North Central London
Integrated Care Board

Minutes
Meeting of NHS North Central London ICB Board of Members
27 September 2022 2pm and 4pm
Claremont Room

Present:	
Mike Cooke	Chair, NCL Integrated Care Board
Frances O'Callaghan	Chief Executive Officer
Kay Boycott	Non-Executive Member
Caroline Clarke*	Group Chief Executive, Royal Free Hospitals and Accountable Officer, NMUH
Richard Dale*	Executive Director of Performance and Transformation
Dominic Dodd	Chair, UCL Health Alliance
John Hooton	Chief Executive, Barnet Council (representing Cllr Kaya Comer-Schwartz)
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
Deirdre Malone	Interim Director of Quality (representing Dr Chris Caldwell)
Sarah Mansuralli*	Chief Development and Population Health 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
In Attendance:	
Fran McNeil	Assistant Director of Communications and Engagement (Item 2.4)
Emma Whicher	Medical Director, NMUH (Item 2.3)
Anna Stewart	Start Well Programme Director (Item 2.3)
Apologies:	
Dr Chris Caldwell	Chief Nursing Officer
Dr Simon Caplan	GP - Provider of Primary Medical Services
Cllr Kaya Comer-Schwartz	Leader, Islington Council
Sarah McDonnell-Davies*	Executive Director of Places
Sarah Morgan*	Chief People Officer
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 Meeting and invited everybody to introduce themselves.

* Standing Participant
** Previously omitted. Minutes updated 6.6.23

1.1.2	Apologies had been received from Dr Chris Caldwell, Dr Simon Caplan, Cllr Kaya Comer-Schwartz, Sarah McDonnell-Davies, Sarah Morgan and Dr Alpesh Patel.
1.1.3	Deirdre Malone was representing Dr Chris Caldwell and John Hooton was representing Cllr Comer-Schwartz in their absences.
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. Jinjer Kandola declared an interest for item 2.1 as Chief Executive of Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT), as both Trusts are providers of Mental Health Services. Caroline Clarke also declared an interest as Group CEO at Royal Free London NHS Foundation Trust, as North Middlesex University Hospital (NMUH) provides Community Services in Enfield.
1.2.2	As both Members bring extensive sector insights to the discussion of this item, and furthermore Jinjer Kandola is the member of the ICB with knowledge and experience in connection with mental health, their input to the Board's deliberations would be highly valued. Since the weight of their votes would not have a disproportionate or negative impact on the integrity of the ICB's decision making processes, both could accordingly participate in the decision-making process and vote.
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 4 July 2022**
1.3.1	The Board of Members **APPROVED t**he minutes as an accurate record.
1.4	**Minutes of the NCL CCG Governing Body Meeting on 30 June 2022**
1.4.1	The Chair highlighted that the minutes of the legacy organisation had been brought to this meeting in the interests of transparency and good governance. These minutes had been approved by the former CCG Chair.
1.4.2	The Board of Members **NOTED t**he minutes.
1.5	**Matters Arising**
1.5.1	There were no matters arising.
1.6	**Questions From the Public Relating to Items on the Agenda Received Prior to the Meeting**
1.6.1	The Chair noted that eight questions had been submitted in advance by members of the public. The ICB's responses to these questions had been sent to the questioners earlier that day and would be posted on the ICB website after the meeting. In order to streamline the process, responses to material questions relating to specific agenda items would be incorporated into presenters' introductions where appropriate.
1.7	**Update from the Chair**
1.7.1	The Chair had no particular updates on this occasion.
1.8	**Report from the Chief Executive Officer**
1.8.1	Frances O'Callaghan provided an overview of the report, highlighting the following points:

	• The hard work of staff involved in supporting the operational response during the period of mourning following the death of Her Majesty, Queen Elizabeth II, was commended • She also thanked staff for their work in ensuring a smooth transition into the ICB, while also acknowledging the huge amount of work that lies ahead, particularly with respect to the ICB's commitment to Population Health, while also being mindful of the operational pressures that providers continue to face • The system is already experiencing high levels of demand in the run-up to winter. Various steps are being taken to mitigate this, including work around the A&E "front door" and frequent attenders presenting at A&E • Commissioning responsibilities for Specialised, Dental, Optometry and Pharmacy Services will fall under the auspices of the ICB over the next 12-24 months. This is likely to be particularly challenging as there is a high proportion of specialised services located in NCL which potentially poses a financial risk, depending on how the associated funding is allocated in future, as a high number of their patients are from outside NCL • There will be more detailed discussion of the challenges and risks around Maternity Services at a future meeting, particularly with regards to the issues facing BAME patients • Cancer services remain under pressure, especially early diagnosis and ensuring that patients from all communities receive the right information they need in order to come forward to access services far earlier than at present to improve their life chances • There is a high percentage of residents with Sickle Cell Disease in NCL. It is clear that improvements need to be made to the patient experience and the Board was assured that a range of actions are taking place to address this.
1.8.2	The Board of Members **NOTED** the Report.
2.	**STRATEGY AND BUSINESS**
2.1	**Community and Mental Health Services Strategic Reviews**
2.1.1	Sarah Mansuralli introduced the paper, highlighting the following points: • The over-riding goals of the review are to reduce health inequalities, improve the quality and consistency of provision across NCL and deliver care in a more pro-active and integrated way • Following the review and baseline work, which a number of Board members participated in, an innovative Core Offer has been developed which responds to different population needs, as well as including co-ordination functions to facilitate access to services • The Core Offer aims to move care away from crisis management to increased care at home, helping people to lead more independent lives for longer. It also enables the system to develop a set of outcome measures, which will make it easier to assess the impact on populations. This will put in place the foundations for Population Health Improvement and sustainable care, by allowing care to be managed in the best possible setting, while also recognising the role of hospital treatment • Discussions about deepening the integration of Mental Health and Community Services have been taking place at a series of borough-based implementation workshops • The proposed level of investment reflects the baseline findings of the correlation between spend versus prevalence in different parts of NCL. It also takes on board the learning from the pandemic, where sites which had better access to Community and Mental Health Services were able to respond better to peaks in demand compared to other sites where this was not the case

	• Future sustainability is dependent on this type of model where more care is provided 'downstream', preventing exacerbations of conditions and longer-term/higher cost interventions.
2.1.2	The Board of Members discussed the paper, making the following comments: • The clarity the report provided on need and spend was welcomed. It was noted that although this is generally well-matched for Mental Health, this is not the case for Community Services. Furthermore, a large amount of work still needs to be done to address significant backlogs in certain Mental Health services • The discrepancy between the percentage of Black British residents being treated by Mental Health Services and the higher percentage of them in in-patient beds highlights that there is also a health inequalities dimension that needs to be addressed • The amount of engagement with local authorities over the course of the reviews was welcomed. The report shows that historic levels of investment have not always been where they were necessarily most needed and the proposed greater integration will help to tackle that at borough level • It was highlighted that this piece of work had been co-produced with clinicians and providers • Although there are opportunities to increase productivity, the risk around workforce is a major concern and would benefit from collective discussions across the system about how best to address this • Individuals with long-term serious mental illness also often have other long-term conditions and it important that this package of support for those individuals is not lost during the pursuit of greater integration • It was highlighted that this Core Offer, with its focus on inequalities, is the first substantial piece of work by the ICB • Looking ahead, it was noted that there are three frontiers which the Board will need to give further consideration over time: o moving from thinking of Community Services as they are currently understood to a vision of the community as a place where a whole set of services are delivered, including ones which are not provided at present o fundamentally different integration of care in terms of pathways o fundamentally different models of care and self-care, including greater digitalisation and new workforce models • The focus on benefits realisation and outcomes was welcomed. In response to suggestions that supporting service users into becoming members of staff could be incorporated as one of the social outcomes that gets measured, it was noted that as part of their current transformative national offer, patients with lived experience are being employed to provide peer support and can take modules to gain further skills. The challenge is how best to widen this proven approach this across NCL • Citizen and patient activation will be key to making the change of model successful • The future delegation of the strategic commissioning of Dentistry represents a massive opportunity for NCL in terms of its Population Health agenda. Over time the Board and the ICP will be making broader decisions around Population Health which reflect the changing models • The more that the system integrates care, the greater the ability to consider the wider factors which impact this and make each contact count • In recognition of the fact that workforce represents the main strategic risk and in order to provide flexibility, specifications are based on competencies rather than grades, which provides the opportunity to think more laterally around the type of roles which could deliver particular functions. Work in this area will also be taken forward through the People Board • Assurance was given that work is ongoing around the development of social outcomes as part of the metrics. For example, social isolation and independence are being considered under Ageing Well and employment for people with mental health conditions will also be a key indicator • It was acknowledged that greater spending does not automatically equate to improved outcomes. The Borough Partnerships will need to consider how services should either reconfigure or be created in order to meet the Core Offer specifications.

2.1.3	The Chair thanked members for their contributions. He noted the Board's interest in the workforce issue and its appetite for this to be returned to in a structured way. He also noted the desire for a future update on the next steps to accelerate this work and a broader ambition to change how the ICB works in communities which will warrant further discussion at a later date.
2.1.4	The Board of Members **APPROVED** the proposed 3 – 5 years investment approach for both community and mental health services, noting affordability for mental health is subject to using the MHIS and SDF funding, which reflects the strong alignment between delivery of the Mental Health Core Offer programme and Mental Health Long Term Plan deliverables.
2.2	**NCL Quality Vision**
2.2.1	Deirdre Malone introduced the paper and highlighted the following points: • The paper sets out the vision for delivery quality health and care services across NCL through co-creation and collaboration with system partners in a far more integrated way • The vision reflects the diverse multi-cultural population in NCL and focuses on reducing health inequalities, improving outcomes and supporting staff to deliver high-quality and safe care • This is linked closely to the Workforce Strategy which will focuses on multi-professional leadership and career development and promoting NCL as an attractive place to work • Understanding what local populations want from health services is integral to this work. Obtaining feedback from more hard-to-reach groups with the help of the Communications and Engagement team will be an important part of this • The Quality Vision will be accompanied by a Quality Strategy based on the principles set out by the National Quality Board • Key areas of focus include Maternity services; Service pressures in acute care; Sickle Cell Disease; addressing the physical and mental health needs of people presenting to EDs with Mental Health illness and restraint/seclusion for people with Mental Health illness in acute Mental Health providers and ED departments.
2.2.2	The Board then discussed the paper, making the following comments: • The paper had been discussed previously by the Quality and Safety Committee who felt that there should be a strong focus on the ICB's ambitions for improvement as well as keeping a close watch on areas of concern. The Committee had also agreed that it is vital to foster a culture of trust and openness and maintain a commitment to learning • The Committee is also keen to develop an escalation process to facilitate resolutions at system level between partners • The determination and commitment to look at quality at a system level over entire pathways was welcomed. However, further consideration of the mechanisms for delivering this during the development of the strategy would also be beneficial. It is also important to be mindful of the possible overlap with the Population Health Improvement discussions, as this is a distinct piece of work focusing more on pathways than populations • It will be important for the ICB to communicate, particularly to General Practice, how this systematic approach is being taken forward and how this is over and above what was happening in the past • It was suggested that it would be helpful to have a more Population Health-based definition of quality, as opposed to the current provider-focused one. This might also make it easier to complement pieces of work that other parts of the system are doing • It was suggested it might be more impactful if the strategy focused on up to five key areas that will really make a difference, rather than attempting to take on too much • It was highlighted that addressing existing inequities in the system is fundamental to reducing health inequalities.

2.2.3	The Chair noted in conclusion that the paper reflects work in progress and more work and thinking remains to be done to develop a more innovative approach. He therefore recommended that the Board should approve the Quality Vision as a work in progress, rather than a finished product, with more discussion to take place at a later date about how the ICB can innovate in this area, while avoiding duplicating the work of providers and the wider Population Health work.
2.2.4	The Board of Members **APPROVED** the Quality Vision.
2.2.5	Action: Dr Chris Caldwell to provide an update on the Quality Vision at a future Board meeting.
2.3	**Start Well Update**
2.3.1	Sarah Mansuralli, Emma Whicher and Anna Stewart introduced the paper, highlighting the following points: • The Start Well programme takes a strategic view of maternity, neonatal and children and young people's services in NCL, focusing predominantly on the acute sector, with significant interdependencies with Community and Mental Health Services • The programme has clinical leadership from across the sector, as well as representation from Mental Health and local authorities • Following the approval of the Case for Change by the NCL CCG Governing Body on 30 June 2022 there has been a 10 week engagement period, which included 43 events, almost 400 responses to the online survey and meetings with local authorities • There was broad support for the Case for Change, with the recognition that there are considerable opportunities to improve these services across NCL. The valuable bespoke feedback received from parents will be considered in detail • Significant work has taken place to articulate best practice for clinical pathways of care, involving a series of workshops with clinicians • There are two main categories of improvement opportunities: o Improvement plans already in place across the system, with clear owners and delivery vehicles o Identified opportunities which might require services to be organised differently in order to provide greater synergy • It is proposed that a comprehensive action plan is developed for the first category of opportunities which pinpoints where and when the various actions need to be taken. This will be monitored by the Start Well Programme Board • It is also proposed that further work is undertaken by the programme team and clinical leaders on the second set of opportunities to identify options and the best approach to address them. Demand and capacity modelling would also take place alongside this to help to crystallise the potential opportunities, before bringing a further report back to the Board in November • The level of engagement to date has been extremely positive and opportunities for input and engagement will continue as the work progresses.
2.3.2	The Board of Members discussed the paper, making the following comments: • It was acknowledged that this paper may impact on the organisations from which two of the partner members are drawn. However, as the Board was not being asked to make any material decisions, it was agreed that it would be appropriate for them to participate in the discussion • The proposal to extend the work was supported. It is clear that there could be some far-reaching implications as a result of any changes, so it is important that these are considered thoroughly • The detailed process and the collaborative spirit of the engagement were commended • Local authorities are broadly supportive of the work • Assurance was given that there has been extensive engagement with local authorities on the different aspects of the programme

	• It was acknowledged that the potential negative perception by members of the public of any delay represents a risk. The programme has built up powerful momentum through the engagement and it is vital not to lose this, but at the same time it is important that any future proposals recommended to the Board are fully robust and based on clinical best practice • It was noted that this programme ultimately represents the start of a journey rather than a final destination. While the work progresses, different elements will need to be taken into consideration as the degree of integration across pathways is strengthened.
2.3.3	The Board of Members: • **NOTED** the Case for Change themes and feedback from the engagement period • **ENDORSED** the governance arrangements for the next phase of the programme, including the Start Well Board overseeing the programme and a number of workstreams reporting into the programme board • **NOTED** that the programme board will need to have particular responsibilities set out within its terms of reference to pay particular attention to the duties of public sector organisations relating to groups with protected characteristics set out in the Equality Act and NHS Act and to ensure that robust engagement of patients, carers, staff and wider public continues to be central to the design and delivery of the programme • **NOTED** that the next suggested steps will be taken forward through the governance arrangements outlined in the paper • **NOTED** that future reporting arrangements will be presented to the Board at its next meeting, with a proposed recommendation around next steps for the programme.
2.4	**Working With Our People and Communities Strategy and Working With Our VCSE Sector Strategy**
2.4.1	Ian Porter and Fran McNeil introduced the two strategies which set out how the ICB intends to work with people and communities and the voluntary sector as part of its approach to engagement, listening and involvement. highlighting the following points: • Both Strategies have been developed with significant input from partners, including local authorities, Healthwatch and the VCSE sector and there is strong support from ICS colleagues for the strategies' aims, principles and approaches • The draft strategies were also taken to the Community Partnership Forum and the Population Health Improvement Committee for their feedback. It was particularly important that the principles of the strategies are aligned to the key priorities of the ICS, including delivering population health improvement • The ICB is in the process of developing 2022/23 (Year 1) Delivery Plans, which • will focus on practical action to enable and embed strong community engagement and empowerment practices. These will link into Borough Partnership plans and build on the existing best practice at a local level. • It was clarified that the NCL VCSE Alliance includes the five borough umbrella VCSE organisations, plus a representative organisation from each borough for mental health, homelessness, disability, deprivation, refugee and migrant and LGBTQ+ communities. The ICB will be working closely with the Alliance to ensure that the voice of the VCSE is central to the NCL ICS, and to identity priorities, barriers and blocks for the VCSE to work with the ICB and ICS on.
2.4.2	The Board of Members discussed the paper, making the following comments: • The two strategies were welcomed as an impressive statement of intent by the ICB, as was the approach to co-production • The emphasis of the strategies on the resourcing, engagement and co-design of shaping services was noted but it was questioned whether there has been any debate around the expectation of redistributing resources from the NHS to the voluntary sector to help it to support the delivery of better outcomes. It would be helpful to have a clearer idea of the scale of ambition around the planned investment framework • It was clarified that although the ICB is providing infrastructure funding to the voluntary sector, these strategies in themselves will not lead to significant additional funding of the sector – this is something that will need to be considered as part of the work on the preceding agenda items, for example

	• It was noted that all of the administrations in the NCL local authorities view community engagement and participation as being at the heart of what they do. The pandemic has shown the value of building longer-term relationships with communities and community groups • The ICB will be establishing an Engagement Oversight Group as part of the next steps and reports from this will be brought to future Board meetings to provide assurance on the impact of future engagement work • The need to take pro-active steps to widen the pool of potential community representatives was highlighted.
2.4.3	The Chair noted that the ICS had established a strategic Community Partnership Forum when it was operating in shadow form, which was attended by colleagues from the voluntary sector, Healthwatch and community representatives, where positive discussions of these draft strategies had taken place. This had provided assurance that the strategies were being developed along the right lines. The issue of investment in the voluntary sector would be returned to later as part of the future plans around commissioning.
2.4.4	The Board of Members **APPROVED** the Working with our People and Communities Strategy and the Working with our VCSE Sector Strategy.
2.4.5	Ian Porter then paid tribute to Fran McNeil for her excellent contribution to communications and engagement over the past seven years at Camden CCG, NCL CCG and now NCL ICB. Fran has been appointed as Director of Communications at the Royal College of Obstetricians and Gynaecologists and on behalf of the Board he thanked her for all of her hard work and wished her well for the future.
3.	**OVERVIEW REPORTS**
3.1	**Integrated Performance and Quality Escalation Report**
3.1.1	Richard Dale and Deirdre Malone introduced the paper, highlighting the following points: • The report provides analyses of key system operational performance and quality indicators against national and locally agreed targets • The report will gradually evolve to include extensive benchmarking and also look at outcomes for different communities • The report focusses on key pathways, as well as the three organisations in the System Oversight Framework • A number of performance measures reflect the post-pandemic situation and it is important for the ICB to support colleagues to ensure that these are not normalised by increasing the improvement trajectories • The performance of cancer services remains variable and work has taken place with Trusts to reduce the number of patients who have been waiting over 62 days for treatment. The key pressure areas are breast surgery, lower GI (gastrointestinal tract) and skin tumours and plans are in place at Trust level to address these, including the implementation of teledermatology services and ring-fenced diagnostic capacity, bolstered by mutual aid where appropriate.
3.1.2	The Board of Members discussed the paper, making the following comments: • The wider overview of the system provided by the report was welcomed • It is important to note with respect to the relationship between the ICB and NHS England that although the ICB is not the regulator, it is effectively the 'first line' in terms of interventions with providers when there are performance concerns, so it will be important to maintain trust between the ICB and providers to enable the local system to self-regulate as far as possible • Therefore in terms of performance management, the ICB Board needs to avoid mirroring the role of the Trust Boards in holding their respective organisations to account and focus instead on driving system solutions • In the longer term NCL wants to sustain being known as a high-performing and high quality system that is also recognised as innovative and creative but in order to achieve this partners will need to be committed to working together to make a difference for local residents

	• It was clarified that compliance against the immediate and essential actions (IEAs) resulting from the Ockenden Report is overseen by the NCL Local Maternity and Neo-Natal System. It was further noted that the national Maternity Team has recently undertaken a series of visits to maternity services across the country and no concerns have been identified in NCL to date • It was queried how transparency around incident reporting can be promoted across the system as a focus on keeping the figures low can have unintended consequences in terms of its impact on staff behaviours • Assurance was given that there is a strong reporting culture in NCL for serious incidents. The recently launched Patient Safety Incident Response Framework focuses on incident themes and providers will be implementing this over the next year • It was confirmed that the Quality and Safety Committee will maintain a watching brief on the implementation of this Framework • It was confirmed that although the ICB does review waiting times for social service assessments, this data is not robust and the ICB is not measured on it • It was noted that the question of where lead oversight for performance sits within the system is fundamental and would warrant a more detailed discussion in the future. In the meantime it was agreed that it would be helpful for an induction session on performance to be arranged for the Non Executive Members.
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: Richard Dale to organise an induction session on performance for the Non Executive Members.
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: • At Month 5 the system is reporting a £47.4m deficit, which is £22.3m adverse to plan. All other London ICSs are also currently reporting positions which are adverse to plan • The Month 5 ICS position represents a run-rate improvement on the previous month • The system is under-performing on the Elective Recovery Fund (ERF) overall, although with unearned ERF not being clawed back nationally this is not impacting on the Year to Date position of the system • Undelivered efficiency plans are a significant part of the adverse variance, which is now £19m off the Year to Date plan • There had been some impact from a significant system outage in the previous month through one of the organisations which provides financial systems and electronic patient record systems across the NHS. As a result, a number of providers, including the Royal Free and BEHMHT, had been unable to access all of their financial systems for the period covered by the report. It is therefore likely that some of the positions which have been fed into the report may not be as accurate as normal, and potentially over-prudent • Current ICS financial risks include the continuing risk of inflation (for example the UCLH utilities contract), agency spend, ongoing efficiency delivery and the unknown future impact of Covid • Capital expenditure across the system is currently behind plan • The ICB's financial position is strengthened by the fact that the CCG ended Month 3 with a favourable variance to plan of £9.4m • The ICB reported an adverse variance to plan of £4.1m Year to Date and an adverse variance of £9.4m forecast outturn at Month 5. The ICB adverse forecast outturn variance is offset by the CCG favorable variance in Months 1 to 3, resulting in an annual breakeven financial plan and forecast outturn. • The ICB faces an ongoing financial risk regarding its expenditure on Continuing Healthcare, its ability to identify recurrent efficiency savings, LSS in-sourcing and the cost of agency staff

	• The 2022/23 plan contains a level of non-recurrent support which will need to be considered more fully into 2023/24 in order to balance the underlying position • This issue will be discussed in more detail by the Finance Committee, which is meeting the following week.
3.2.2	The Board of Members discussed the paper, making the following comments: • It was noted that despite experiencing a particularly challenging period, the way that the system came together in response was deeply impressive • Assurance was given that all providers have separate detailed financial discussions in their own right. It was also noted that providers might account for things differently, so this will probably need to be unpacked at the Finance Committee.
3.2.3	The Board of Members **NOTED** the Finance Report.
3.3	**Board Assurance Framework (BAF)**
3.3.1	Ian Porter introduced the paper, highlighting the following points: • The previous CCG BAF had been 'lifted' to the ICB and therefore this remains a work in progress as the ICB needs to consider risks to itself as a statutory organisation, as well as risks to the wider system. These two dimensions are reflected in the nature of the new risks • The input of Trust governance colleagues into discussions about how they can help to alert the ICB to system-wide risks was welcomed. It would also be potentially productive to have similar discussions with local authority colleagues to ensure that this report covers the system as a whole • Two new risks have been added – *Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry, and Community Pharmacy Services from April 2023 onwards* and *Failure to ensure adequate integration along urgent care pathway resulting in lengthy ambulance handover delays and slower response times in the community* • It is clear from the meeting discussions that a broader risk relating to workforce needs to be developed before the next meeting • The Audit Committee offered at its meeting the previous day to support the journey of evolving the strategic approach to risk management • The Board will need to collectively consider its risk appetite at a future Board Seminar.
3.3.2	The Board of Members discussed the paper, making the following comments: • The proposal to consider a new workforce risk was welcomed. • It was also suggested that the system should give consideration to the impact of the cost of living crisis on vulnerable people and its ensuing impact on demand for services.
3.3.3	The Board of Members **NOTED** the Board Assurance Framework.
3.3.4	Action: Ian Porter to consider opening a new risk relating to workforce.
3.3.5	Action: Ian Porter to arrange for risk appetite to be discussed at a future Board Seminar.
4.	**GOVERNANCE**
4.1	**Committee Terms of Reference, Standing Financial Instructions and Chair's Action Report**
4.1.1	Ian Porter introduced the paper, highlighting the following points: • A number of minor changes have been made to the ICB's governance arrangements since the Board met previously in July • The paper also included details of the Chair's Action to revise the membership of the Procurement Oversight Group which the Board was briefed on at its August seminar • In addition to the approvals listed in the cover sheet, the Board's approval was also being sought for an amendment to the Terms of Reference of the Primary Care Contracting Committee.

4.1.2	The Board of Members: • **APPROVED** the amendments to the Terms of Reference for the Strategy and Development Committee, the Integrated Medicines Optimisation Committee, the Primary Care Contracting Committee and the Finance Committee; The Functions and Decisions Map and the Standing Financial Instructions - Annex 1 • **NOTED** the Chair's Action.
4.1.3	Ian Porter then noted that the ICB had received a request from NHS England on 24 September 2022 to make a number of minor technical amendments to its Constitution, none of which will have a material impact on the work of the ICB. The Board was being asked to delegate the approval of these changes to Mike Cooke and Frances O'Callaghan.
4.1.4	The Board of Members **AGREED** to delegate to Mike Cooke and Frances O'Callaghan the authority to make changes to the NCL ICB Constitution.
5.	**ANY OTHER BUSINESS**
5.1	There was no other business.
6.	**DATE OF NEXT MEETING**
6.1	29 November 2022 between 2pm and 4pm.