North Central London
Integrated Care Board

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
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
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
** Previously omitted. Minutes updated 6.6.23

1.1.2	The Chair then noted that item 4.2 (Amendments to ICB Governance Arrangements) was being withdrawn until a later date as there are a number of outstanding issues relating to this paper which have not been concluded.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.