	619	754	642	723	714	739	775	743	741	795
	63+ backlog plan	*725*	*697*	*629*	*558*	*725*	*670*	*607*	*580*	*558*	*518*	*601*	*553*
	63+ backlog	909	885	757	665	834	952	928	907	879	866	915	753
	Total 62 GP ref	271	302	265	343	310	313	335	352	392	337	339	416
	Cancer 62 days	61%	52%	48%	57%	57%	56%	55%	47%	49%	61%	60%	56%
	28-day faster diagnosis	66%	61%	73%	73%	68%	68%	67%	68%	69%	72%	70%	70%

Appendix 3 – NCL System Quality Metrics

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Domain	Standard	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Safe	Serious incidents reported by NCL Providers*	N/A	13	19	16	15	18	25	22	20	
	Never Events reported by NCL Providers*	0	2	1	1	2	1	4	2	1	
	NCL Providers % of incidents causing harm (low-severe)	N/A	25.6%	24.5%	23.0%	21.4%	26.2%	27.7%	29.3%		
	VTE Risk Assessments	95%	*Data collection currently suspended*								
	NCL number of Cdiff (community onset)	150**	7	15	5	15	12	13	12		
	NCL number of MRSA (community onset)	0	0	1	1	0	0	1	0		
Caring	FFT respondents that would recommend - A&E; all NCL providers	90%	78%	77%	77%	78%	81%	80%	78%		
	FFT respondents that would recommend - Inpatients; all NCL providers	90%	93%	94%	94%	94%	94%	93%	94%		
	FFT respondents that would recommend - Mental Health; all NCL providers	90%	87%	87%	85%	86%	89%	76%	81%		
	FFT respondents that would recommend - Outpatients; all NCL providers	90%	92%	92%	92%	92%	91%	92%	92%		
	Mixed Sex Accommodation Breaches; all NCL providers	0	23	34	43	32	29	43	87		
Effective	A&E 12 Hour Breaches – Physical & Mental Health; all NCL providers	0	756	818	972	1168	956	1309	1722	1484	2003
	A&E 12 Hour Breaches % of all attendances – Physical & Mental Health; all NCL providers	N/A	1.1%	1.1%	1.3%	1.6%	1.5%	2.0%	2.4%	2.0%	2.8%
	Cancelled Ops % rebooked within 28 days; all NCL providers	100%	Q1 22/23 81.4%			Q2 78.9%			*Data is released quarterly*		
	NCL SHMI - reporting year 2021/2022	>=1	0.87	0.87	0.87	0.88		*Data is released with a delay*			
Well-Led	Number of inappropriate Out of Area Placements bed days	0	547	363	148	410	258	*Data not available at the time of writing this report*			
	NCL Providers in Enhanced Surveillance	N/A	3	3	3	3	3	3	3	3	3

*as reported in month on STEIS
**annual threshold

NB – data collection timetables vary by metric therefore some metrics will be available sooner than others

Appendix 4 – Quality Glossary

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Serious Incident	Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff for organisations are so significant or the potential for learning is so great, that a heightened level of response is justified
Never Event	Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers
VTE Risk Assessment	Venous Thromboembolism Risk Assessment completion rate
CDiff	Clostridium difficile infection
MRSA	Methicillin-resistant Staphylococcus Aureus
FFT	Friends and Family Test – the FFT asks people if they would recommend the services they have used and offers a range of responses
SHMI	Summary Hospital-level Mortality Indicator - The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there
12 Hour Breach	The number of patient attendances to the Emergency Department spending over 12 hours from arrival to being transferred, admitted or discharged
Mixed Sex Accommodation	The number of occurrences of unjustified mixing in relation to sleeping accommodation
SOF	System Oversight Framework
Out of Area Placement (OAP)	An inappropriate OAP occurs where patients are sent out of area because no bed is available for them locally
RTT	Referral to Treatment – the length of time (in weeks) that a patient is waiting from referral for a non-emergency consultant-led treatment, to start of treatment.

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North Central London ICB
Board Committee Meeting
7 February 2023

Report Title	Month 9 Finance Board Report	**Date of report**	23 January 2023	**Agenda Item**	3.2
Lead Director / Manager	Phill Wells, Chief Finance Officer	**Email / Tel**		phill.wells@nhs.net	
Board Member Sponsor	Dr Usman Khan				
Report Author	Becky Booker, Director of Financial Management	**Email / Tel**		r.booker@nhs.net	
Name of Authorising Finance Lead	Phill Wells, Chief Finance Officer	**Summary of Financial Implications** NCL ICS is reporting a £53.6m deficit at Month 9 representing an adverse variance of £31.8m against the Year to Date (YTD) plan at Month 9. The ICB reports year to date YTD surplus of £20.6m, which is £8.0m adverse to plan and forecast outturn (FOT) adverse variance of £19.1m. This represents a break-even position to the ICB of £9.4m adverse variance to plan offset by a £9.4m favourable variance in the CCG quarter one plus an adverse variance of £9.7m for the Additional Roles Reimbursement Scheme (ARRS) that is expected to be fully reimbursed to the ICB.			
Report Summary	In accordance with national guidance NCL CCG submitted the annual 2022/23 financial plan to NHS England on 20 June 2022. This plan was approved by the outgoing CCG Governing Body in June 2022. The ICB formed on 1 July 2022 resulting in a nine-month reporting period in 2022/23 being 1 July 2022 to 31 March 2023. To meet the statutory requirements of delivering the 2022/23 financial plan the ICB is required to deliver a surplus of £25.6m which would be £9.4m adverse to plan. This adverse variance offsets the favourable variance in Months 1 -3 and delivers on plan for the year as a whole. The Month 9 position continues to report the ICB at break-even. The forecast of £19.1m adverse variance to plan is due to the £9.4m adverse variance as previously reported and £9.7m adverse variance due to the Additional Roles Reimbursement Scheme (ARRS). The ARRS scheme reporting has changed				

	due to national guidance requiring this to be reported as a forecast outturn (FOT) cost pressure. The ICB is expecting the ARRS costs to be fully reimbursed which then results in the ICB delivering the full year financial plan. At Month 9 the ICB is reporting a YTD surplus of £20.6m, £8.0m adverse to plan and FOT adverse variance of £19.1m. The ICB reports a balanced risk position at Month 9, with £15.1m of risks (circa 0.6% of the ICB total budget) offset with £15.1m of mitigations.
Recommendation	The Board of Members is asked to **NOTE** the contents of this report.
Identified Risks and Risk Management Actions	The ICB reports a balanced risk position at Month 9, with £15.1m of risks (circa 0.6% of the ICB total budget). Risks are fully mitigated by use of use of non-recurrent funding. Recurrent risks that emerge in year may adversely impact on the ICB's underlying financial position. NCL ICS is reporting a net unmitigated system risk of £19.6m to the forecast, mostly relating to excess inflation and IFRS 16. All organisations within NCL will be reporting a forecast outturn in line with June submitted 2022/23 plans.
Conflicts of Interest	This paper was written in accordance with the Conflicts of Interest Policy.
Resource Implications	The ICB has identified mitigations to offset potential risks. These mitigations are non-recurrent, if non-recurrent measures are used to mitigate recurrent spend, this will impact the ICB's underlying position and the opening plan for 2023/24.
Engagement	This report is presented to the Board.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The report will be presented to the Board on a quarterly basis.
Next Steps	This report is to be reviewed by the Board.
Appendices	None.

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Month 9 Finance Board Report

December 2022

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NCL IBS Standing Financial Instruction (SFI) Changes

Changes to Standing Financial Instructions (SFIs)

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Changes to the Standing Financial Instructions (SFIs)

Regarding section 3.13 - *Covid Related Expenditure (Non-Care-Placement)/Expenditure for reasons of extreme urgency. Currently* Executive Directors are able to approve expenditure up to £100k acting together with the Finance Director, and the CEO and CFO are able to approve expenditure when acting together. It has been highlighted that dual approval for expenditure for reasons of extreme urgency could prove difficult during out of hours.

- **Recommendation** – the ability of Executive Directors to be able to unilaterally approve, **during out of hours only**, expenditure up to the value of £100k. This would also extend to the CFO and CEO.

Current					
Delegated Financial Limits	**Chief Executive Officer (CEO)**	**Chief Financial Officer (CFO)**	**Chief People Officer (CPO)**	**Chief Development and Population Health Officer (CDPHO)**	**Executive Directors (ED)**
3.13 Covid Related Expenditure (Non-Care-Placement)/ Expenditure for reasons of extreme urgency	<£1,000,000 CEO and CFO acting together >£1,000,000 CEO and CFO acting together	<£1,000,000 CEO and CFO acting together >£1,000,000 CEO and CFO acting together		<£100,000 acting with the FD	<£100,000 acting with the FD

Recommended					
Delegated Financial Limits	**Chief Executive Officer (CEO)**	**Chief Financial Officer (CFO)**	**Chief People Officer (CPO)**	**Chief Development and Population Health Officer (CDPHO)**	**Executive Directors (ED)**
3.13 Covid Related Expenditure (Non-Care-Placement)/ Expenditure for reasons of extreme urgency	<£1,000,000 CEO and CFO acting together >£1,000,000 CEO and CFO acting together <£100,000 out of hours	<£1,000,000 CEO and CFO acting together >£1,000,000 CEO and CFO acting together <£100,000 out of hours	<£100,000 acting with the FD <£100,000 out of hours	<£100,000 acting with the FD <£100,000 out of hours	<£100,000 acting with the FD <£100,000 out of hours

Please see appendix 3, *SFIs Annex 1 Delegated Financial Limits – Jan'23 Update*. The above amendment is highlighted in yellow.
The ICB Board is requested to approve the amendments to the SFIs.

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NCL ICS 23/24 Financial Planning Guidance headlines

23/24 Financial planning guidance – Key points

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1. We received **draft 23/24 planning guidance on 23rd Dec**. We understand planning submissions will be for 23/24 only with plans to be submitted in 23rd Feb (draft) and 30th March (final). Local system planning timeline to the draft submission is shown on slide 8.
2. National focus is on **recovery of services and productivity** – **list of objectives** shown on slide 9. ICBs expected to put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes.
3. **National financial rules** are set out on slide 10, including the collective system duty not to exceed the limit set by NHS England.
4. The national message is that there is **no net growth in real terms** i.e. growth cover inflation costs pressures including catch up on 22/23 excess inflation.
5. **Contracts over £500k to be API (Aligned Payment and Incentive) made up of two main elements, a fully variable contract for Elective services (excluding OPAFU) and a block contract for other services.** Most of the elective services will be subject to a stretch elective target (to be published) based upon H1 22/23 performance, set for the ICB and for each commissioner/provider relationship. The amount of stretch will vary between ICSs and provider depending on the H1 22/23 performance i.e. the lower the 22/23 performance, the higher the stretch and vice versa. More guidance on elective targets (including whether commissioner/trust targets and financial rules to be received). Elective overperformance will be funded by NHSE. NHSE will publish LVA (lower volume activity) contract values for baselines less than £500k.
6. **Covid fund** to be reduced by 81% nationally. In NCL the reduction is 87% (£95m to £12m) but because remaining Covid funding is now on population basis with funding to flow between ICBs.
7. The headline NCL net growth is 4.64% with growth at 5.39% and convergence at 0.71% on baseline after growth applied. However, after taking into account the decrease in Covid funding, **our funding goes from £2.776bn (excl spec comm) to £2.832bn (excl spec comm), with a little extra for discharge and ward capacity funding; just a 2% increase against which we have to determine how to fund those priorities which we have currently supported using non-recurrent means, and critically consume inflationary uplifts.** See National, London and NCL uplifts on slide 11.
8. **The total allocation includes shares of the national £300m discharge and £590m physical/virtual wards funding, with £380m of physical/virtual wards funding to be allocated.** Understanding the eligibility criteria for discharge and physical/virtual wards funding will be important i.e. can we use for existing capacity currently funded by 22/23 Covid fund e.g. ITU, escalation beds, Grafton Way etc.
9. **MHIS achievement is based upon investing 1.7% above baseline growth**. Convergence does not apply to Mental Health services re: achievement of MHIS.
10. **The cost uplift factor is 2.9%**. This includes inflation catch up from 22/23. **The general efficiency factor is 1.1%,** though guidance states that it will need to be higher and a 2.2% target is set for the NHS.
11. **Agency costs to be limited to 3.7% of total paybill**. The 23/24 NCL target has been set at £104.0m, a 1.7% reduction on the 22/23 outturn of £105.8m.
12. **There is £300m additional capital nationally in 23/24**. We are allowed to assume a proportion in setting our 23/24 capital programme (plus 5% over-programming) but will need to manage spend in-year to match final agreed system capital resource limit.

23/24 Financial Planning – Tasks, issues and risks

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There are a number of important financial planning tasks to complete for the 23/24 planning submissions including:

#	Tasks	Issues/risks
1.	Decisions on Covid and capacity funding.	There has been a large scale reduction in Covid funding from £95m in 22/23 to £12m in 23/24. Much of this funding was used to support capacity growth in ITU, escalation beds, Grafton Way etc. Alternative sources of funding will need to be found if this capacity is to be maintained. A uplift is mandated for out of sector providers. In-sector, we are likely to want to pool our resources to fund system priorities.
2.	Agreeing adjustments to in-sector trust block contract values to reflect outcome of national team review of block constructions.	This is likely to take time to work through and get agreement e.g. may not be finalised before the draft plan submission.
3.	Allocating the convergence adjustment in sector.	Allocating a flat 0.71% across all providers excluding mental health services, creates a c£5m shortfall compared to the ICB funding allocation. Therefore does a higher % convergence adjustment need to be applied locally?
4.	Distributing discharge and physical/virtual bed funding in-sector (plus share of physical/virtual funding yet to be allocated nationally).	A uplift is mandated for out of sector providers. In-sector, we are likely to want to pool our resources to fund system priorities.
5.	Deciding how to fund system priorities that do not have a ringfenced allocation.	If growth is flat, then further savings will need to be made in order to fund investments.
6.	Calculating/agreeing on the elective component to extract from block contracts.	At the time of writing the report, the elective targets and guidance have not yet been issued. It is likely that this change of finance regime will be complex and take time to work through.
7.	Allocating the sector agency cost limit.	The reduction required on 22/23 outturn is not too large c1.7% – and we may wish to go further. The use of agency across trusts is differential and there is high use in non-acute services.
8.	Agreeing the 23/24 investments to achieve the Mental Health Investment Standard.	The uplift cannot be used on agency staff, see task 7 above.
9.	Signing contracts by 31st March.	Understanding and applying the guidance on elective services will be on the critical path for signing contracts by the 31st March deadline. For NCL Trusts, having unambiguous national guidance on a number of issues relating to securing funding from ICBs out of London will be crucial to agreeing contracts in a timely manner.
10.	Allocating 23/24 and 24/25 capital resource.	The capital programme for both years is heavily over-subscribed. Options for allocating the available resource, balancing system priorities and business as usual e.g. refurbishment and replacement, are being discussed in the ICS CFO group.

We intend to arrange Star Chamber meetings with Trusts w/c 6/2/23 to review integrated 23/24 plans for activity, workforce, and finance.

Local Planning timetable – to draft planning returns in Feb

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		Week commencing									
		19/12/2022	26/12/2022 (Christmas)	02/01/2023	09/01/2023	16/01/2023	23/01/2023	30/01/2023	06/02/2023	13/02/2023 (half term)	20/02/2023
Key planning dates	Planning guidance released										
	Non-functional templates, technical and supporting guidance										
	Provider meetings with NCL planning leads										
	Star Chamber provider meetings										
	Submissions returned to ICB										
	Draft submission to NHSE										
Supporting forums	ICS Finance meeting										
	ICS CFOs										
	ICS Workforce Group										
	System Planning Group										
	RTTDG (activity/performance sub-group)										
	ICS SMB (Strategic Deep Dive)										
	ICS SMB (Financial Recovery)										

** Draft submission subject to confirmation of dates by NHSE*

We are intending to arrange Star Chamber meetings to review provider activity, workforce and finance plans w/c 6/2/23.

23/24 NHS Objectives

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Integrated Care Board

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25.
		Reduce adult general and acute (G&A) bed occupancy to 92% or below.
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard.
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024.
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).
		Deliver the system- specific activity target (agreed through the operational planning process).
	Cancer	Continue to reduce the number of patients waiting over 62 days.
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 day.
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.
		Increase fill rates against funded establishment for maternity staff.
	Use of resources	Deliver a balanced net system financial position for 2023/24.
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise.
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019).
		Increase the number of adults and older adults accessing IAPT treatment.
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services.
		Work towards eliminating inappropriate adult acute out of area placements.
		Recover the dementia diagnosis rate to 66.7%.
		Improve access to perinatal mental health services.
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit.
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%.
		Continue to address health inequalities and deliver on the Core20PLUS5 approach.

*ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published.

National Financial Rules

North Central London
Integrated Care Board

Rule	ICB	System
Capital resource limit		Collective duty to act with a view to ensuring that the capital resource use limit set by NHS England is not exceeded.
Revenue resource limit		Collective duty not to exceed the limit set by NHS England.
Duties to break even / achieve financial balance	Duty to act with a view to ensuring is expenditure does not exceed the sums it receives.	Objective to breakeven - i.e. duty to seek to achieve objective of system financial balance.
Financial apportionment	Revenue and capital resources of all trusts apportioned exclusively to a principal ICB.	
ICB Administration costs	Duty not to exceed the limit set by NHS England.	
Risk management	Local contingency decision required to show how financial risks will be managed.	
Prior year under and over spends		Maintain as a cumulative position.
Repayments of prior year overspends		All overspends are subject to repayment.
Mental Health Investment Standard	Comply with standard as set out in relevant planning guidance.	
Better Care Fund	Comply with minimum contribution as set out in relevant planning guidance.	

23/24 National, London and NCL allocations

North Central London
Integrated Care Board

ICB programme allocations £m	National			London			NCL		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Base Growth		5.28%	3.22%		5.30%	3.22%		5.39%	3.31%
Convergence		-0.63%	-1.08%		-0.63%	-0.96%		-0.71%	-1.34%
Base Growth post convergence		**4.62%**	**2.11%**		**4.64%**	**2.22%**		**4.64%**	**1.92%**
Inclusion of covid (recurrent)		**429**			**69**			**12**	
Recurrent consolidated programme	96,786	101,690	103,834	15,593	16,386	16,750	2,631	2,765	2,818
COVID Funding (non-recurrent)	2,205	n/a	n/a	452	n/a	n/a	95	n/a	n/a
ERF (non-recurrent)	1,855	2,463	2,544	297	396	409	50	67	69
Total ICB allocation	**100,847**	**104,152**	**106,378**	**16,342**	**16,782**	**17,159**	**2,776**	**2,832**	**2,887**
Total ICB allocation (growth)		**3.28%**	**2.14%**		**2.69%**	**2.25%**		**2.00%**	**1.96%**

Additional discharge allocation		300	500		41	80		7	14
Addn physical/ virtual capacity funding*		590			94			19	

* further £380m to be released in 23/24

N.B. Allocations above exclude Specialist commissioning and delegated allocations for Dentistry, Ophthalmic and Pharmacy.

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NCL ICB Financial Planning for 23/24

2023/24 Planning Guidance

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2023/24 Planning Guidance

On 23rd December 2022, NHS England published a suite of guidance documents for the 2023/24 planning cycle including 2023/24 priorities and operational planning guidance.

The main priorities set out in the planning guidance include;

1) *Prioritise recovering our core services and productivity*
   - Improve ambulance response and A&E waiting times,
   - Delivering the elective goals for reducing long waits, cancer backlogs and improved performance against the core diagnostic standard,
   - Make it easier to access primary care services, in particular general practice.

2) *Getting back to delivering the key ambitions in the Long Term Plan, and,*

3) *Continuing to transform the NHS for the future*

Alongside the above, the system is expected to deliver a balanced financial position and continue to address health inequalities whilst maintaining quality and safety within services.

National core ICB funding (including Elective Recovery Fund and Covid) is set to grow by 3.2% in 2023/24 and 2.2% in 2024/25. Starting baselines have been updated to reflect in year inflation, pay funding (including the removal of national insurance benefits) and baseline resets.

Growth funding for 2023/24 includes

- Headline pay
- Non-pay inflation
- Additional resources e.g. Mental Health Investment Standard (MHIS), and Better Care Fund (BCF)
- Covid-19 has been reduced

Recurrent Allocations 22/23 to 24/25

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Integrated Care Board

NCL ICB Recurrent Allocations 22/23 to 24/25

Service Area	Recurrent Allocations			Recurrent Increase	
	2022/23 £m	2023/24 £m	2024/25 £m	2023/24 £m	2024/25 £m
Programme	2,673	2,754	2,818	80.4	64.9
Primary Care Delegated Commissioning	264	290	301	26.2	11.2
Running Costs	29	29	29	0.2	0.0
Total	**2,966**	**3,073**	**3,149**	**107**	**76**

Recurrent Allocations 22/23 to 24/25

Above details the expected increase in NCL ICB's recurrent allocations for 2023/24 and 2024/25. The ICB is expecting an increase of c£107m core funding in 2023/24.

In addition to the above recurrent funding, the ICB is expecting additional non-recurrent allocations of c£104m;

- **£66.5m** – Additional Elective Recovery Funding
- **£18.6m** – Additional physical/virtual capacity funding
- **£11.7m** – COVID-19 funding
- **£6.8m** – Additional Discharge funding

To note that the above is subject to change

Draft Planning Timetable

North Central London
Integrated Care Board

Below are the key dates for the production, approval and submission the 2023/24 ICB financial plan. This is a draft timetable and subject to change.

Date	Item
13th-22nd 2023 February	Budget holder meetings
16th February 2023	EMT Plan Update (pre draft submission)
23rd February 2023 (mid-day)	NHSE system plan submission (draft)
By 17th March 2023	Executive Director, Director, and budget holder sign off
16th March 2023	EMT Plan Update
21st March 2023	Plan reported to the Finance Committee (virtual)
28th March 2023	**The Board to approve 2023/24 ICB Plan**
30th March 2023	**Final Submission of the Plan to NHSE**
TBC	**2023/24 Budget upload onto the ICB ledgers**

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NCL ICS Financial Position 22/23 – Month 9 (Dec'22)

NCL ICS M9 Financial Position

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NCL ICS is reporting a £53.6m deficit at M9 representing an adverse variance of £31.8m against the YTD plan at M9

M9 Financial Position Overview

Year to date

- Providers - The M9 YTD plan for providers from the June operating plan submission is a £41m deficit. The YTD reported bottom-line for providers is a £74.2m deficit representing an adverse variance of £33.2m against the YTD plan at M9.
- The CCG ended M3 with a favourable variance to plan of £9.4m and the ICB reported an adverse variance to plan of £9.4m between M4 and M9. The combined CCG and ICB YTD position at M9 is in line with the M9 YTD plan.
- The system ERF offset is an £1.4m favourable adjustment to offset the ERF underperformance in NCL providers which is held in the ICB.
- The ICB position is explored in further detail in the next section.

Forecast outturn

- All organisations within NCL are reporting a forecast outturn in line with June submitted 22/23 plans at M9.
- NCL will be reporting an updated system FOT at M10. This has been deferred from M9 in order to align with other London ICSs.

In Month 9

- In terms of actuals, the system financial position has adversely moved by £5.4m since M8. This is mainly driven by adverse movements at providers.
- The System ERF offset moved favourably in M9 due to an overall overperformance on ERF which is held in the ICB.

Risk at M9

- NCL is reporting a net system risk of £19.6m at M9, mostly relating to excess inflation and IFRS 16 which are not currently mitigated.

	M9 Year to date			M9 Forecast Outturn		
Organisation	YTD Plan*	YTD Actual	YTD Variance	Annual Plan*	Forecast Outturn	FOT Variance
	£'000	£'000	£'000	£'000	£'000	£'000
NCL Providers	(40,964)	(74,176)	(33,212)	(25,581)	(25,582)	(1)
NCL CCG/ICB	19,188	19,188	(0)	25,583	25,584	1
System ERF Offset	-	1,423	1,423	-	-	-
ICS Total	**(21,776)**	**(53,566)**	**(31,790)**	**2**	**2**	**0**

	M8 Year to date			M9 Year to date			In M9 Position		
Organisation	YTD Plan*	YTD Actual	YTD Variance	YTD Plan *	YTD Actual	YTD Variance	M9 Plan*	M9 Actual	M9 Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NCL Providers	(37,786)	(64,466)	(26,680)	(40,964)	(74,176)	(33,212)	(3,178)	(9,710)	(6,532)
NCL CCG/ICB	17,056	17,056	0	19,188	19,188	(0)	2,132	2,132	(0)
System ERF Offset	-	(742)	(742)	-	1,423	1,423	-	2,165	2,165
ICS Total	**(20,730)**	**(48,152)**	**(27,422)**	**(21,776)**	**(53,566)**	**(31,790)**	**(1,046)**	**(5,414)**	**(4,368)**

*22/23 Plan figures are from the 20th June 2022 submission

Note on the M9 NCL Providers financial position

- At the time of producing this report, the providers have not submitted their final M9 monitoring returns to NHSE.
- Although we do not expect any further changes to the high level numbers, they should be treated as draft.

NCL ICS M9 Financial Position (cont.)

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M9 Financial Position Overview (cont.)

ERF Income

- As of M9, ERF income earned by NCL providers totalled £80.8m. This is worse than plan by £10.3m.
- The YTD adverse variance predominantly relates to RFL (£5.5m), NMUH (£3.8m) and RNOH (£3.1m), offset by a favourable position at UCLH (£5.9m). Of the £10.3m variance, we understand at least £6.3m relates to the plan being set at higher than 104% for UCLH and GOSH, £2.6m relates to contractual risk of not being paid ERF by out of sector ICBs and the remaining £1.4m relates to providers underperforming against the 104% elective target.
- The system offset of £1.4m is a favourable adjustment to offset the ERF underperformance against the 104% target in NCL providers (reflecting NHSE policy of no ERF clawback in H1 for underperformance). It is held in the ICB.

ERF Income						
Organisation	YTD ERF Plan	YTD ERF Actuals	YTD ERF Variance	ERF Income Annual Plan	ERF Income Forecast Outturn	ERF Income FOT Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Providers	91,189	80,837	(10,352)	106,828	89,043	(17,785)
System Offset		1,423	1,423			

Efficiency savings

- The 22/23 plan for the NCL system assumes delivery of £149.8m of efficiency savings by M9.
- As of M9, the system was reporting YTD savings of £127.6m which is behind plan by £22.2m and represents delivery of 57% of the total savings requirement for 22/23 which is 10% behind the M9 YTD plan (67%).
- All providers and the ICB with the exception of RFL and T&P are currently behind plan on CIP delivery at M9.
- All organisations in NCL with the exception of GOSH (£6.7m worse than plan) are forecasting full delivery of their respective savings programmes for 22/23.

Efficiency Savings						
Organisation	Plan YTD	Actual YTD	Variance YTD	Plan FOT	Actual FOT	Variance FOT
	£'000	£'000	£'000	£'000	£'000	£'000
Providers	125,173	111,680	(13,493)	189,976	183,969	(6,008)
NCL ICB	24,624	15,874	(8,750)	32,823	32,823	(0)
Grand Total	**149,797**	**127,554**	**(22,243)**	**222,799**	**216,791**	**(6,008)**

Provider Capital Position

- Providers are reporting YTD underspends of £116.1m across NCL and National capital programmes at M9.
- Following the capital deep dive exercise undertaken at M6 and a prioritisation process, the FOT has been updated to reflect the in-year re-allocation of £5.8m slippage.
- Further to M9 reporting, trusts have been asked to report any further capital slippage and a process will be developed to re-allocate any additional slippage before year-end to maximise spend within the ICS limit.

Capital Position - Providers						
Category	Plan YTD	Actual YTD	Variance YTD	Plan FOT	Actual FOT	Variance FOT
	£'000	£'000	£'000	£'000	£'000	£'000
NCL Schemes	152,500	82,815	69,685	201,868	201,867	0
National Schemes	84,044	37,659	46,385	151,783	158,884	(7,101)
Grand Total	**236,544**	**120,474**	**116,070**	**353,651**	**360,751**	**(7,101)**

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NCL ICB Financial Position 22/23 – Month 9 (Dec'22)

Month 9 Summary Position

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Month 9 Summary Position

Background

In accordance with national guidance NCL CCG submitted the annual 2022/23 financial plan to NHSE on 20th June 2022. The ICB formed on 1 July 2022 resulting in a nine month reporting period in 2022/23 being 1 July 2022 to 31 March 2023.

To meet the statutory requirements of delivering the 2022/23 financial plan the ICB is required to deliver a surplus of £25.6m which would be £9.4m adverse to plan. This adverse variance offsets the favourable variance in M1 -3 and delivers on plan for the year as a whole.

The Month 9 position continues to report the ICB at break-even. The forecast of £19.1m adverse variance to plan is due to the £9.4m adverse variance as reported in Month 9 and £9.7m adverse variance due to the Additional Roles Reimbursement Scheme (ARRS). The ICB is expecting the ARRS costs to be fully reimbursed which then results in the ICB delivering the full year financial plan.

Month 9 (December 2022)

At Month 9 the ICB is reporting a year to date (YTD) surplus of £20.6m, £8.0m adverse to plan and forecast outturn (FOT) adverse variance of £19.1m. The table to the right summarises the ICB Month 9 reported position which reflects a breakeven position in the ICB. The following slides provide the explanation of this position.

Summary financial position (£m)

	YTD			Forecast (M4-12)		
	Bud	Actual	Var	Bud	FOT	Var
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	**1,661.5**	**1,661.5**	**0.0**	**2,471.1**	**2,471.1**	**0.0**
Acute	838.7	838.6	0.2	1,248.5	1,249.9	(1.4)
Non-Acute	697.9	710.4	(12.5)	1,043.9	1,068.3	(24.4)
Other Pgrm Services	20.4	16.1	4.3	30.2	23.4	6.8
Running Costs	14.8	14.8	(0.0)	22.1	22.1	0.0
COVID-19 Costs	61.1	61.1	(0.0)	91.4	91.5	(0.1)
Total Operational	**1,632.9**	**1,640.9**	**(8.0)**	**2,436.1**	**2,455.3**	**(19.1)**
Reserves & Contingency	0.0	0.0	0.0	0.0	0.0	0.0
Total Non Operational	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Total Expenditure	**1,632.9**	**1,640.9**	**(8.0)**	**2,436.1**	**2,455.3**	**(19.1)**
Surplus / (Deficit)	**28.6**	**20.6**	**(8.0)**	**35.0**	**15.8**	**(19.1)**

Month 9 Summary Position (cont.)

North Central London
Integrated Care Board

Month 9 Summary Position

Key points to note

The below reported **YTD** and **FOT** adverse variances are offset by the favourable position reported during the CCG (Apr-Jun'22), to achieve an overall planned annual breakeven position at Month 9, subject to ARRS reimbursement of £9.7m. A detailed variance analysis is available on slide 24 for YTD and slide 25 for FOT.

The **YTD** adverse variance to plan of c£8.0m is mainly driven by;

- **£7.8m** reported within Prescribing due to increased expenditure on Short Supply Drugs (SSD) and on diabetes drugs due to the ICB's implementation of NICE guidelines,
- **£3.6m** reported in Primary Care mainly driven by increased costs for Extended Access and unfunded costs for locally commissioned Long Term Conditions (LTC) services,
- **£0.6m** due to cost pressures on core services due to the phasing of expenditure relating to list size,
- **£0.5m** reported within Continuing Healthcare due to increased activity.

The above has been offset by the favourable position reported within Other Programme services (£4.4m), mainly due to the release of non-recurrent actions.

Below are the key variances driving the £19.1m adverse **FOT** position, offset in part of the release of non-recurrent actions into the position;

- **£11.6m** reported in Prescribing; mainly due to increased expenditure on diabetes drugs and Short Supply drugs (SSD),
- **£9.7m** reported in Primary Care Delegated Commissioning: Costs for the Additional Roles Reimbursement Scheme (ARRS), which the ICB expects reimbursement for in future months,
- **£2.7m** reported within Primary Care due to additional Extended Access costs and LCS costs,
- **£1.5m** reported within Acute due to activity increases within Independent Sector budgets.

Month 9 Summary Position (cont.)

North Central London
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Month 9 Summary Position

Pay

The below tables summarises the Month 9 pay position, which is overspend YTD by £1.1m. This variance is offset by £0.5m use of non-pay budgets and income, resulting in a £0.6m cost pressure. Included within this adverse variance are ICB double running costs of £0.4m.

The pre-adjusted pay variance has moved from c£1.7m adverse reported in Month 7 to c£1.1m adverse in Month 9, a favourable movement of c£0.6m. This is mainly due to vacancy slippage.

	Budgeted WTE	YTD Budget	Total YTD Actual	Total YTD
	WTE	£'000	£'000	£'000
Total	774	29,059	30,151	1,093

M4-M12 Budget (inc. CIP)	Forecast Outturn	Total Variance	Income & Non-Pay budgets	Position incl. Income & Non-Pay budget	Double running costs	Position excl. Double running costs
£'000	£'000	£'000	£'000	£'000	£'000	£'000
43,588	44,680	1,092	(480)	613	363	250

Efficiencies

To deliver the 2022/23 financial plan the ICB is required to deliver £19.6m of recurrent efficiencies. The efficiency forecasts currently stands at c£8.5m against this essential target, leaving £11.1m currently underachieved. The unachieved efficiency is mitigated by use of non-recurrent benefits to ensure the ICB reports a breakeven position against plan. Unachieved CIP impacts on the underlying financial position (ULP) of the ICB which adversely impacts on the 23/24 financial planning.

Month 9 Summary Position (cont.)

North Central London
Integrated Care Board

Month 9 Summary Position

Use of Non-Recurrent Funds

Included within the CCG/ICB 2022/23 financial plan is £23.7m non-recurrent funding. This reflects the planned non-recurrent funding required in year to enable the CCG/ICB to deliver a balanced financial plan. As at Month 9 the ICB is on track to deliver these actions through use of non-recurrent support. The £23.7m impacts adversely on the ICBs underlying position, which will effect 2023/24 planning.

Risks & Mitigations

The ICB reports a balanced risk position at Month 9, with £15.1m of risks (circa 0.6% of the ICB total budget). Mitigations to these risks are in place including the use of non-recurrent support if ultimately required. Recurrent risks that emerge in year will impact on the ICB's underlying financial position.

Mitigations to these risks are in place including the use of non-recurrent support if ultimately required.

The top three risks identified at month five are:

- Continuing Healthcare/Discharge Services **£5.1m**
- Prescribing risks **£4.6m**
- Increased activity within Independent Sector and increased high cost drugs/devices **£3.0m**

Recurrent risks that emerge in year will impact on the ICB's underlying financial position.

Month 9 risks are detailed on slide 26.

ICB Month 9 Year to Date Financial Performance

North Central London
Integrated Care Board

The table below provides commentary on variances by service area

YTD Financial Performance (£m)

Service	Year to Date			Key Variances
	Budget	Actual	Variance	
	£m	£m	£m	
Allocations				
In year allocations	1,661.5	1,661.5	0.0	
Total Allocations	**1,661.5**	**1,661.5**	**0.0**	
Expenditure				
Acute	892.7	892.5	0.2	
Non-Acute				
Mental Health & LD	205.9	205.9	(0.0)	
Delegated Commissioning	139.2	139.9	(0.6)	**Adverse Variance:** Due to the phasing of expenditure relating to list size. Excluding the reimbursement of ARRS, the forecast postion is reported at breakeven
Community Services	168.5	168.5	0.0	
Primary Care	22.9	26.5	(3.6)	**Adverse Variance:** Driven by incremental contract costs for Enfield LCS and increased costs for Extended Access
Primary Care - Prescribing	94.1	101.9	(7.8)	**Adverse Variance:** Due to increased expenditure on diabetes drugs as a result of the ICB's implementation of NICE guidelines. In addition there has been an increase in the cost of Short Supply Drugs
Continuing Care	69.6	70.1	(0.5)	**Adverse Variance:** Mainly driven increases in activity
Total	**700.2**	**712.7**	**(12.5)**	
Other Programme Services & Running Costs				
Other Programme Services	25.2	20.9	4.3	**Favourable Variance:** An increase in the release of non-recurrent benefits required to ensure the ICB reports a breakeven position for the full financial year
Running Costs	14.8	14.8	(0.0)	
Total	**40.0**	**35.7**	**4.3**	
Total Expenditure	**1,632.9**	**1,640.9**	**8.0**	
Surplus / (Deficit)	**28.6**	**20.6**	**(8.0)**	

ICB Forecast Outturn Financial Performance

North Central London
Integrated Care Board

The table below provides commentary on variances by service area

FOT Financial Performance (£m)

Service	Forecast			Key Variances
	Budget	Actual	Variance	
	£m	£m	£m	
Allocations				
In year allocations	2,471.1	2,471.1	0.0	
Total Allocations	**2,471.1**	**2,471.1**	**0.0**	
Expenditure				
Acute	1,329.3	1,330.8	(1.5)	**Adverse Variance:** Due to activity increases within the Independent Sector
Non-Acute				
Mental Health & LD	314.0	314.1	(0.1)	
Delegated Commissioning	205.5	214.9	(9.4)	**Adverse Variance:** Due to ARRS funding, which the ICB expects reimbursement for in proceeding months
Community Services	247.9	248.0	(0.1)	
Primary Care	34.4	37.2	(2.7)	**Adverse Variance:** Driven by incremental contract costs for Enfield LCS and increased costs for Extended Access
Primary Care - Prescribing	141.2	152.8	(11.6)	**Adverse Variance:** Due to increased expenditure on diabetes drugs as a result of the ICB's implementation of NICE guidelines. In addition there has been an increase in the cost of Short Supply
Continuing Care	104.3	104.8	(0.5)	**Adverse Variance:** Mainly driven increases in activity
Total	**1,047.3**	**1,071.7**	**(24.4)**	
Other Programme Services & Running Costs				
Other Programme Services	37.4	30.6	6.8	**Favourable Variance:** An increase in the release of non-recurrent benefits required to ensure the ICB reports a breakeven position for the full financial year
Running Costs	22.1	22.1	0.0	
Total	**59.5**	**52.8**	**6.8**	
Total Expenditure	**2,436.1**	**2,455.3**	**19.1**	
Surplus / (Deficit)	**35.0**	**15.8**	**(19.1)**	

Risks & Mitigations

North Central London Integrated Care Board

The ICB has identified c£15.1m of risks reported outside of the financial position, a reduction of £13.5m from the risk position reported in Month 7. All risks have been fully mitigated at Month 9

Risks and Mitigations (£m)

Risks	Month 7 £m	Month 9 £m	Movement £m	
Acute Services	(8.1)	(3.0)	5.0	Increase in high cost drugs/devices. Reduction from M7 due to reduced risk within Independent Sector budgets
Mental Health Other & LD	(0.1)	(0.4)	(0.4)	Increased NCA activity
Delegated PC Commissioning	(2.7)	(0.9)	1.9	Increased premises costs and list size growth exceeding planned growth. Reduction from M7 due to removal of risk relating to Investment & Impact Funding shortfall
Community Services	(0.2)	(0.2)	0.0	Increase in s75 costs
Primary Care	(0.0)	(0.0)	0.0	Flu vaccines
Primary Care - Prescribing	(5.6)	(4.6)	1.0	Implementation of NICE guidance for diabetes prescribing (£2.2m), general risk of deterioration within the reported position (£1.1m), additional SSD costs (£0.7m), slippage on efficiency targets (£0.3m), and PSNC write off costs (£0.3m)
Continuing Care	(10.4)	(5.1)	5.3	Discharge to Assess (D2A). Reduction from M7 due to removal of uplift pressures and reduction in D2A risk
Other Programme Services	(1.5)	(0.8)	0.8	ICB transition costs
TOTAL RISKS	**(28.6)**	**(15.1)**	**13.5**	

Mitigations	Month 7 £m	Month 9 £m	Movement £m	
Recovery actions	18.8	15.1	(3.7)	Identified non recurrent mitigations
Non recurrent one-off benefits	9.8	0.0	(9.8)	Identified in-year non recurrent benefits
TOTAL MITIGATIONS	**28.6**	**15.1**	**(13.5)**	
REPORTED NET POSITION	**0.0**	**0.0**	**0.0**	

North Central London
Integrated Care Board

Financial Accounts

Appendices

Appendix 1 - Income & Expenditure
Appendix 2 - Cash Flow Statement

Appendix 1 - Income & Expenditure

	2022/23 In-Month AP9 - DEC 22			2022/23 Year to Date AP9 - DEC 22			2022/23 Annual Forecast			2021/22 Outturn		
	Admin	Prog	Total	Admin	Prog	Total	Admin	Prog	Total	Admin	Prog	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Operating Revenue												
Education, training and research	0	0	0	0	0	0	0	0	0	0	(1,033)	(1,033)
Non-patient care services to other bodies	0	(1,697)	(1,697)	0	(10,183)	(10,183)	0	(15,274)	(15,274)	(28)	(19,983)	(20,012)
Other Contract income	(89)	(460)	(549)	(797)	(3,133)	(3,930)	(1,062)	(3,195)	(4,258)	(1,062)	(2,037)	(3,100)
Other non contract revenue	0	0	0	0	0	0	0	0	0	(25)	0	(25)
Total Operating revenue	**(89)**	**(2,157)**	**(2,246)**	**(797)**	**(13,316)**	**(14,112)**	**(1,062)**	**(18,469)**	**(19,532)**	**(1,116)**	**(23,053)**	**(24,169)**
Operating Expenses	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Expenses												
Perm E/ees - Salaries and Wages	1,356	1,637	2,993	8,139	10,464	18,602	11,073	14,128	25,200	9,675	16,588	26,263
Perm E/ees - Social Security Costs	168	234	402	1,044	1,479	2,523	2,131	2,995	5,126	1,235	1,905	3,140
Perm E/ees - Em/er Contribs to NHS Pension	184	311	495	1,088	1,721	2,809	2,220	3,121	5,341	2,755	2,171	4,927
Perm E/ees - Apprenticeship Levy	17	0	17	102	0	102	153	0	153	138	0	138
Perm E/ees - Termination benefits	160	0	160	160	0	160	380	0	380	0	0	0
Other E/ees - Salaries and Wages	288	294	581	1,386	3,343	4,729	1,791	5,204	6,995	1,968	7,074	9,043
Total Gross employee expenses	**2,173**	**2,476**	**4,650**	**11,919**	**17,007**	**28,926**	**17,747**	**25,447**	**43,195**	**15,772**	**27,738**	**43,510**
Other Operating Expenses												
Services from other CCGs and NHS England	(282)	(110)	(392)	19	42	60	540	762	1,301	11,076	8,644	19,720
Services from foundation trusts	0	100,829	100,829	0	623,891	623,891	0	927,659	927,659	0	1,365,023	1,365,023
Services from other NHS trusts	0	90,172	90,172	0	541,112	541,112	0	805,078	805,078	0	1,034,366	1,034,366
Services from Other WGA bodies	0	0	0	0	0	0	0	0	0	0	0	0
Purchase of healthcare from non-NHS bodies	0	34,822	34,822	0	192,714	192,714	0	290,566	290,566	0	412,394	412,394
Purchase of social care	0	510	510	0	3,419	3,419	0	5,129	5,129	0	1,643	1,643
Chair and Non Executive Members	20	18	38	113	72	186	149	0	149	884	6	890
Supplies and services – clinical	0	124	124	0	728	728	0	1,091	1,091	0	1,302	1,302
Supplies and services – general	(767)	(655)	(1,422)	1,715	4,628	6,343	1,958	8,311	10,269	106	17,370	17,476
Consultancy services	0	(19)	(19)	0	5	5	0	150	150	0	1,711	1,711
Establishment	45	341	387	227	1,807	2,033	485	3,091	3,576	782	2,760	3,542
Transport	0	0	0	1	1	2	0	0	0	22	0	22
Premises	41	237	279	306	1,619	1,925	377	2,793	3,170	1,810	3,839	5,650
Depreciation	80	0	80	481	0	481	722	0	722	122	12	134
Audit fees	48	0	48	286	0	286	429	0	429	204	0	204
· Internal audit services	14	0	14	85	0	85	134	0	134	180	0	180
· Other services	2	0	2	12	0	12	18	0	18	24	0	24
Prescribing costs	0	19,186	19,186	0	101,728	101,728	0	152,593	152,593	0	186,987	186,987
Pharmaceutical services	0	1	1	0	5	5	0	7	7	0	21	21
GPMS/APMS and PCTMS	0	24,586	24,586	0	145,848	145,848	0	223,912	223,912	0	263,228	263,228
Other professional fees excl. audit	21	142	162	123	1,352	1,476	62	1,960	2,022	76	3,869	3,945
Legal Fees	47	3	50	11	145	156	207	213	420	405	96	501
Grants to Other bodies	0	0	0	0	0	0	0	0	0	0	3	3
Education and training	83	165	249	234	3,313	3,547	327	2,850	3,177	263	357	620
Other expenditure	2	(1)	0	15	0	15	15	0	15	0	(134)	(134)
Total other costs	**(646)**	**270,351**	**269,705**	**3,629**	**1,622,428**	**1,626,058**	**5,422**	**2,426,166**	**2,431,588**	**15,953**	**3,303,498**	**3,319,451**
Net Operating Expenditure	**1,528**	**272,827**	**274,354**	**15,548**	**1,639,435**	**1,654,983**	**23,169**	**2,451,613**	**2,474,783**	**31,725**	**3,331,236**	**3,362,961**
Net Expenditure	**1,439**	**270,670**	**272,109**	**14,751**	**1,626,120**	**1,640,871**	**22,107**	**2,433,144**	**2,455,251**	**30,609**	**3,308,183**	**3,338,792**
Revenue Resource Limit	**1,439**	**272,834**	**274,273**	**14,751**	**1,618,163**	**1,632,914**	**22,123**	**2,414,018**	**2,436,141**	**30,629**	**3,311,758**	**3,342,387**
Surplus / (Deficit) from Operations	**(0)**	**2,165**	**2,165**	**(0)**	**(7,957)**	**(7,957)**	**16**	**(19,126)**	**(19,110)**	**20**	**3,575**	**3,595**

North Central London
Integrated Care Board

Appendix 2 - Cash Flow Statement

	AP1 - APR 22	AP2 - MAY 22	AP3 - JUN 22	AP4 - JUL 22	AP5 - AUG 22	AP6 - SEP 22	AP7 - OCT 22	AP8 - NOV 22	AP9 - DEC 22	AP10 - JAN 23	AP11 - FEB 23	AP12 - MAR 23	Total
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Balance bfwd	218	924	2,024	2,476	2,010	629	1,001	910	1,493	423	474	508	218
RECEIPTS													
Main Cash Drawdown	250,000	243,000	250,000	251,800	245,200	285,000	251,000	246,300	262,500	291,500	257,000	246,000	3,079,300
Supplementary Drawdown	11,000	0	4,500	0	0	0	0	0	0	0	0	0	15,500
Other	1,702	6,072	2,378	8,195	553	2,980	1,486	2,801	3,654	0	0	10,300	40,121
VAT	1,118	1,086	1,455	1,073	630	187	498	479	181	0	0	0	6,706
Total Receipts	263,819	250,158	258,333	261,068	246,383	288,166	252,984	249,581	266,336	291,500	257,000	256,300	3,141,627
PAYMENTS													
NHS Payables	204,266	179,978	188,290	201,688	186,473	217,112	197,399	193,779	195,116	199,847	200,644	196,151	2,360,742
Non NHS Payables	55,525	65,684	66,137	55,950	57,031	66,088	50,831	50,735	67,818	87,202	51,922	55,473	730,396
Salaries & Wages (inc Tax, NI & Pension)	3,323	3,396	3,454	3,896	4,260	4,593	4,844	4,484	4,471	4,400	4,400	4,400	49,922
Total Payments	263,113	249,058	257,880	261,534	247,764	287,794	253,074	248,998	267,406	291,448	256,966	256,024	3,141,060
BALANCE CFWD	924	2,024	2,476	2,010	629	1,001	910	1,493	423	474	508	784	784

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Board Assurance Framework ('BAF') Report	**Date of report**	31 January 2023	**Agenda Item**	3.3
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	**Email / Tel**		Ian.porter3@nhs.net	
Board Member Sponsor	Frances O'Callaghan, Chief Executive Officer				
Report Author	Kate McFadden-Lewis, Governance and Risk Lead	**Email / Tel**		katemcfadden-lewis@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** The BAF report assists the ICB in managing its most significant financial risks.			

Report Summary

This report is the Board of Members Board Assurance Framework ('BAF') for North Central London ICB. It captures the most serious risks that have been identified as threatening the achievement of the ICB's strategic objectives.

System Risk Management

The ICB has been working with key partners across the Integrated Care System ('ICS') to develop a system approach to risk management.

To reflect the developing system approach to risk management this report highlights both system risks and ICB-only risks.

Board Assurance Framework ('BAF')

There are 13 risks on the BAF. The threshold for inclusion on the BAF is a Current Risk Score of 15 or higher.

Since the last meeting of the Board of Members in November 2022, 1 risk has been added, 2 risks have reduced but remain above the BAF threshold, with the remaining 9 risks remaining the same. 1 risk is below the BAF threshold but is included for ongoing Board of Members scrutiny.

A risk regarding the strength, competence, and stability of the System's workforce is under development, and will be reported to the NCL People Board.

The full version of the BAF, including detail of controls mitigating the risks, can be found here.

Key Highlights:

New System Risk

PC3: *Strikes by NHS staff (Threat).*
Oversight Committee: NCL People Board (upon its establishment).
Current Risk Rating: 15.

This is a new risk emerging from national industrial action taken by Unions and NHS staff regarding pay and working conditions disputes.

Within NCL ICS the strikes are impacting providers as follows:

- NCL ICB and Great Ormand Steet Hospital ('GOSH') in the first round, and Tavistock and Portman and University College London Hospital ('UCLH') in the second round of Royal College of Nursing strikes;
- Unite and GMB have no mandate in London;
- Unison only have a mandate in London Ambulance Service. This is currently the most impactful;
- The Chartered Society of Physiotherapists has announced that they have a mandate for industrial action and dates are set for 26 January and 9 February. The first round on 26 January includes GOSH, UCLH, Barnet, Enfield and Haringey Mental Health Trust, North Middlesex University Hospital, Royal Free London and Central and North West London (Camden Community Services) and none in the second round on 9 February.

Sector and pan-London Management, to keep minimal services running and protect the Urgent and Emergency Care pathway, is co-ordinated through the Flow Oversight Group, System Management Board and Clinical Advisory Group.

System Risks

PERF7: *Failure to manage surges during heightened periods of pressure (including winter, Easter and other Bank Holidays) and impact on waiting time standards and capacity for elective pathways (Threat)*.
Oversight Committee: Quality and Safety Committee.
Current Risk Rating: 16 (unchanged).

Front of House ('FoH') models comprising Streaming, Redirection and Treat & Transfer schemes are now in place across hospital sites to support A&E departments during periods of significant demand.

In addition, direct referral pathways that bypass Emergency Departments ('ED') where appropriate and take patients straight to Same Day Emergency Care services ('SDEC') have been strengthened. The London Ambulance Service ('LAS') and the NCL system have implemented the straight to SDEC services for three clinical pathways. A review of the impact of steps to alleviate pressures in ED will be assessed through the NCL Urgent & Emergency Care Operations Group.

A strategic review of same day access was undertaken during April 2022 in order to determine the longer-term approach to managing A&E demand. Oversight of this work is maintained by the NCL Urgent and Emergency Care ('UEC') Operations Group.

A review of winter was undertaken across NCL with key issues for winter identified, including Mental Health inpatient capacity; crowding in EDs leading to a high number of 12-hour breaches and high number of ambulance handover delays; increasing paediatric activity; increasing low acuity ED attendances; limited discharge capacity; and increasing rates of Covid-19 infection and flu. These issues informed the Winter High Impact Action plan, which has now commenced and is being monitored by the Flow Operational Group weekly. The

	ICB anticipates that these actions should have a direct impact on the challenges identified for winter. Across NCL, work continues to embed the main actions and strategies outlined in 'Going Further For Winter' to improve operational resilience. **PERF18:** *Primary care workforce development (Threat).* **Oversight Committee:** Primary Care Contracting Committee. **Current Risk Rating:** 16 (unchanged). This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS'). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. Other recent key measures include: • Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice; • Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub.; • Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce; • Additional GP Nursing funding received to enable workforce development schemes focussing on Reception & Admin staff, Healthcare Assistants ('HCA'), GP Nurses ('GPN'), Nursing Associates ('NAs'), Trainee Nursing Associates ('TNAs'), retention of volunteers; • The completion of the Primary Care Flexible Staff Pool and an offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022; • Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce during 2022/23; • 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. Given the high demand on the Primary Care workforce, the ICB will have to monitor the impact on wellbeing and fatigue. The ICB and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This programme has continued in 2022/23 with a Primary Care Wellbeing Lead recruited. Recent media coverage has highlighted the need for further scrutiny in relation the support and supervision offered to the newly diversified roles in General Practice which has been picked up as a key priority by the Chief Medical Officer and Chief Nursing Officer. **PERF25:** *Failure to ensure adequate integration along urgent care pathway resulting in lengthy ambulance handover delays and slower response times in the community (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 20 (unchanged).

A Quality Improvement toolkit is being developed to support system wide recovery for implementation during winter 2022/23. This will be one of the matrices that system performance will be measured against by NHS England. Assistant Directors of Quality are now included within the membership of all A&E Delivery Boards and are actively participating in local system discussion.

The ICB Chief Medical Officer ('CMO') is co-developing a pilot with the London Ambulance Service ('LAS') CMO to promote the opportunity for senior clinicians to work with LAS to identify patients who can be better managed through local pathways in the community. This will be tested over a four-week period with senior clinicians following learning taken during the recent industrial action. The focus of the pilot will be on 999 Category 2 clinical validation.

A four-month programme of analysis of root causes ('RCA') was undertaken by providers for all long hospital handovers (+2 hours and +3 hours) and sharing best practice was carried out over the autumn. A paper outlining findings and learning was presented to the NCL Flow Board on 25 November 2022. It was agreed that a focus on analysing each delay helped us to confirm that causality was related to a common set of themes, which were largely already known and being worked on through ongoing work.

Moving forward it has been agreed through the NCL Flow Oversight Board that providers should continue to focus on investigating any long delays in relation to their impact on patient quality, but that they would no longer be required to undertake individual RCAs in each case. Instead, performance monitoring should focus on the national four hour target and this aligns with the new national strategy for Urgent and Emergency Care.

COMM14: *Failure to achieve NHS Constitutional Targets - Urgent and Emergency Care (Threat).*
Oversight Committee: Strategy and Development Committee.
Current Risk Rating: 16 (unchanged).

A System-wide industrial action plan has been developed in response to the London Ambulance Service strikes. The plan sets out actions in place to mitigate expected pressures across, primary care/ NHS111, community, mental health, acute, discharge and maternity.

The NHS111 re-procurement programme continues at pace. The procurement closed to new bids 13 December 2022. The scoring and moderation of bids has commenced with interviews to follow.

NCL supported an LCW contract uplift of 1.96% with respect to a pay award increase and hyperinflation (adjusted for the national insurance deflator), on a non-recurrent basis in lieu of 2023/24 contract activity agreement.

NHS England ('NHSE') set out a national allocation of an additional £50m for NHS111 services to support increased winter pressures. London was allocated 15% based on the share of NHS111 call activity managed within the region (£1.179m for NCL). An expenditure plan was submitted to NHSE in November 2022 and subsequently approved in December 2022. The plan includes:

- An additional Clinical Navigator for the Surge Period & Rapid access advice line, 48hrs per week for an additional Clinical Navigator to support queue management Friday to Monday weekly, and 48hrs per week for a dedicated clinician for the Health Advisor ('HA') advice line to reduce HA waiting time for seeking clinical advice and to improve waiting times / Average Handling Times;
- Use of the NCL reservists pool to support call handling and support front end call answering, and the reduction of abandonment rate. This role will

	primarily support the management of minor injury, dental and repeat prescription calls and cover periods of highest pressure, including weekday evenings (16.00 – 23.00), weekends and Monday mornings; • Retention, performance and attendance Premia for Health and Service Advisors; • Overtime enhancement; • Back Office Support Costs, which includes training and real-time analysis to support improvements in occupancy and management of clinical queues; • Strep A/Flu/Covid resilience and additional clinical staffing (Clinical Assessment Service). Funding was received from NHSE by the ICB in January 2023. The Executive Management Team approved the pass-through of funding to LCW on 19 January 2023. **COMM21:** *Variation in Community and Mental Health Services across NCL (Threat).* **Oversight Committee:** Strategy and Development Committee. **Current Risk Rating:** 16 (unchanged). The ICS has established an on-going monitoring programme for the outcomes of the review. The key governance forums are implementation steering groups ('ISG'), chaired by the ICS CEO lead for the area, which report into the relevant programme board. These groups receive regular updates through highlight reports that update on implementation progress which are synthesised into an overview of implementation progress and barriers, including recruitment, for each investment area. For community, which does not have dedicated investment (i.e. through an equivalent of the Mental Health Investment Standard) the programme board has used financial principles for investment, alongside programme principles to review which of the 'gaps' within the gap analysis should be addressed through ICS investment in year 1. A list of prioritised investment areas has been agreed via ICS and ICB governance and providers drafted delivery plans, which have been agreed with place based partners and the ISG. Recruitment has continued to progress and is being closely monitored by the Steering Groups. Alongside this, the process for agreeing investment priorities for 2023/24 to address unresolved gaps within the Core Offers has been signed off by both the Community Services Review ('CSR') and Mental Health Service Review ('MHSR') Programme Boards. Commissioner and provider leads for each Borough are reviewing their local gap analysis against the core offer and developing a shortlist of recommendations for additional recurrent investment to be reviewed by ISGs currently and prioritised through a series of Borough partnership engagement workshops in January and February 2023. The finance sub-groups for MHSR receives updates on spend Year to Date ('YTD') and Forecast Outturn ('FOT') and has collected an overview of recruitment progress against Year 1 initiatives. The CSR finance sub-group has a regularly updated recruitment sit-rep and has requested an update from providers on spend YTD or FOT for 2023/24 which they have agreed to provide on a quarterly basis. The provider breakdown of productivity and efficiency ambitions for 2023/24 in relation to the Core Offers are being agreed with providers. Outcomes Frameworks for both Community and Mental Health Core Offers are in development. MHSR Programme Board have agreed the metrics for inclusion in the Framework and are assessing the data availability and sources against each of these. CSR Programme Board will be developing a final draft of the outcomes framework based on feedback received at the December ISG.

	COMM26: *Failure to make changes to support the shift of resources / investment into prevention & proactive care from crisis & acute management of care (Threat).* **Oversight Committee:** Strategy and Development Committee. **Current Risk Rating:** 16 (unchanged). One of the core purposes of the Integrated Care System ('ICS') is to improve the outcomes for its population. To achieve this, NCL is developing its population health improvement approach. As part of this we need to consider how we do things differently, in partnership with residents, communities, the voluntary sector and our partners, and including how we deploy our resources differently, with the emphasis on prevention, self-care and early intervention. We know that this is going to be a journey for the ICS and its partners, during a time when there are significant pressures on all to support elective recovery, respond to the financial challenges and look after our workforce. However, if we don't start to plan for and make these changes, we won't see the step-change in outcomes for our residents. Partners from across the NCL ICS have been working together to draft a NCL Population Health Improvement Strategy, which outlines our collective approach to population health improvement in NCL. The first draft of the strategy along with its associated outcome framework was socialised with system partners during Summer 2022 and Directors of Public Health led on engagement with borough partnerships and networks. This second draft of the Population Health Improvement Strategy has been widely socialised with partners this autumn. There has been widespread engagement on the latest draft of the strategy, including providers, Borough Partnerships, Healthwatches, and the VCSE Alliance to gather feedback. System partners have now agreed the draft NCL Population Health Improvement Strategy will be adopted as the NCL Integrated Care Strategy given there is significant overlap in the content required and a desire by partners to have one NCL system strategy. The Integrated Care Partnership Council is accountable for the Integrated Care Strategy and the Integrated Care Partnership Council met informally 17 November to discuss the interim Strategy. The NCL Population Health and Inequalities Committee has endorsed five priorities from the Population Health Outcomes Framework to be a focus for the strategy. System-wide programmes of work will be established to take these forward, with key aspects of delivery through the Borough Partnerships. These are: Childhood immunisation; Cardiovascular Disease; Cancer; Respiratory disease; and, Mental Health and Wellbeing. The first informal Integrated Care Partnership meeting discussed the opportunity to select one of the priorities for the whole system to test and learn about the population health approach and working through borough partnerships to drive hyper-local delivery. Childhood immunisation has been selected as the first priority. This is because there are already initiatives taking place across all our boroughs and there is an opportunity to apply lessons learned from the covid vaccine programme. Work is underway to incorporate the feedback into the strategy and to continue development of the action plan and there will be significant engagement with system partners on the draft strategy throughout January to March 2023. The ICB will also be required to produce a 5-year joint forward plan which should be based on the population health strategy. Guidance on the joint plan is expected to be submitted in late March 2023. **FIN3:** *Long Term Financial Sustainability (Threat)*. **Oversight Committee:** Finance Committee. **Current Risk Rating:** 20 (unchanged). The Finance report to the Board contains a fuller update on NCL's financial performance for 2022/23. In summary, Systems have been invited to revise their

	Forecast Outturn positions for 2022/23 at Month 9 or 10, working in conjunction with regional colleagues and in line with a Forecast Outturn protocol which was made available in late November. Through the year to date a number of NCL providers have experienced challenges to their financial plans which arise largely from inflationary pressures outside of their control – most notably on the cost of utilities. Offsetting this, some have benefited from changes to the interest rate payable on cash holdings with the Government Banking Service as well as successfully controlling costs. Subject to confirmation of one critical accounting issue, it is likely that NCL will be able to deliver a breakeven financial position for the 2022/23 financial year. It is though crucial to note that this is underpinned by a significant level of non-recurrent benefit which will not be available in 2023/24 and that continued improvement to the underlying position of the system as whole is required. Our control processes have remained strong and collaboration, mutual support and a culture of financial transparency has been a key part of delivering this level of financial performance in 2022/23. Operational and Financial Planning Guidance for 2023/24 was issued on 23 December 2022 and indicates the re-introduction of a variable payment for most elective activity in 2023/24 as part of a flat-real financial allocation. Planning processes are underway and a final plan is expected to be submitted at the end of March 2023. <u>Decreasing risks</u> Since the last meeting of the Board of Members, the following two risks' ratings have reduced, but remain above the BAF's threshold: **STR8:** *Failure to Deliver the 2022/23 System Efficiency Plans and Transformation Programme (Threat)*. **Oversight Committee:** Finance Committee. **Current Risk Rating:** 16 (reduced from 20). The ICS System Efficiency Plan will introduce a new approach that will be built with input from all system partners to support the financial recovery plan. The programme will include key efficiencies as set out in the recent planning guidance. This process includes developing and embedding a system wide culture change, reinforcing mechanisms within processes and enabling change through continuous improvement. The CCG/ICB Cost Improvement Programme ('CIP') plan for 2022/23 includes efficiencies with primary care prescribing, CHC/CIC, pay budget reviews and small contract reviews. Work continues to transform opportunities within influenceable spend via the Economy and Efficiency Group working with key Executive Directors and Finance into concrete plans. The risk has reduced as slippage within CIP targets are currently being met through non-recurrent financial resources. **QUAL64:** *Failure to undertake timely Continuing Healthcare assessments and reviews within 28 days (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 16 (reduced from 20). This risk rating has reduced from 20 to 16 given the significant progress made with Local Authority ('LA') partners, via Task and Finish Groups, Weekly Borough Local Authority Meeting, weekly escalation to the executive team and the Social Workers Delays Tracker activity analysis. The ICB and LA are under a statutory duty to undertake patient assessments within 28 days of positive referral for Continuing Healthcare ('CHC') (referred via 'Discharge to Assess', Community, Local Health, GPs, and Fast Track patient with

	a material change in need who subsequently require an assessment for CHC). The formulation of Multi-Disciplinary Teams from the ICB and other stakeholders poses a significant workforce resourcing challenge in meeting this measure, and currently delivering 32% against a national target of 85%. High level discussions are ongoing between the ICB and other system stakeholders to address these challenges with the aim to ease some pressure. NHSE held discussions with LA Directors of Adult Social Service of their statutory duties and there has been an improvement with some boroughs regarding the allocation of social workers for assessment of cases. The business case to support the short-term recruitment of Multi-Disciplinary Teams has been approved, but longer-term solutions must be identified. The Transition Checklist is not currently to be included in the 28 day target. Best practice guidance for young people transitioning from children's continuing care into continuing healthcare is in development, along with the process for the CHC's to follow regarding transition checklists. The project is due to be delivered to NHSE at the end of January and then implemented across the ICB from February-June 2023. <u>Risk below BAF threshold</u> Although this risk falls below the BAF threshold, it is included for ongoing Board of Members scrutiny until the NCL People Board is fully established. **PC2:** *Failure of shared service model to manage unfunded levels of recruitment activity (Threat)***.** **Oversight Committee:** This risk is below the BAF threshold of 15 but is expected to be overseen by the NCL People Board upon its establishment. **Current Risk Rating:** 9 (unchanged). The commitment to shared services is part of the NHS People Plan and the Future of HR and Organisational Development. Strategically this is considered to be an important direction of travel for transactional HR services to improve collaboration, the ability to use robot processing automation to streamline and make services more efficient, and ultimately improve the employee experience. The NCL Chief Executives, confirmed at System Management Board, remain committed to this direction of travel. Therefore, ensuring this service recovers and the learning is taken from the experience, both at sector level and for the national team overseeing the People Plan implementation, is important. The system has experienced a high level of unfunded recruitment activity that was outside of baseline modelling at the same time as adopting the shared services model. The challenges around adoption of this model were exacerbated by additional challenges due to telephony and IT issues during implementation. The risk has system management oversight with a raft of controls having been put in place to mitigate the risk. Work is ongoing to implement a system wide response. **<u>ICB Risks</u>** **COMM22:** *Failure of the Integrated Care Board in effectively managing the transition of the budgets for Specialist Commissioning from April 23 onwards (Threat)*. **Oversight Committee:** Strategy and Development Committee. **Current Risk Rating:** 16 (unchanged). The roadmap produced by NCL has been agreed to be used across London, and work is ongoing with NHS England ('NHSE') London Region on achieving this and putting appropriate Governance in place. In addition, we have concluded the first

	summary of all outstanding issues with Specialised Commissioning services and will be triangulating this with NHSE over the next month. **PERF24:** *Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry, and Community Pharmacy Services from April 23 onwards (Threat).* **Oversight Committee:** Strategy and Development Committee. **Current Risk Rating:** 16 (unchanged). The ICB has been working closely with NHS England ('NHSE') since July 2022 to facilitate the delegation of Dental, Optometry, and Community Pharmacy ('DOP') Services in April 2023. Progress is dependent upon the ICB receiving further data from NHSE and on the development of governance arrangements with NHSE London and the proposed host for the DOP team, North East London ('NEL') ICB. All evidence received to date indicates the delegation will progress as planned. The Board will be kept updated with regards to DOP delegation. **<u>Looking Forward</u>** The ICB's approach to risk management will continue to evolve and a report in this regard, including a 'snapshot' of current key risks, was presented to the Audit Committee on 24 January 2023. Strong foundations are in place for NCL's approach to continue to develop, and it will be important to maintain organisational focus on current key risks including through increased focus at each of the ICB Committees. It will similarly be important to maintain a broader overview of the risk portfolio, considering new areas of risk including opportunity-risks.
Recommendation	The Board of Members is asked to: • **NOTE** the report and provide feedback on the risks and • **IDENTIFY** any strategic gaps within the Committee's remit, and propose any areas where further investigative work may support further risk mitigation.
Identified Risks and Risk Management Actions	The BAF is a risk management document which highlights the most significant risks to the achievement of the ICB's strategic objectives.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's Conflict of Interest Policy.
Resource Implications	Updating of the BAF is the responsibility of each risk owner and their respective directorates. The Governance and Risk Team helps to support this by providing monitoring, guidance and advice.
Engagement	The BAF report is presented to each Board of Members meeting. The Board of Members includes clinicians, Non-Executive Members, Partner Members and other key stakeholders.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.

Report History and Key Decisions	The Board Assurance Framework report is presented to each Board of Members meeting. Risks are kept under review by the risk owners and by the committees of the Board of Members.

Next Steps	The next steps are as follows:
	• To continue to manage risks in a robust way;
	• To continue the development of the ICB's approach to system risk management. This includes:
	  ○ Increased independent scrutiny and oversight of our key risks and our developing approach through the Audit Committee;
	  ○ Further identification and development of system risks;
	  ○ Building relationships with key system colleagues including the Local Authorities;
	  ○ Strengthening the role of the NCL Governance Leads Network as a key mechanism for collaboration and information sharing on key health system risks.

Appendices	The following documents are included: • BAF Risks Highlight Report; and, • Risk Scoring Key.

North Central London ICB BAF Risks - Highlight Report

Risk ID	Risk Title	Risk Owner	Key Updates	2022/23 Current Risk Score JUN	SEPT	DEC	FEB	Movement From Last Report	Target Risk Score
New System Risk									
PC3	Strikes by NHS staff (Threat)	Sarah Morgan - Chief People Officer	This is a new risk emerging from national industrial action taken by Unions and NHS staff regarding pay and working conditions disputes. Within NCL ICS the strikes are impacting providers as follows: • NCL ICB and Great Ormand Steet Hospital ('GOSH') in the first round, and Tavistock and Portman and University College London Hospital ('UCLH') in the second round of Royal College of Nursing strikes; • Unite and GMB have no mandate in London; • Unison only have a mandate in London Ambulance Service. This is currently the most impactful; • The Chartered Society of Physiotherapists has announced that they have a mandate for industrial action and dates are set for 26 January and 9 February. The first round on 26 January includes GOSH, UCLH, Barnet, Enfield and Haringey Mental Health Trust, North Middlesex University Hospital, Royal Free London and Central and North West London (Camden Community Services) and none in the second round on 9 February. Sector and pan-London Management, to keep minimal services running and protect the Urgent and Emergency Care pathway, is co-ordinated through the Flow Oversight Group, System Management Board and Clinical Advisory Group.				15	➔	15
System Risks									
PERF7	Failure to manage surges during heightened periods of pressure (including winter, Easter and other Bank Holidays) and impact on waiting time standards and capacity for elective pathways (Threat)	Richard Dale - Executive Director of Performance and Transformation	Front of House ('FoH') models comprising Streaming, Redirection and Treat & Transfer schemes are now in place across hospital sites to support A&E departments during periods of significant demand. In addition, direct referral pathways that bypass Emergency Departments ('ED') where appropriate and take patients straight to Same Day Emergency Care services ('SDEC') have been strengthened. The London Ambulance Service ('LAS') and the NCL system have implemented the straight to SDEC services for three clinical pathways. A review of the impact of steps to alleviate pressures in ED will be assessed through the NCL Urgent & Emergency Care Operations Group. A strategic review of same day access was undertaken during April 2022 in order to determine the longer-term approach to managing A&E demand. Oversight of this work is maintained by the NCL Urgent and Emergency Care ('UEC') Operations Group. A review of winter was undertaken across NCL with key issues for winter identified, including Mental Health inpatient capacity; crowding in EDs leading to a high number of 12-hour breaches and high number of ambulance handover delays; increasing paediatric activity; increasing low acuity ED attendances; limited discharge capacity; and increasing rates of Covid-19 infection and flu. These issues informed the Winter High Impact Action plan, which has now commenced and is being monitored by the Flow Operational Group weekly. The ICB anticipates that these actions should have a direct impact on the challenges identified for winter. Across NCL, work continues to embed the main actions and strategies outlined in 'Going Further For Winter' to improve operational resilience.	20	16	16	16	➔	9
PERF18	Failure to effectively develop the primary care workforce (Threat)	Sarah McDonnell-Davies - Executive Director of Places	This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention. A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS'). We are currently in year 4 of the 5 year scheme which enables PCNs to access national funding to recruit into a range of 15 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit. Other recent key measures include: • Measures to support GP training, recruitment and retention to help deliver 6,000 more doctors in primary care. This includes £94m to address recruitment and retention issues, including a Partnership Premium of £20,000 and greater proportion of GP training time spent in general practice; • Primary Care Nursing Strategy and NCL Primary Care Nursing Programme Priorities for 2022-23 developed by NCL Training Hub.; • Expansion and promotion of Clinical Placements in NCL to attract, support and embed more new entrants to the practice workforce; • Additional GP Nursing funding received to enable workforce development schemes focussing on Reception & Admin staff, Healthcare Assistants ('HCA'), GP Nurses ('GPN'), Nursing Associates ('NAs'), Trainee Nursing Associates ('TNAs'), retention of volunteers; • The completion of the Primary Care Flexible Staff Pool and an offer to strengthen links between practices and GPs and GPNs wishing to work flexibly live from late March 2022; • Mentoring scheme first developed under the GP and GPN Fellowship and Mentoring scheme to be expanded out to wider workforce during 2022/23; • 12 GP Retention Schemes live in NCL at a borough level supporting development and retention of GPs. Given the high demand on the Primary Care workforce, the ICB will have to monitor the impact on wellbeing and fatigue. The ICB and NCL training hub have been implementing a wellbeing programme targeting Primary Care staff. This programme has continued in 2022/23 with a Primary Care Wellbeing Lead recruited. Recent media coverage has highlighted the need for further scrutiny in relation the support and supervision offered to the newly diversified roles in General Practice which has been picked up as a key priority by the Chief Medical Officer and Chief Nursing Officer.	16	16	16	16	➔	9
PERF25	Failure to ensure adequate integration along urgent care pathway resulting in lengthy ambulance handover delays and slower response times in the community (Threat)	Richard Dale - Executive Director of Performance and Transformation	A Quality Improvement toolkit is being developed to support system wide recovery for implementation during winter 2022/23. This will be one of the matrices that system performance will be measured against by NHS England. Assistant Directors of Quality are now included within the membership of all A&E Delivery Boards and are actively participating in local system discussion. The ICB Chief Medical Officer ('CMO') is co-developing a pilot with the London Ambulance Service ('LAS') CMO to promote the opportunity for senior clinicians to work with LAS to identify patients who can be better managed through local pathways in the community. This will be tested over a four-week period with senior clinicians following learning taken during the recent industrial action. The focus of the pilot will be on 999 Category 2 clinical validation. A four-month programme of analysis of root causes ('RCA') was undertaken by providers for all long hospital handovers (+2 hours and +3 hours) and sharing best practice was carried out over the autumn. A paper outlining findings and learning was presented to the NCL Flow Board on 25 November 2022. It was agreed that a focus on analysing each delay helped us to confirm that causality was related to a common set of themes, which were largely already known and being worked on through ongoing work. Moving forward it has been agreed through the NCL Flow Oversight Board that providers should continue to focus on investigating any long delays in relation to their impact on patient quality, but that they would no longer be required to undertake individual RCAs in each case. Instead, performance monitoring should focus on the national four hour target and this aligns with the new national strategy for Urgent and Emergency Care.		20	20	20	➔	9

COMM14	Failure To Achieve NHS Constitutional Targets - Urgent and Emergency Care (Threat)	Richard Dale - Executive Director of Performance and Transformation	A System-wide industrial action plan has been developed in response to the London Ambulance Service strikes. The plan sets out actions in place to mitigate expected pressures across, primary care/ NHS111, community, mental health, acute, discharge and maternity. The NHS111 re-procurement programme continues at pace. The procurement closed to new bids 13 December 2022. The scoring and moderation of bids has commenced with interviews to follow. NCL supported an LCW contract uplift of 1.96% with respect to a pay award increase and hyperinflation (adjusted for the national insurance deflator), on a non-recurrent basis in lieu of 2023/24 contract activity agreement. NHS England ('NHSE') set out a national allocation of an additional £50m for NHS111 services to support increased winter pressures. London was allocated 15% based on the share of NHS111 call activity managed within the region (£1.179m for NCL). An expenditure plan was submitted to NHSE in November 2022 and subsequently approved in December 2022. The plan includes: • An additional Clinical Navigator for the Surge Period & Rapid access advice line, 48hrs per week for an additional Clinical Navigator to support queue management Friday to Monday weekly, and 48hrs per week for a dedicated clinician for the Health Advisor ('HA') advice line to reduce HA waiting time for seeking clinical advice and to improve waiting times / Average Handling Times; • Use of the NCL reservists pool to support call handling and support front end call answering, and the reduction of abandonment rate. This role will primarily support the management of minor injury, dental and repeat prescription calls and cover periods of highest pressure, including weekday evenings (16.00 – 23.00), weekends and Monday mornings; • Retention, performance and attendance Premia for Health and Service Advisors; • Overtime enhancement; • Back Office Support Costs, which includes training and real-time analysis to support improvements in occupancy and management of clinical queues; • Strep A/Flu/Covid resilience and additional clinical staffing (Clinical Assessment Service). Funding was received from NHSE by the ICB in January 2023. The Executive Management Team approved the pass-through of funding to LCW on 19 January 2023.	16	16	16	16		→	12
COMM21	Variation in Community and Mental Health Services across NCL (Threat)	Sarah Mansuralli - Chief Development and Population Health Officer	The ICS has established an on-going monitoring programme for the outcomes of the review. The key governance forums are implementation steering groups ('ISG'), chaired by the ICS CEO lead for the area, which report into the relevant programme board. These groups receive regular updates through highlight reports that update on implementation progress which are synthesised into an overview of implementation progress and barriers, including recruitment, for each investment area. For community, which does not have dedicated investment (i.e. through an equivalent of the Mental Health Investment Standard) the programme board has used financial principles for investment, alongside programme principles to review which of the 'gaps' within the gap analysis should be addressed through ICS investment in year 1. A list of prioritised investment areas has been agreed via ICS and ICB governance and providers drafted delivery plans, which have been agreed with place based partners and the ISG. Recruitment has continued to progress and is being closely monitored by the Steering Groups. Alongside this, the process for agreeing investment priorities for 2023/24 to address unresolved gaps within the Core Offers has been signed off by both the Community Services Review ('CSR') and Mental Health Service Review ('MHSR') Programme Boards. Commissioner and provider leads for each Borough are reviewing their local gap analysis against the core offer and developing a shortlist of recommendations for additional recurrent investment to be reviewed by ISGs currently and prioritised through a series of Borough partnership engagement workshops in January and February 2023. The finance sub-groups for MHSR receives updates on spend Year to Date ('YTD') and Forecast Outturn ('FOT') and has collected an overview of recruitment progress against Year 1 initiatives. The CSR finance sub-group has a regularly updated recruitment sit-rep and has requested an update from providers on spend YTD or FOT for 2023/24 which they have agreed to provide on a quarterly basis. The provider breakdown of productivity and efficiency ambitions for 2023/24 in relation to the Core Offers are being agreed with providers. Outcomes Frameworks for both Community and Mental Health Core Offers are in development. MHSR Programme Board have agreed the metrics for inclusion in the Framework and are assessing the data availability and sources against each of these. CSR Programme Board will be developing a final draft of the outcomes framework based on feedback received at the December ISG.	16	16	16	16		→	9
COMM26	Failure to make changes to support the shift of resources / investment into prevention & proactive care from crisis & acute management of care (Threat)	Sarah Mansuralli - Chief Development and Population Health Officer	One of the core purposes of the Integrated Care System ('ICS') is to improve the outcomes for its population. To achieve this, NCL is developing its population health improvement approach. As part of this we need to consider how we do things differently, in partnership with residents, communities, the voluntary sector and our partners, and including how we deploy our resources differently, with the emphasis on prevention, self-care and early intervention. We know that this is going to be a journey for the ICS and its partners, during a time when there are significant pressures on all to support elective recovery, respond to the financial challenges and look after our workforce. However, if we don't start to plan for and make these changes, we won't see the step-change in outcomes for our residents. Partners from across the NCL ICS have been working together to draft a NCL Population Health Improvement Strategy, which outlines our collective approach to population health improvement in NCL. The first draft of the strategy along with its associated outcome framework was socialised with system partners during Summer 2022 and Directors of Public Health led on engagement with borough partnerships and networks. This second draft of the Population Health Improvement Strategy has been widely socialised with partners this autumn. There has been widespread engagement on the latest draft of the strategy, including providers, Borough Partnerships, Healthwatches, and the VCSE Alliance to gather feedback. System partners have now agreed the draft NCL Population Health Improvement Strategy will be adopted as the NCL Integrated Care Strategy given there is significant overlap in the content required and a desire by partners to have one NCL system strategy. The Integrated Care Partnership Council is accountable for the Integrated Care Strategy and the Integrated Care Partnership Council met informally 17 November to discuss the interim Strategy. The NCL Population Health and Inequalities Committee has endorsed five priorities from the Population Health Outcomes Framework to be a focus for the strategy. System-wide programmes of work will be established to take these forward, with key aspects of delivery through the Borough Partnerships. These are: Childhood immunisation; Cardiovascular Disease; Cancer; Respiratory disease; and, Mental Health and Wellbeing. The first informal Integrated Care Partnership meeting discussed the opportunity to select one of the priorities for the whole system to test and learn about the population health approach and working through borough partnerships to drive hyper-local delivery. Childhood immunisation has been selected as the first priority. This is because there are already initiatives taking place across all our boroughs and there is an opportunity to apply lessons learned from the covid vaccine programme. Work is underway to incorporate the feedback into the strategy and to continue development of the action plan and there will be significant engagement with system partners on the draft strategy throughout January to March 2023. The ICB will also be required to produce a 5-year joint forward plan which should be based on the population health strategy. Guidance on the joint plan is expected to be submitted in late March 2023.	16	16	16	16		→	9
STR8	Failure to Deliver the 2022/23 System Efficiency Plans ('SEP') and Transformation Programme (Threat)	Richard Dale - Executive Director of Performance and Transformation	The ICS System Efficiency Plan will introduce a new approach that will be built with input from all system partners to support the financial recovery plan. The programme will include key efficiencies as set out in the recent planning guidance. This process includes developing and embedding a system wide culture change, reinforcing mechanisms within processes and enabling change through continuous improvement. The CCG/ICB Cost Improvement Programme ('CIP') plan for 2022/23 includes efficiencies with primary care prescribing, CHC/CIC, pay budget reviews and small contract reviews. Work continues to transform opportunities within influenceable spend via the Economy and Efficiency Group working with key Executive Directors and Finance into concrete plans. The risk has reduced as slippage within CIP targets are currently being met through non-recurrent financial resources.	20	20	20	16		↓	16

FIN3	Long Term Financial Sustainability (Threat)	Phill Wells - Chief Finance Officer	Systems have been invited to revise their Forecast Outturn positions for 2022/23 at Month 9 or 10, working in conjunction with regional colleagues and in line with a Forecast Outturn protocol which was made available in late November. Through the year to date a number of NCL providers have experienced challenges to their financial plans which arise largely from inflationary pressures outside of their control – most notably on the cost of utilities. Offsetting this, some have benefited from changes to the interest rate payable on cash holdings with the Government Banking Service as well as successfully controlling costs. Subject to confirmation of one critical accounting issue, it is likely that NCL will be able to deliver a breakeven financial position for the 2022/23 financial year. It is though crucial to note that this is underpinned by a significant level of non-recurrent benefit which will not be available in 2023/24 and that continued improvement to the underlying position of the system as whole is required. Our control processes have remained strong and collaboration, mutual support and a culture of financial transparency has been a key part of delivering this level of financial performance in 2022/23. Operational and Financial Planning Guidance for 2023/24 was issued on 23 December 2022 and indicates the re-introduction of a variable payment for most elective activity in 2023/24 as part of a flat-real financial allocation. Planning processes are underway and a final plan is expected to be submitted at the end of March 2023.	20	20	20	20		→	16
QUAL64	Failure to undertake timely Continuing Healthcare assessments and reviews within 28 days (Threat)	Chis Caldwell - Chief Nursing Officer	This risk rating has reduced from 20 to 16 given the significant progress made with Local Authority ('LA') partners, via Task and Finish Groups, Weekly Borough Local Authority Meeting, weekly escalation to the executive team and the Social Workers Delays Tracker activity analysis. The ICB and LA are under a statutory duty to undertake patient assessments within 28 days of positive referral for Continuing Healthcare ('CHC') (referred via 'Discharge to Assess', Community, Local Health, GPs, and Fast Track patient with a material change in need who subsequently require an assessment for CHC). The formulation of Multi-Disciplinary Teams from the ICB and other stakeholders poses a significant workforce resourcing challenge in meeting this measure, and currently delivering 32% against a national target of 85%. High level discussions are ongoing between the ICB and other system stakeholders to address these challenges with the aim to ease some pressure. NHSE held discussions with LA Directors of Adult Social Service of their statutory duties and there has been an improvement with some boroughs regarding the allocation of social workers for assessment of cases. The business case to support the short-term recruitment of Multi-Disciplinary Teams has been approved, but longer-term solutions must be identified. The Transition Checklist is not currently to be included in the 28 day target. Best practice guidance for young people transitioning from children's continuing care into continuing healthcare is in development, along with the process for the CHC's to follow regarding transition checklists. The project is due to be delivered to NHSE at the end of January and then implemented across the ICB from February-June 2023.			20	16		↓	16
PC2	Failure of shared service model to manage unfunded levels of recruitment activity (Threat)	Sarah Morgan - Chief People Officer	The commitment to shared services is part of the NHS People Plan and the Future of HR and Organisational Development. Strategically this is considered to be an important direction of travel for transactional HR services to improve collaboration, the ability to use robot processing automation to streamline and make services more efficient, and ultimately improve the employee experience. The NCL Chief Executives, confirmed at System Management Board, remain committed to this direction of travel. Therefore, ensuring this service recovers and the learning is taken from the experience, both at sector level and for the national team overseeing the People Plan implementation, is important. The system has experienced a high level of unfunded recruitment activity that was outside of baseline modelling at the same time as adopting the shared services model. The challenges around adoption of this model were exacerbated by additional challenges due to telephony and IT issues during implementation. The risk has system management oversight with a raft of controls having been put in place to mitigate the risk. Work is ongoing to implement a system wide response.			9	9		→	1
ICB Risks											
COMM22	Failure of the Integrated Care Board in effectively managing the risks of devolution for Specialist Commissioned Services from April 23 onwards (Threat)	Sarah Mansuralli - Chief Development and Population Health Officer	The roadmap produced by NCL has been agreed to be used across London, and work is ongoing with NHS England ('NHSE') London Region on achieving this and putting appropriate Governance in place. In addition, we have concluded the first summary of all outstanding issues with Specialised Commissioning services and will be triangulating this with NHSE over the next month.	16	16	16	16		→	12
PERF24	Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry and Pharmacy Services from April 23 onwards (Threat)	Sarah McDonnell-Davies - Executive Director of Places	The ICB has been working closely with NHS England ('NHSE') since July 2022 to facilitate the delegation of Dental, Optometry, and Community Pharmacy ('DOP') Services in April 2023. Progress is dependent upon the ICB receiving further data from NHSE and on the development of governance arrangements with NHSE London and the proposed host for the DOP team, North East London ('NEL') ICB. All evidence received to date indicates the delegation will progress as planned. The Board will be kept updated with regards to DOP delegation.		16	16	16		→	12

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

Risk Scoring Key

This document sets out the key scoring methodology for risks and risk management.

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

Level	Criteria
Zero	The controls have no effect on controlling the risk.
Weak	The controls have a 1- 60% chance of successfully controlling the risk.
Average	The controls have a 61 – 79% chance of successfully controlling the risk
Strong	The controls have a 80%+ chance or higher of successfully controlling the risk

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

Level of Impact on the Objective	Descriptor of Level of Impact on the Objective	Consequence for the Objective	Consequence Score
0 - 5%	Very low impact	Very Low	1
6 - 25%	Low impact	Low	2
26-50%	Moderate impact	Medium	3
51 – 75%	High impact	High	4
76%+	Very high impact	Very High	5

Likelihood Scale:

Level of Likelihood the Risk will Occur	Descriptor of Level of Likelihood the Risk will Occur	Likelihood the Risk will Occur	Likelihood Score
0 - 5%	Highly unlikely to occur	Very Low	1
6 - 25%	Unlikely to occur	Low	2
26-50%	Fairly likely to occur	Medium	3
51 – 75%	More likely to occur than not	High	4
76%+	Almost certainly will occur	Very High	5

3. Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

LIKELIHOOD	**CONSEQUENCE**				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	**1**	**2**	**3**	**4**	**5**
Low (2)	**2**	**4**	**6**	**8**	**10**
Medium (3)	**3**	**6**	**9**	**12**	**15**
High (4)	**4**	**8**	**12**	**16**	**20**
Very High (5)	**5**	**10**	**15**	**20**	**25**

1-3 **Low Priority**	**4-6** **Moderate Priority**	**8-12** **High Priority**	**15-25** **Very High Priority**

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
7 February 2023

Report Title	Amendments to the ICB's Governance Arrangements	**Date of report**	16 January 2023	**Agenda Item**	4.1
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	**Email / Tel**		Ian.porter3@nhs.net	
Board Member Sponsor	Not applicable.				
Report Author	Andrew Spicer, Head of Governance and Risk	**Email / Tel**		Andrew.spicer1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** This paper supports the Integrated Care Board ('ICB') to effectively discharge its financial duties.			
Report Summary	There are some minor proposed amendments to the ICB's governance arrangements and key governance documentation which require the approval of the Board of Members ('ICB Board'). These are as follows: <u>Functions and Decisions Map</u> At the ICB Board meeting on 29th November 2022 the ICB Board approved the establishment of the North Central London People Board ('NCL People Board'). Reference to the NCL People Board needs to be added to the Functions and Decisions Map. The ICB Board is asked to approve the following amendment to the Functions and Decisions Map: • The addition of the NCL People Board and its purpose to the Functions and Decisions Map. <u>Finance Committee</u> It is proposed that the Finance Committee ordinarily meets six times per year rather than the current ten times per year. The reduction in the number of meetings does not exclude the Finance Committee meeting more often at its discretion. The ICB Board is asked to approve the following amendment to the Terms of Reference for the Finance Committee: • An amendment to paragraph 10.1 so that the Finance Committee will meet six times per year rather than ten times per year.				

	<u>Strategy and Development Committee</u> It is proposed that the number of voting Partner Members on the committee increases from two to three. One of these will be the Partner Member- Local Authorities. The ICB Board is requested to approve the following amendment to the Terms of Reference of the Strategy and Development Committee: • The inclusion of an additional Partner Member and the clarification that one of the Partner Members shall be the Partner Member- Local Authorities. This will be an amendment to paragraph 4.1 of the Terms of Reference. <u>Primary Care Contracting Committee</u> It is proposed that the Chief Nursing Officer is added as a voting member of the committee. This is to strengthen the link between the Primary Care Contracting Committee and the Quality and Safety Committee, where the Chief Nursing Officer is a member. Currently, the Terms of Reference for the Primary Care Contracting Committee state that either the Chief Medical Officer or the Chief Nursing Officer is a member. The proposed change is that both the Chief Medical Officer and the Chief Nursing Officer are members. The ICB Board is requested to approve the following amendment to the Terms of Reference of the Primary Care Contracting Committee: • In paragraph 4.1 the addition of the Chief Nursing Officer as a voting member so that both the Chief Nursing Officer and the Chief Medical Officer are voting members.
Recommendation	The Board of Members is asked to: • **APPROVE** the amendment to the Functions and Decisions Map; • **APPROVE** the amendment to the Terms of Reference for the Finance Committee, Strategy and Development Committee and the Primary Care Contracting Committee.
Identified Risks and Risk Management Actions	This paper will assist the ICB in managing its governance and compliance risks, ensuring there are clear decision-making processes in place.
Conflicts of Interest	This report has been written in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	This report assists the ICB in the effective use of its resources.
Engagement	This report is presented to the Board of Members which includes Non-Executive Members, Clinicians and Partner Members.
Equality Impact Analysis	This report is written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	Previous reports on the ICB's governance framework have been presented at the July 2022 and September 2022 ICB Board meeting.
Next Steps	If the ICB Board approve the recommendations the next step is to implement them.

Appendices	None.