

Minutes
Meeting of NHS North Central London ICB Board of Members
7 February 2023 between 2pm and 4pm
Clerkenwell 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
Cllr Kaya Comer-Schwartz	Leader, Islington Council
Richard Dale*	Executive Director of Performance and Transformation
Dominic Dodd	Chair, UCL Health Alliance
John Hooton*	Chief Executive, Barnet Council
Jinjer Kandola	Chief Executive Officer, Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust
Usman Khan	Non-Executive Member
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Sarah Mansuralli*	Chief Development and Population Health Officer
Sarah McDonnell-Davies*	Executive Director of Places
Sarah Morgan*	Chief People Officer
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Ian Porter*	Executive Director of Corporate Affairs
Dr Jo Sauvage	Chief Medical Officer
Liz Sayce	Non-Executive Member
Phill Wells	Chief Finance Officer
Apologies	
Caroline Clarke*	Group Chief Executive, Royal Free Hospitals and Accountable Officer, NMUH
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Minutes	
Steve Beeho	Board Secretary

1.	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	The Chair welcomed attendees to the Meeting.
1.1.2	Apologies had been received from Dr Alpesh Patel and Caroline Clarke. Paul Sinden was attending on behalf of Dr Patel. Liz Sayce and Dominic Dodd were attending 'virtually' rather than in person.
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.

1.2.2	Julia Neuberger noted that she is now a member of the House of Lords Science and Technology Committee, although this did not have any bearing on today's agenda. There were no further declarations from members.
1.2.3	The Board of Members: <ul style="list-style-type: none"> • NOTED the requirement to declare any interests relating to the agenda; • NOTED the Declaration of Interests Register and the requirement to inspect their entry and advise the Board Secretary of any changes; • NOTED the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
1.3	Minutes of the NCL ICB Board of Members Meeting on 29 October 2022
1.3.1	The Board of Members APPROVED the 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 Caroline Clarke, who was unable to attend today, will be stepping away from the Board in order to concentrate on other commitments. He thanked her for her huge contribution to the development of the ICB and he looked forward to continuing to work with her in the future. In recognition of the pivotal part that the Royal Free Group plays in the NCL system, discussions are underway with the Royal Free Chair, Mark Lam, about joining the Board.
1.6	Report from the Chief Executive Officer
1.6.1	Frances O'Callaghan provided an overview of the report, highlighting the following points: <ul style="list-style-type: none"> • NCL is continuing to experience significant system pressures across all elements of care delivery. This is the result of a number of factors, including the post-Covid recovery and the recent industrial action. She thanked everybody involved in organising cover in response to the strikes. Jo Sauvage is leading on an important piece of work to reduce the pressures on ambulance conveyancing and an update on this will be brought to a future meeting • Excellent collaborative work is taking place with local authority colleagues around the Better Care Fund and the additional funding for discharges • The work of Sarah Morgan and everybody else involved in NCL being appointed one of the ten NHS Universal Family (Care Leavers Covenant) Pathfinder ICBs was commended • The ongoing enhanced support to people residing in care homes to enable them to receive pro-active, well planned and personalised care was highlighted, in particular the use of the Whzan 'blue box' which gives staff wider access to information around patients • Ofsted had recently visited Islington Council's children's services to inspect the arrangements for care experienced children and young people (care leavers). The ICB is committed to doing more across NCL in terms of children's and young people's services, given its commitment to the Start Well programme • A number of recent clinical and care leadership appointments were highlighted, including <ul style="list-style-type: none"> ○ the appointment of David Pennington as ICB Director of Safeguarding ○ Sheila O'Shea has 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, will be supporting the ICB Chief Nursing Officer (CNO) with Midwifery strategic clinical leadership

<p>1.6.2</p> <p>1.6.3</p> <p>1.6.4</p>	<ul style="list-style-type: none"> ○ Dr Sonali Kinra and Michelle Johnson will be joining the ICB clinical directorate to nurture the development of clinical and care leadership within the system, as well as focusing on integration and the growth of neighbourhood multi-disciplinary teams ● The ICB had received a substantially compliant ‘green’ rating for Emergency Planning, Resilience and Response (EPRR) as part of the NHS England assurance process ● The Board was also being asked to note a Chair’s Action that was taken on 12 December 2022 to approve additional funding of £1.3m (including 10% contingency) from ICS 2022/23 capital slippage to cover increased costs of existing projects. <p>The Board of Members discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> ● also it will be important for trusts to review the wider impact on morale, retention and internal culture, although it is difficult to assess this while the strikes are still ongoing. ● It was noted from a provider perspective that the current focus during the industrial action is on mitigations. ● It was agreed that the People Board should reflect further on how the ramifications of the industrial action should be addressed at provider and ICS level. <p>The Board of Members NOTED the Report and the Chair’s Action.</p> <p>Action: Liz Sayce and Sarah Morgan to arrange for the People Board to reflect further on how the ramifications of the industrial action should be addressed at provider and ICS level.</p>
<p>2.</p>	<p>STRATEGY AND BUSINESS</p>
<p>2.1</p>	<p>Quality Vision Update</p>
<p>2.1.1</p> <p>2.1.2</p> <p>2.1.3</p>	<p>Dr Chris Caldwell introduced the paper which was a follow-up to an earlier paper presented in September 2022. She highlighted the following points:</p> <ul style="list-style-type: none"> ● The ICB has responsibility for providing system assurance on quality to NHS England. As part of this it works with providers collaboratively at neighbourhood, place and system level and reports through an integrated dashboard which is being discussed later on the meeting agenda ● The ICB is developing a Population Health Improvement Strategy (PHIS) which will contain key priorities and measures that will act as the indicators to show that NCL is delivering quality care to its residents. Further work is needed to determine what quality care means <i>for</i> residents – in other words, what would they recognise as an improvement ● As part of the next steps, the Quality and Safety Committee is holding a workshop next week to discuss the PHIS and the integration of quality and safety into its work, while also confirming the ICB’s ambitions for quality and the role of the Committee in this ● Therefore rather than the ICB having a separate Quality and Safety strategy, quality and safety will instead be at the centre of the PHIS, with clear measures that the Quality teams and the Committee can focus on. <p>Liz Sayce further noted that she and Dr Caldwell had been speaking to Quality and Safety Committee members at other ICBs regarding the role and remit of their committees. The ICB will turn a dual lens on commissioned services, obtaining assurance that providers have quality systems in place, while also taking a view through the wider PHIS with respect to people experiencing the ‘mesh’ of services, especially those with Long Term Conditions. The ICB aims to take a citizen-centred approach and welcomes the involvement of Healthwatch on the Committee in that regard.</p> <p>The Board of Members discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> ● The idea of looking at quality through a multi-dimensional lens and aligning it to the PHIS was welcomed. However, it is important to note that there will be specific detailed workplans underpinning this that will sit alongside the Strategy, rather than be incorporated within it

2.1.4	<ul style="list-style-type: none"> Assurance was given that there will be a large focus on reducing health inequalities within the PHIS – working at place will be key to ensuring that core standards are in place across NCL. <p>The Board of Members NOTED the approach set out in the paper.</p>
2.2	Summary of NCL ICB BCF and Section 75 Agreements (2022/23)
2.2.1	<p>Sarah Mansuralli introduced the 2022/23 Section 75 agreements. She acknowledged that the paper was being brought for approval late in the financial year but this reflected the fact that guidance which needed to be incorporated into the final agreements was still being received up until December 2022. It is hoped that the 2023/24 agreements will be brought to the Board for approval much earlier in the financial year. She then highlighted the following points:</p> <ul style="list-style-type: none"> Section 75 agreements are the legal agreements through which local authorities and health partners come together to either pool or align budgets which support the operational and strategic delivery of services which largely support residents to receive integrated care as well as more care provided in the community The paper provides details of the range of services delivered through Section 75 arrangements and the associated financial values These agreements have not been reviewed for a number of years, primarily because of the focus on operational resilience during the pandemic. The report outlines the process in place to address this, which will be overseen by the Strategy and Development Committee. Health and Wellbeing Boards will also need to be updated on the review process and timelines as part of this work This work will inform the shape and size of future Section 75 arrangements, recognising that there is considerable variation, while also beginning to crystallise the role of Borough Partnerships and how this will support them in delivering their objectives.
2.2.2	<p>John Hooton echoed Sarah Mansuralli’s comments about funding being received at different points throughout the year. He observed that the review will be welcomed as there are some significant variations in arrangements across the budgets, particularly around pooled budgets. The commitment to involve Health and Wellbeing Boards in the review process was also welcomed.</p>
2.2.3	<p>The Board of Members discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> It was noted that the current inequities are a result of five organisations historically taking different decisions in isolation. The review will therefore help to distil any learning about how different services provide efficiency and efficacy Although there are significant variations between the Section 75 agreements, they are comprised of different levels of influenceable and non-influenceable spend and reflect historical legacy approaches at local level. For instance, a large value of the Section 75 in Haringey reflects a contribution to Community Services provided by Whittington Health, where the contract values are determined through the system planning process. In other areas the review will be able to look at how services can be delivered differently and make recommendations which will really have an impact on population health needs The ICB will need to discuss with local authorities how Section 75 budgets can help Borough Partnerships fulfil their objectives to deliver integrated care and address inequalities. The latest national guidance around BCF (which is part of the Section 75 agreements) focuses on inequalities so this will be a key component going forward It was highlighted that historically the level of Section 75 spend in Barnet and Enfield is much lower than the other three NCL Boroughs and one of the questions the review will need to consider is whether a pooled funding approach would lead to better outcomes The ‘core offer’ for Community and Mental Health Services seeks to address these inequalities It was confirmed that the review is already in train and first report on its findings will be brought to the Strategy and Development Committee in June 2023

2.2.4	<ul style="list-style-type: none"> • It was noted that given the financial pressures facing local authorities and ICBs, the review will focus more on integration and whether pooled funding is the optimum approach, for instance, as opposed to levels of funding per se. The review will also provide an opportunity to review the services being commissioned in light of changes to population profiles in recent years • It was noted that the Section 75 agreements are a key avenue for the system working at Place. The review was therefore welcomed as it will provide leverage for the Boroughs to take ownership once agreement has been reached on the way forward. <p>The Board of Members:</p> <ul style="list-style-type: none"> • APPROVED the BCF and non-BCF Section 75 schemes and budgets set out for financial year 2022/23 • NOTED 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 • APPROVED 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 • APPROVED the proposed joint review of Section 75 and BCF arrangements with local authority partners as outlined in section 4 of the paper.
3.	OVERVIEW REPORTS
3.1	Integrated Performance and Quality Escalation Report
3.1.1	<p>Richard Dale and Dr Chris Caldwell 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:</p> <ul style="list-style-type: none"> • As noted earlier, the health and care system is continuing to experience significant operational pressures. This is being driven by a number of factors, including primary care activity at 130% of pre-pandemic levels despite a smaller workforce and high bed occupancy rates at acute hospitals while also undertaking additional planned care activity to recover these services – planned care activity currently stands at 108% of pre-pandemic levels. Significant work is also taking place to recover cancer services • The ongoing industrial action inevitably has an operational cost – for example, the four days of strikes in nursing meant that over 2000 operations at UCLH had to be either cancelled or moved. A system-wide plan is being implemented to mitigate the impact of the strikes, with a consistent framework in place for escalations • The ICB is continuing to meet regularly with Royal Free London, North Middlesex University Hospital and the Tavistock and Portman, all of which are in Segment 3 of the national System Oversight Framework, where support is mandated by the Regulator to improve performance. Criteria for exiting the Framework have been agreed with Royal Free London and North Middlesex Hospital and improvement plans are being developed by the Tavistock and Portman • Guidance has been published on the Priorities and Operational Planning 2023/24. Final plans will be signed off by ICB and Trust boards for submission before the end of March 2023 • Many of the current measures do not reflect the ICB's aspirations and the Board was assured that this situation is not being normalised. The ICB is working closely with Trust colleagues to recover these services • The bed occupancy rates are in excess of what would normally be considered safe in order to maintain the flow of patients and ensure staff can have the training and support they need to carry out their work and undertake routine housekeeping. Given the circumstances, the level of positivity and creativity that staff are demonstrating is remarkable.

3.1.2

The Board of Members discussed the paper, making the following comments:

- In order to meet its challenging targets, the system will need to do something fundamentally different which goes beyond simply working harder. The previously-highlighted work that Jo Sauvage is doing with LAS, which has system transformation at its heart, is a prime example of the type of innovative thinking that is needed.
- It would be helpful to have a discussion at a future Board seminar about what can be done differently to have a significant impact
- The progress in various areas such as the number of GP appointments and 7-day access was welcomed but it was queried whether engagement activity is also taking place with the community about where care is provided, as it is important to strike a balance between demand and need
- Although the report provides a wealth of valuable information, it does not provide the metrics that would allow the Board to know when things are unsustainable – for instance, whether residents trust that they will receive timely care or if groups feel disenfranchised
- It would be helpful for the Board to understand what quantitative differences new initiatives such as frailty cars and the actions being put in place to further mitigate mental health ED pressures are having, as well as their impact on patient experience and outcomes. Although the ICB is rightly focused on performance targets, it is important that the Board also understands the impact on equity and the extent to which the ICB can sustain the momentum of these developments so that it is better placed to cope with next year's winter pressures
- More needs to be done to alleviate the pressures on primary care as the current position is unsustainable. This is having a negative impact on staff goodwill, as well as their health and wellbeing, with a growing number on long-term sick leave
- Although the increased number of GP appointments is clearly welcome, this is probably contrary to public perception, so there is a need for the ICB to provide assurance on this point
- In response to a query about whether the mental health metrics reflect what the Trusts would ideally like to report, it was noted that there are 'softer' mental health metrics, such as accommodation and employment, which make a difference to people's mental health and wellbeing but do not get measured
- It was noted that the NHS generally operates within short-term horizons and therefore investing in primary care in order to tackle chronic illness and manage Long Term Conditions poses a significant challenge as the benefits of this work, such as a reduction in hospital episodes, will take time to come to fruition
- While this ambition was supported, it was suggested that the more immediate priority is to return to the Long Term Conditions position that was in place before the pandemic, as there has been a rise in avoidable admissions relating to diabetes and high blood pressure
- The future seminar discussion should consider things that the ICB might want to pilot which may not necessarily provide benefits within two years but would at least offer a positive direction of travel
- The system faces a complex financial situation and it is imperative that it comes together to take the necessary decisions to deliver the outcomes that are needed in year to avoid a recurrence of excess winter deaths in 2023/24
- It was highlighted that the Fuller Review recommended integration as the means to sustain primary care and it is important that the ICB heeds this
- It was noted that a range of solutions to the challenges are already in evidence in NCL, including the work which is underway to support some of the most vulnerable populations, such as alcohol disease management, but this work needs to be supported at scale and pace in order to have a transformational impact. Alongside this, there is a range of opportunities at neighbourhood level and in integrated urgent care, and the system needs to look at how it can shift the dial from end to end in key pathways as this will give the ICS a lot of influence which can be leveraged
- There is a huge mismatch between supply and demand in the system and there are no short-term solutions to this. The importance of doing things differently at the front of the pathway across certain services is a critical theme

<p>3.1.3</p> <p>3.1.4</p>	<ul style="list-style-type: none"> • Future changes may ultimately result in a sharper distinction between more complex work which requires intimate local integration and population health management and more discrete parts of the pathway, such as certain pieces of MSK or IAPT work, which are significant drivers of primary care activity that might be done differently in a way that would free up time to focus on more complex work in a more integrated way • The UCL Health Alliance has made a bid for national funding to accelerate its plans to innovate by putting things in place at the front end of the pathway – if successful, this will bring more resource into NCL to support innovation pilots. <p>The Chair thanked members for the important discussion. This will be followed up with a seminar discussion about the need for innovation in order to break out of the current cycle as the current arrangements are unsustainable and there is a strategic risk that the focus on short-term requirements impacts the ICB's ability to shift towards a greater focus on early interventions and prevention. He further noted that the pack had been well-received, while recognising that it remains in development.</p> <p>The Board of Members NOTED the key issues set out in the paper for escalation and the actions in place to support improvement.</p>
<p>3.2</p>	<p>Finance Report</p>
<p>3.2.1</p> <p>3.2.2</p>	<p>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:</p> <ul style="list-style-type: none"> • The proposed amendment to the Standing Financial Instructions (SFIs) has been made to accommodate the authorisation of in extremis expenditure out of hours by an Executive Director • At Month 9 the system as a whole is £53.6m in deficit – all of this deficit sits with providers and is £32m adverse to plan. The primary causes remain consistent, including system expenditure on agency staff being higher than plan and target, delivery of planned efficiency savings, persistent excess inflationary challenges over and above those that the system was allowed to plan for as part of the 2022/23 planning round and emergent pressures in a number of areas, including prescribing. • Although the system forecast position will remain as break-even at Month 10, there will be movement among providers' positions as part of this. Providers whose positions move adverse to plan will trigger the NHSE Forecast Outturn protocol but as the overall system is still forecasting break-even, the consequences of this will be limited • It is important to note that the system is only able to maintain a break-even position as a result of non-recurrent support. A number of partners across the system have been particularly helpful in this respect from within their own positions • The ICB is still forecasting to plan which would mean a £9.4m adverse position for Months 4-12, off-set by a favourable variance in Months 1-3 • There has been a degree of capital slippage and although action will be taken to address this, it is likely that the system will undershoot its overall limit for 2022/23 • It is expected that the forthcoming planning round for both the ICB and the system will be extremely challenging. The new elective payment model appears to be more complex in returning to variable payment models for most elective activity and although NCL expects to improve elective output in the next financial year, the efficiency challenge is likely to be even more stretching than it was for 2022/23. There is a significant risk of not reaching break-even when the final plan is submitted • The ICB has enacted an assumption of 5% efficiency savings on non-pay expenditure and is working through the consequences of an anticipated running costs allowance reduction for 2024/25 in order to factor this into the pay budget for 2023/24. <p>The Board of Members discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • It was clarified that providers' cash reserves are not included in this paper for operational reasons but this detail will be reinstated in the next report that the Board receives • It was suggested that it would be helpful to discuss cash reserves in the system at a future Finance Committee meeting to ensure a shared understanding of the current position

- Draft system planning returns for 2023/24 are likely to show a deficit in aggregate and it will therefore need to take time to work through this.
- Although the current financial year has been challenging, a number of non-recurrent solutions have made this more manageable and the providers' commitment to the NCL system was commended.
- Some concern was expressed in relation to the calculations behind the Convergence factor applied to NCL's overall funding level. This serves to reduce its overall allocation. It was queried whether these adjustments appropriately reflect the diverse nature of the NCL boroughs, particularly the level of deprivation and unmet need in specific communities and the extent to which NCL has risen to the challenge of taking in asylum seekers and the extent to which it has a complex health economy, especially around Specialised Commissioning, while also being expected to increase its activity. The Board encouraged Phill Wells to continue to make representations to NHS England in relation to this.
- It was suggested that NHS England should show greater flexibility around the application of CRL (Capital Resource Limit). As things stand, the system needs to think about different ways of delivering care within that limit, through more co-location and via an Estates Strategy that sets out the direction of travel
- It was noted that cash reserves traditionally support capital spending within the confines of CRL. This is currently being stretched by the significant development schemes that the system wants to undertake as well as Electronic Patient Record (EPR) systems which need to be implemented and improvements to the primary care estate. The case for being allowed to spend more of this capital is reinforced by the fact that there are 10 large providers in NCL, a number of which provide significant services to populations from outside NCL
- There is a significant gap between the revenue that NCL receives to fund elective activity and the level of activity taking place, despite the fact that as a system NCL had the second highest level of activity in the country when the current standards were set. As a result a series of conversations are taking place between Phill Wells, Tim Jaggard and the London and National teams to get a better understanding of what exactly is being asked of NCL as there is a significant gap in terms of how it will fund this activity
- In response to concern about how potential changes in ICB staffing are being discussed with local authorities, particularly with regards to shared/joint roles, it was noted that ICB staff had been briefed the previous week about the expectation that the ICB will be formally asked to reduce its running costs going forward. The briefings have made it clear that Place remains an important part of the ICB's work and design work is at an early stage. Sarah Mansuralli and Sarah McDonnell-Davies are beginning discussions with borough teams of the implications of any changes and Frances O'Callaghan will be briefing local authority Chief Executives individually to emphasise the importance of collaboration around the planned integration with local authorities. The ICB is being asked to remove resource and consideration will need to be given to what it has at Place level to deliver a challenging agenda. It will be important to strike the right balance between working at system and Place and the form that this takes will need to be determined through the design process
- The Board was reminded of the need to ensure that local authorities are treated as equal partners in discussions about integrated care. There have been occasions when Islington Council has struggled to get a clear picture of what would be helpful in terms of planning and although conversations have taken place about using the estate for more treatment in the community and about how to make buildings more environmentally friendly, there has been little solid progress. A plea was therefore made for collective action so that demand can be reduced in a more collaborative way.
- It was agreed that the above points about local authority involvement would be addressed as part of the wider governance of estates and infrastructure planning through the Local Infrastructure Boards and other related governance committees.

3.2.3

The Board of Members

- **APPROVED** the amendments to the Standing Financial Instructions and
- **NOTED** the Finance Report.

3.3	Board Assurance Framework (BAF)
3.3.1	<p>Ian Porter introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> • There are currently 13 risks on the BAF. The report continues to split the risks between those which are system-focused and those which are organisational • A new system risk relating to industrial action has been added since the last meeting • Discussions have taken place regarding potentially reducing the score for the risk around the delegation of Specialist Commissioning and Dental, Optometry, and Community Pharmacy Services but on balance it was agreed that it should remain unchanged • It is potentially concerning to consistently have a sea of red scores across a BAF from one quarter to another and it is clear from the discussion at today's meeting that the Board is not prepared to accept risk at this level on an ongoing basis • There will be at least two new additional risks on the next version of the BAF presented to the Board, relating to the broader workforce across the system and the ICB Change Programme • The ICB is grateful to the Audit Committee for its continued support on the organisation's risk management journey.
3.3.2	<p>The Board of Members discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • Concern was expressed about the number of risks on the BAF as this poses a risk in itself in terms of effective risk management • The work taking place to hone ICB risks was commended. It was suggested that it would be helpful to share a schematic showing which risks go to which committees • Members were encouraged to contact Ian Porter and the governance team if there are any additional risks which they believe ought to be on the Risk Register • The higher rated risk scores were discussed and it was clarified that the risk scores are based on the likelihood of something happening and the assessment of impact. The ratings are the scores assigned following discussion by the individual committees who oversee specific risks • It was agreed that it would be helpful to undertake a piece of work to see how a selection of NCL ICB risk scores compare with equivalent risks in similar ICBs • It was suggested that the lack of change in risk scores indicates either that the scores are incorrect or more work is required on the mitigations • It was agreed that in the next round of meetings, the Board Committees would review the risks they lead on and reconsider as part of this process the appropriateness of the risk scores • It was agreed that it would be helpful to share the latest Audit Committee risk snapshot • It was agreed that related risks will form part of a discussion around system pressures at a future Board Seminar.
3.3.3	The Board of Members NOTED the Board Assurance Framework.
3.3.4	Action: Ian Porter to arrange for the ICB to undertake some bench-marking of ICB risk scores against comparable ICBs.
3.3.5	Action: Committee Chairs and Board Secretaries to arrange for Board Committees to consider the appropriateness of the scores for the risks they lead on in the next round of meetings.
3.3.6	Action: Ian Porter to share the latest Audit Committee risk snapshot.
4.	GOVERNANCE
4.1	Amendments to ICB Governance Arrangements
4.1.1	<p>Ian Porter introduced the paper, noting that the Board was being asked to agree some minor amendments to the ICB's governance arrangements and key governance documentation:</p> <ul style="list-style-type: none"> • The addition of the NCL People Board and its purpose to the Functions and Decisions Map • An amendment to the Finance Committee Terms of Reference stating that it will meet six times per year rather than ten

4.1.2	<ul style="list-style-type: none"> • An amendment to the Strategy and Development Committee Terms of Reference to allow for the inclusion of an additional Partner Member and the clarification that one of the Partner Members shall be the Partner Member – Local Authorities • An amendment to the Primary Care Contracting Committee Terms of Reference to allow 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. <p>The Board of Members:</p> <ul style="list-style-type: none"> • APPROVED the amendment to the Functions and Decisions Map; • APPROVED the amendment to the Terms of Reference for the Finance Committee, Strategy and Development Committee and the Primary Care Contracting Committee.
5.	ITEMS FOR INFORMATION AND ASSURANCE
5.1	Minutes of the Audit Committee Meetings on 26 September and 22 November 2022
5.1.1	The Board of Members NOTED the minutes of the Audit Committee.
5.2	Minutes of the Finance Committee Meeting on 1 November 2022
5.2.1	The Board of Members NOTED the minutes of the Finance Committee.
5.3	Minutes of the Quality and Safety Committee on 8 November 2022
5.3.1	The Board of Members NOTED the minutes of the Quality and Safety Committee.
6.	ANY OTHER BUSINESS
6.1	There was no other business.
7.	DATE OF NEXT MEETING
7.1	9 May 2023 between 2pm and 4pm.