North Central London
Integrated Care Board

NHS North Central London ICB
Board of Members Meeting

Tuesday, 25 July 2023
2pm – 4pm
Clerkenwell Room
2nd Floor, Laycock Professional Development Centre
Laycock Street
N1 1TH

AGENDA
Part 1

Item	Title	Lead	Action	Page	Time
1.	**INTRODUCTION**				
1.1	Welcome and Apologies	Chair	Note	Oral	2pm
1.2	Declarations of Interest (not otherwise stated)	Chair	Note	3	
1.3	Draft Minutes of the NCL ICB Board of Members Meeting on 9 May 2023	Chair	Approve	8	
1.4	Matters Arising	Chair	Note	16	
1.5	Update from the Chair	Chair	Note	Oral	2.10pm
1.6	Report from the Chief Executive Officer	Frances O'Callaghan	Note	18	2.15pm
2.	**STRATEGY AND BUSINESS**				
2.1	NHS 111 Integrated Urgent Care Contract Award	Sarah Mansuralli	Approve	24	2.25pm
2.2	Start Well Update	Sarah Mansuralli	Approve	60	2.35pm
2.3	2022-2023 Equality Information Report	Sarah Morgan	Approve	66	2.45pm
2.4	2022-2023 Workforce Race Equality Standards (WRES) Report	Sarah Morgan	Approve	117	2.50pm
2.5	2022-2023 Workforce Disability Equality Standards (WDES) Report	Sarah Morgan	Approve	123	2.55pm
2.6	2022-2023 Gender Pay Gap Report	Sarah Morgan	Approve	129	3pm

2.7	NCL ICB Organisational Development Plan	Sarah Morgan	Approve	138	3.05pm
3.	**OVERVIEW REPORTS**				
3.1	Integrated Performance and Quality Report	Richard Dale and Dr Chris Caldwell	Note	166	3.10pm
3.2	Finance Report	Becky Booker	Note	186	3.20pm
3.3	Board Assurance Framework	Ian Porter	Note	201	3.30pm
4.	**GOVERNANCE**				
4.1	Governance Report	Ian Porter	Approval	217	3.40pm
5.	**ITEMS FOR INFORMATION AND ASSURANCE**				
5.1	Minutes of the Audit Committee Meetings on 21 March and 17 May 2023	Kay Boycott	Note		3.50pm
5.2	Minutes of the Finance Committee Meetings on 4 April and 19 May 2023	Usman Khan	Note		
5.3	Minutes of the People Board Meeting on 20 February 2023	Liz Sayce	Note		
5.4	Minutes of the Procurement Oversight Group Meetings on 6 September and 21 November 2022, and 17 January 2023	Phill Wells	Note		
5.5	Minutes of the Quality and Safety Committee Meeting on 7 March 2023	Liz Sayce	Note		
5.6	Minutes of the Strategy and Development Committee Meeting on 8 February 2023	Chair	Note		
6.	**ANY OTHER BUSINESS**				
6.1	Any Other Business				3.55pm
7.	**DATE OF NEXT MEETING**				
7.1	7 November 2023				

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	Declaration of Interests Register – NCL ICB Board of Members	**Date of report**	5 July 2023	**Agenda Item**	1.2
Integrated Care Board Sponsor	Mike Cooke Chair, NCL ICB	**Email / Tel**		mike.cooke4@nhs.net	
Lead Director / Manager	Frances O'Callaghan, Chief Executive, NCL ICB	**Email / Tel**			
Report Author	Steve Beeho Senior Board Secretary			s.beeho@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications**		Not applicable.	

Report Summary

Members and attendees of the NCL ICB Board of Members meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item.

A conflict of interest would arise if decisions or recommendations made by the Committee could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.

Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money.

If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.

Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date.

Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.

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

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

Name	Current Position (s) held- i.e. ICB Board, Trust, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or Indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Mr Mike **Cooke**	Chair North London Integrated Care System		Yes			direct						BEAT is commissioned by some commissioning organisations to provide services. This declaration is for transparency. There is no conflict of interest between the roles flagged in this declaration.
		BEAT, the national Eating Disorders Charity	No	no	yes	direct	Chair of Trustees	19/11/2019	current	18/11/2019	11/07/2023	
	Chair of ICB Board											
	Member of ICB Finance Committee											
	Chair of ICB Strategy and Development Committee											
	Attend Remuneration Commmittee											
	Chair of ICS Community Partnership Forum											
	Attend other committees as and when required											
Ms Frances **O'Callaghan**	Chief Executive of North London Integrated Care System	Labour Party	no	no	yes	direct	Member of Labour Party	25/05/2023	current	26/05/2023	26/05/2023	This declaration and any potential conflicts of interest were fully assessed by the Governance and Risk Team. Appropriate mitigating actions have been put into place and will be adhered to.'
	Member of ICB Board of Members											
	Member of ICB Finance Committee											
	Member of ICB Strategy and Development Committee											
	Member of ICB Executive Management Team											
	Member of ICB Community Partnership Forum											
	Attend other ICB Committees as necessary											
Mr Phill **Wells**	Chief Finance Officer								current	23/06/2022	10/07/2023	
	NCL ICB Board Member and Chief Finance Officer										10/07/2023	
	Member of ICB Finance Committee										10/07/2023	
	Attendee of ICB Audit Committee										10/07/2023	
	Member of ICB Executive Management Team	Audit and Risk Committee, Department for Digital, Culture, Media and Sport	yes	yes	no	direct	Independent Member (ended May 23)	2016	15/05/2023	23/06/2022	10/07/2023	Where decisions to be taken by the ICB contain a potential or perceived conflict, I will excuse myself from the decision making process and a suitable deputy will act in my place
	Member of Strategy and Development Committee	Essex County Council	no	no	no	indirect	Partner is an IT Director (ended May23)	01/09/2019	15/05/2023	21/07/2022	10/07/2023	
	Member of Procurement Oversight Group	The Air Ambulance Service	yes	yes	no	direct	Trustee and Chair of Audit and Risk Committee	01/03/2022	current	23/06/2022	10/07/2023	
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	yes	direct		01/07/2022	current	10/07/2022	06/07/2023	
	Member of ICS Community Partnership Forum		no	yes	no	direct			current	10/07/2022	06/07/2023	
	Member of ICB Board	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	06/07/2023	
	Member of ICB Executive Management Team	London People Board	no	yes	no	direct	Commissioning Representative		current	10/07/2022	06/07/2023	
	Member of Quality and Safety Committee	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	06/07/2023	
	Member of the Strategy and Development Committee	London Primary Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Primary Care Contracting Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	06/07/2023	
	Member of Population Health Improvement Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	06/07/2023	
	Also participate in multiple work streams NHS England & Improvement and Health Education England, London Region:	Membership Expert Advisory Group for Evidence based interventions. Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	06/07/2023	
		Net Zero Clinical Transformation Advisory Board	no			direct	Member		current	06/07/2023		
		London Sustainability Network	yes	yes	no	direct	Clinical Director		current	06/07/2023		
		Islington GP Federation	yes	yes	yes	direct	GP Practice is a member	2016	current	10/07/2022	06/07/2023	
		City Road Medical Centre	yes	yes	yes	direct	GP Partner	06/11/2018	current	10/07/2022	06/07/2023	
		South Islington PCN	no	yes	yes	direct	GP Pracitce is a member	01/07/2019	current	01/07/2022	06/07/2023	
Mrs Kay **Boycott**	Non Executive Member, Member of the ICB Board,		yes	yes	yes	Direct		01/07/2022	current	11/07/2022	17/07/2023	
	Member of ICB Strategy and Development Committee	Eakin Healthcare Group	yes	yes	yes	Direct	Director	01/09/2021	current	11/07/2022	17/07/2023	
	Member of ICB Quality and Safety Committee	London Fire Brigade	yes	yes	yes	Direct	Independent Audit Committee Member	30/10/2020	current	11/07/2022	17/07/2023	
	Chair of ICB Audit Committee	Durham University	yes	yes	yes	Direct	Lay member of Council and Audit and Risk Committee Chair	25/11/2018	current	11/07/2022	17/07/2023	
	Member of ICB Finance Committee	English Heritage Trust	yes	yes	yes	Direct	Director	30/12/2021	current	11/07/2022	17/07/2023	
	Member of ICB Remuneration Committee	Isle of Wight Youth Trust	no	yes	no	Direct	Chair	12/07/2023	current	12/07/2023		They are commissioned by the Hampshire and Isle of Wight ICB to provide counselling services, not involved in any NCLICB work
		Various	yes	yes	yes	Direct	Advisor		current	11/07/2022	17/07/2023	These are infrequent and under NDA - In previous NHS roles I have agreed I would declare if relevant to a specific agenda item
		PWC	no	no	no	Indirect	Husband is a partner	06/07/2023	current	06/07/2023		
Ms Liz **Sayce OBE**	Non Executive Member, Member of the ICB Board							01/07/2022	current	26/08/2022	10/07/2023	
	Chair of ICB Remuneration Committee										10/07/2023	
	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	no	yes		direct	Trustee	26/01/2021	current	26/08/2022	10/07/2023	
	Member of ICB Audit Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	10/07/2023	
	Vice-Chair of ICB Integrated Medicines Optimisation Committee	Social Security Advisory Committee	yes	yes		direct	Member and Vice-Chair	2016	current	31/07/2023	10/07/2023	
	Member of ICB Primary Care Contracting Committee	Fabian Society Commission on Poverty and Regional Inequality	yes	yes		direct	Commissioner	2021	current	26/08/2022	10/07/2023	
	Chair NCL People Board	Royal Society of Arts	no	no	yes	direct	Fellow		current	26/08/2022	10/07/2023	
		Institute for Employment Studies Commission on the Future of Employment Support	yes	yes	no	direct	Commissioner	2022	2024	26/08/2022	10/07/2023	
		Recovery Focus (a national voluntary organisation)	no	no	no	indirect	Partner is a Trustee		current	26/08/2022	10/07/2023	
		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Trustee	24/11/2022	current	24/11/2022	10/07/2023	

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

		Consultancy roles	no	no	no	indirect	My partner offers consultancy across the UK to mental health services, sometimes working with NHS Trusts, local authorities or voluntary sector organisations		current	26/08/2022	10/07/2023	I would declare a specific interest if my partner at any point worked with an organisation in North Central London, and recuse myself from any discussions relating to that organisation as needed
Dr Christine **Caldwell**	Chief Nursing Officer	Middlesex University	no	yes	no	Direct	visiting honorary Professor	30/03/2023	current	30/03/2023	06/07/2023	
	Member of ICB Board	Barnet Enfield Haringey MHT	no	no	no	indirect	daughter is an employee	01/01/2023	current	06/07/2023		
	Member of Executive Management Team											
	Member of Quality and Safety Committee											
	Member of Strategy and Development Committee											
	Member of Primary Care Contracting Committee											
Mr Mark **Lam**	Board Member ICB		no	yes	no	Direct	Member	01/03/2023	current	12/04/2023	08/06/2023	
		Royal Free Hospitals	yes	yes	no	Direct	Chair	01/04/2021	current	12/04/2023	08/06/2023	
		North Middlesex University Hospital	yes	yes	no	Direct	Chair	01/10/2021	current	12/04/2023	08/06/2023	
		UCL Partners	yes	yes	no	Direct	Director	12/04/2021	current	12/04/2023	08/06/2023	
		UCL Health Alliance	yes	yes	no	Direct	Vice Chair	12/12/2022	current	12/04/2023	08/06/2023	
		Social Work England	yes	yes	no	Direct	Non Executive Director	11/01/2019	current	12/04/2023	08/06/2023	
		JT Group	yes	yes	no	Direct	Non Executive Director	01/04/2023	current	12/04/2023	08/06/2023	
		Games Workshop Group PLC	yes	yes	no	Direct	Non Executive Director	12/04/2023	current	12/04/2023	08/06/2023	
		Hastings International Piano	no	no	yes	direct	Trustee	27/05/2011	current	12/04/2023	08/06/2023	
Dr Usman **Khan**	Board Member ICB		no	yes	no	Direct	Member		current	07/09/2022		
	Chair of ICB Primary Care Contracting Committee	ModusEurope	yes	yes	yes	Direct	director	29/11/2012	current	07/09/2022		
	Chair of ICB Finance Committee	Motor Neurone Disease (Sales) Ltd	yes	yes	yes	Direct	director	27/06/2022	current	07/09/2022		
	Member of ICB Audit Committee	London Metropolitan University	yes	yes	yes	Direct	Vice Chair of Governors	01/08/2022	current	07/09/2022	09/01/2023	
	Member of ICB Remuneration Committee	Motor Neurone Disease Association	yes	yes	yes	Direct	Chair of Trustees / director	01/07/2021	current	07/09/2022		
		FIPRA, a European public affairs consultancy	yes	yes	yes	Direct	Senior Advisor for EU Health Policy	01/50/2020	current	07/09/2022		
		KU Leuven University, Belgium	yes	yes	yes	Direct	Visiting Professor in Health Management and Policy		current	07/09/2022		
		Good Governance Institute	no	yes	No	Direct	Senior Advisor / Associate	01/02/2022	current	07/09/2022	09/01/2023	
Baroness Julia **Neuberger DBE**	Board Member ICB			yes	yes	direct	Member	01/07/20222	current	07/07/2022	16/07/2023	
	Member of ICB Strategy and Development Committee	UCLH	yes	yes	yes	direct	Chair	25/02/2019	current	07/07/2022	16/07/2023	
		Whittington Health Trust	yes	yes	yes	direct	Chair	01/04/2020	current	07/07/2022	16/07/2023	
		Walter and Liesel Schwab Charitable Trust	no	yes	no	direct	Trustee	06/12/2001	current	07/07/2022	16/07/2023	
		Rayne Foundation	no	yes	no	direct	Trustee	09/09/2018	current	07/07/2022	16/07/2023	
		Independent Age	no	yes	no	direct	Trustee	09/10/2019	current	07/07/2022	16/07/2023	
		The Lyons Learning Trust	no	yes	no	direct	Trustee	13/04/2016	current	07/07/2022	16/07/2023	
		Leo Baeck Institute	no	yes	no	direct	Trustee	15/07/2020	current	07/07/2022	16/07/2023	
		Yad Hanadiv Charitable Foundation	no	yes	no	direct	Trustee	2021	current	07/07/2022	16/07/2023	
		UK Commission on Bereavement	no	yes	no	direct	Member / Bereavement Commissioner	2021	current	07/07/2022	16/07/2023	
		UCL Health Alliance	no	yes	no	direct	Vice Chair	2021	current	07/07/2022	16/07/2023	
		House of Lords	yes	yes	no	direct	Independent Cross Bench Peer	2011	current	07/07/2022	16/07/2023	
		West London Synagogue	no	yes	no	direct	Rabbi Emirata	01/03/2020	current	07/07/2022	16/07/2023	
		Public Voice Representative	no	no	no	direct	Public Voice Representative	01/11/2022	current	16/07/2023		
Ms Harjinder **Kandola MBE**	Board Member ICB							01/07/2022	current	10/07/2023		
		Barnet Enfield Haringey Mental Health Trust	yes	yes	yes	direct	Chief Executive	16/07/2018	current	10/07/2023		
		Camden and Islington Foundation Trust	yes	yes	yes	direct	Chief Executive	01/10/2021	current	10/07/2023		
Mr Ian **Porter**	Executive Director of Corporate Affairs	no interests declared	No	No	No	No		01/11/2016	current	01/07/2022	12/07/2023	
	Board Attendee ICB											
	Audit Committee, attendee											
	Procurement Oversight Group, voting member											
	Remuneration Committee, attendee											
	Member of ICB Executive Management Team											
	System Management Board, attendee											
	Member of ICS Community Partnership Forum											
Mr John **Hooton**	Board Attendee ICB		no	yes	no	direct		01/07/2022	current	06/07/2022	06/07/2023	
		Barnet Borough Coiuncil	yes	no	yes	direct	Chief Executive	01/02/2017	current	06/07/2022	06/07/2023	
		Live Unlimited Charity (no 1176418)	no	yes	no	direct	Chair of Trustee	01/03/2018	current	06/07/2022	06/07/2023	
Dr Jonathan **Levy**	Board Attendee ICB		yes	yes	no	Direct		01/07/2022	current	04/07/2022	08/09/2022	
	Clinical Lead – Living Well Camden Borough Mental Health	James Wigg and Queens Crescent Practices	Yes	Yes	No	Direct	GP Partner	15/11/2015	current	10/09/2019	08/09/2022	
	Member of ICB Quality and Safety Committee Chair of ICB Integrated Medicines Optimisation Committee	Enterprise Medic Limited	Yes	Yes	No	Direct	Consultancy services to James Wigg and Queens Crescent Practice. Sole Director and sole shareholder	01/09/2015	current	10/09/2019	08/09/2022	
		Kentish Town South Primary Care Network	Yes	Yes	No	Direct	Practice is a member of PCN	10/09/2019	01/07/2019		08/09/2022	
		South Kentish Town PCN Ltd (Company number 12723647)	Yes	Yes	No	Direct	Practices are members of the PCN and I am the Clinical Director	06/07/2020	current	08/02/2021	08/09/2022	
		Camden Health Partners	Yes	Yes	No	Direct	Shareholder in GP Federation	15/11/2016	current	10/09/2019	08/09/2022	
Dr Simon **Caplan**	Board Member ICB		yes	yes	no	Direct		01/07/2022	current	04/07/2022	10/07/2023	
	Member of ICB Audit Committee	Fernlea Surgery	Y	Y	Y	Direct	Partner	1990	current	26/01/2021	10/07/2023	
	Member of ICB Strategy and Development Committee	NCL GP Providers Alliance	no	Y	Y	Direct	Board Member	01/05/2022	current	04/07/2022	10/07/2023	
	Chair of Medicines Clinical Reference Group	Jewish Care (National charity)	no	Y	Y	Direct	Member of Clinical Governance Committee	2010	current	26/01/2021	10/07/2023	
		Federated4Health	no	Y	Y	Direct	Practice is a member	2016	current	26/01/2021	10/07/2023	
		Welbourne PCN	no	Y	Y	Direct	Practice is a member	01/06/2020	current	26/01/2021	10/07/2023	

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

		NHSE & I (London region) Medical Directorate	Y	Y	Y	Direct	Senior Clinical Advisor NHSE & I	01/04/2020	current	26/01/2021	10/07/2023	
Dr Alpesh **Patel**	Board Member Attendee and Chair of GPPA	White Lodge Medical Practice	Y	y	n	direct	GP Partner	1998	current	27/01/2016	11/07/2023	
		General Practice Providers Alliance (GPPA)	Y	y	n	direct	Chair	2022	current	11/07/2023		
		UCL Health Alliance	y	y	n	direct	Director	03/04/2023	current	11/07/2023		
		Gemini Health	y	y	n	indirect	Director	Aug-17	current	27/01/2016	11/07/2023	
		Enfield Healthcare Cooperative	y	y	n	indirect	Co Chair and Executive Director	Sep-17	current	27/01/2016	11/07/2023	
		Enfield One Ltd	y	y	n	indirect	Director			27/01/2016	11/07/2023	
		White Lodge Medical Practice Ltd	y	y	n	indirect	Director	2009	current	27/01/2016	11/07/2023	
		Equity Health LLP	y	y	n	indirect	Director	Nov-08	current	27/01/2016	11/07/2023	
		Enfield Health Partnership Limited, Provider of community gynaecology service	y	y	n	indirect	Shareholder 5%	Mar-13	current	27/01/2016	11/07/2023	
		Enfield Healthcare Alliance	Y	Y	N	indirect	Shareholder less than 5% (as White Lodge	2015	curremt	27/01/2016	11/07/2023	
		Local Medical Committee	N	Y	N	indirect	member	11/09/2014	current	31/07/2023	11/07/2023	
		BEH MHT	N	Y	N	indirect	spouse is a Pyschiatrist at Trust	27/01/2016	currrent	27/01/2016	11/07/2023	
		Evergreen Surgery	y	y	y	direct	Director	2007	current	27/01/2016	11/07/2023	
		NCL training Hub	y	y	y	direct	Clinical Lead	01/04/2022	current	12/12/2022	11/07/2023	
		NHSE	y	y	y	direct	GP Appraiser	2016	current	12/12/2022	11/07/2023	
		Enfield Borough Partnership Convenor	y	y	n	direct	Convenor	01/05/2023	current	11/07/2023		
		Enfield Health Partnership Limited (Federation)	y	y	y	direct	co-chair	mid 2020	current	12/12/2022	11/07/2023	
		Enfield Care Network	y	y	y	direct	Practice is a member of PCN	01/07/2019	current	08/05/2020	11/07/2023	
Kaya **Comer-Schartz**	Board Member attendee and Leader of Islington Borough Council	Islington Borough Council	y	y	y	direct	Leader of the Council		current	14/12/2022		
		Junction Ward - Islington Borough					Councillor Representative, Labour		current	14/12/2022		
Richard **Dale**	Executive Director of Transtion and Performance	No interests declared	No	No	No	No		03/07/2018	current	04/09/2019	06/07/2022	
	Member of Executive Management Team											
	ICB Board of Members, attendee											
	Finance Committee, attendee											
	Audit Committee, attendee											
	Strategy and Development Committee, attendee											
	Quality and Safety Committee, member											
	ICS Community Partnership Forum, member											
Sarah **Mansuralli**	Chief Development and Population Health Officer	No interests declared	No	No	No	No		07/11/2018	current	07/11/2019	07/07/2023	
	Member of Executive Management Team											
	Attend ICB Board of Members											
	Exec Lead for Strategy and Development Committee											
	Attend Finance Committee											
	Attend Procurement Oversight Group											
Sarah **McDonnell-Davies**	Executive Director of Place	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	14/07/2023	
	Member of Executive Management Team											
	Attend ICB Board of Members											
	Attend Strategy and Development Committee											
	Exec Lead for Primary Care Contracting Committee											
	Exec Lead for Integrated Medicines Optimisation Commmittee											
	attend other NCL / Borough related meetings as required											
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	06/07/2023	manage contributions in line with ICB guidance
	Attend Remuneration Committee											
	Attend Primary Care Contracting Committee											
	Member of People Board											
	Member of People and Culture Oversight Group											
	Member of rhe Strategic Development and Population Health Committee											
		Fresh Visions People Ltd Charity no 1091627	no	no	yes	Direct	Trustee / Director	22/04/2022	current	04/07/2022	06/07/2023	Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Southern Housing are declared as a conflict of interest as operate out of London

North Central London
Integrated Care Board

Draft Minutes
Meeting of NHS North Central London ICB Board of Members
9 May 2023 2pm and 3.30pm
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
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
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Sarah Morgan*	Chief People Officer
Ian Porter*	Executive Director of Corporate Affairs
Dr Jo Sauvage	Chief Medical Officer
Liz Sayce	Non-Executive Member
Phill Wells	Chief Finance Officer
Apologies:	
Mark Lam*	Chair, Royal Free Hospitals and NMUH
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Minutes:	
Steve Beeho	Senior 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 Mark Lam and Dr Alpesh Patel. Baroness Julia Neuberger was running late but would be joining the meeting shortly.
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	There were no additional declarations of interests or gifts and hospitality.
1.2.3	The Board of Members:

* Standing Participant

	• **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 Meetings on 7 February and 28 March 2023**
1.3.1	The Board of Members **APPROVED t**he minutes as an accurate record.
1.5	**Matters Arising**
1.5.1	it was noted that the Population Health and Integrated Care Strategy had been updated to reflect the feedback at the previous meeting and then taken to the first formal meeting of the Integrated Care Partnership (ICP) where it was endorsed. The ICP was keen for there to be a focus now on delivery planning to make the Strategy a reality.
1.5.2	The Board of Members **NOTED t**he Action Log.
1.6	**Update from the Chair**
1.6.1	The Chair had no particular updates on this occasion.
1.7	**Report from the Chief Executive Officer**
1.7.1	Frances O'Callaghan provided an overview of the report, highlighting the following points: • She thanked colleagues at UCLH and GOSH for their work on mitigating the effects of the industrial action over the previous Bank Holiday, as well as system partners who provided support. The impact in terms of cancelled operations and appointments is currently being assessed by the ICB and the affected Trusts and will need to be factored into future planning • The ICB is currently undergoing a significant change management process because of the need to become a responsive population health organisation, the need to revisit the structure and operation of the ICB following the transition from NCL CCG and the formal directive from the Secretary of State to reduce running costs by 30%. Guidance is being sought from NHS England on some of the things the ICB would like to include in any staff consultation, including the potential scope for voluntary redundancy. Discussions are also planned with Trust Chief Executives regarding opportunities for ICB staff who may be displaced by this process • The ICP met on 18 April 2023, chaired by Cllr Kaya Comer-Schwartz in Mike Cooke's absence, with a strong focus on childhood immunisations and a more developed discussion around the Borough Partnerships • NCL work on developing its clinical model is further advanced than other parts of London, which is a tribute to the leadership of Dr Chris Caldwell and Dr Jo Sauvage • There has been an increase in mental health patients waiting in A&E for longer periods of time, so the re-opening of the Mental Health Crisis Assessment Service (MH CAS) is particularly welcome, as is the recent approval of an Appropriate Care Pathway between NCL crisis cafés and London Ambulance Service • Ofsted and the CQC recently carried out an inspection of the Enfield Special Education Needs and Disabilities (SEND) system under the new framework. Partners viewed this as a positive experience overall.
1.7.2	The Board then discussed the paper, making the following comments: • In response to a question about community support in light of the Police's changing responsibilities with respect to mental health, it was confirmed that following the Casey Review, Barnet, Enfield and Haringey Mental Health Trust and Camden and Islington NHS Foundation Trust have been thinking about how best providers can work more closely with the police to help them to support the population and a meeting is being set up with local commanders to look at what they might do differently.

	• Work has also taken place in Haringey around Section 136 with the police, MIND and other colleagues about providing support through targeted interventions when an individual is in crisis, rather than robust police responses which can be concerning for the individual as well as family members • It was suggested that a common aim around the Section 136 pathway is required so that activity is diverted to the right place. At times the police are picking up these cases and conveying them to an ED department when it would be better for them to be taken to the MH CAS • A growing number of mental health acute presentations are being seen in a variety of places and this reflects to a degree access issues in other ICSs. This suggests that a London-wide piece of work is needed to understand the implications of changes to other systems' capacities to ensure that mitigations are in place, A collaborative piece of work to address this with the police and mental health colleagues and MH CAS is probably the best way forward. It was agreed that a report on this would be brought to a future meeting • The ICB has been informed since the publication of the meeting papers that the Enfield SEND report has been delayed until July, due to the fact that this is the first review under the new regime and more time is needed to pull the report together.
1.7.3	The Board of Members **NOTED** the Report.
1.7.4	Action: Sarah Mansuralli to provide a report with analysis to explain the increasing number of Mental Health ED breaches and the relationship with MH CAS and Section 136 presentations.
2.	**STRATEGY AND BUSINESS**
2.1	**ICS People Strategy**
2.1.1	Liz Sayce and Sarah Morgan introduced the paper, which built on an earlier Board Seminar discussion. She highlighted the following points: • The People Board had recommended the Strategy for Board approval, following extensive engagement across the system. This represents an exciting opportunity to show what ICSs can do differently • The Strategy is anchored in the current major challenges, including existing and projected skills shortages, while also looking ahead in the longer term at the kinds of organisations and roles that will be needed to deliver the Population Health and Integrated Care Strategy through a more pro-active approach • 'Change' is at the heart of the Strategy, building on a foundational year. There is also a strong appetite to draw on the considerable academic and business assets in NCL • The Strategy contains three pillars: workforce supply, workforce development and workforce transformation, each of which is matched with a proposed governance structure • It will be important to undertake work on the baselines in the foundational year to improve the quality of data to help set specific outcome measures • The Strategy will also support the aim to support local social and economic development and deliver on the outcome in the Population Health and Integrated Care Strategy to help more people with learning disabilities and long term conditions back into work.
2.1.2	The Board then discussed the paper, making the following comments: • In response to a query about the extent to which the delivery of the Strategy will be reliant on innovation, it was noted that it had been kept relatively broad in recognition of the fact that it will also need to align with other strategies, including the Digital and Net Zero strategies. These strategies are constrained by the absence of a capital plan that would support significant digital innovation, so there needs to be a focus on the 'art of the possible' and the first year would therefore be a transitional one

	• Particular thought needs to be given to mental health and primary care transformation - the primary care deliberations recognise that transformation needs to be broader than just digital. Initial conversations have taken place with Workforce Training and Education (WTE) about how they might be able to support the system to think differently about mental health workforce transformation • It was confirmed that discussions have been taking place with local authorities about the ICB building on their expertise in developing links with local communities as part of it becoming more outward-facing. A recent inclusivity audit of the shared services used by eight Trusts had looked at how embedded they are in local communities. The Organisational Development Report, which is being brought to the July meeting, will contain further details on the London-wide programme of work that will also seek to improve links with communities • The Strategy will be a critical enabler for the Population Health and Integrated Care Strategy and therefore careful thought will need to be given to its sequencing and prioritisation to ensure that everything is aligned • The focus in the Strategy on staff wellbeing was welcomed, as the system faces the dual challenge of retaining staff while also recruiting people for the future. Ensuring that staff feel valued and supported and can also see a path for career development is integral but as there is likely to be limited funding in this area in the foreseeable future, the system may have to sacrifice some of the focus on innovation for the time being to hold onto the workforce it already has • It was questioned whether greater ambition is needed about the pace of delivery and the percentage of staff coming from the local population. The system should take advantage of opportunities to focus on local communities as an essential resource, linking to BAME communities in particular • The recurring challenge faced by organisations in London, whereby they train staff who then leave because of the cost of living in the capital, was highlighted. Concern was also expressed about the potential impact on the system of the looming retirement of a large number of GPs, and to a slightly lesser extent secondary and tertiary consultants, over the next decade. The voluntary sector also faces a similar issue. • In response it was noted that having a 'one workforce' strategy will help to address challenges around staff retention by promoting broader opportunities, rather than just focusing on the NHS. It is also anticipated that the primary care deliberations work will pick up some of the issues caused by GP retirements. However, the cost of living is an issue that extends beyond NCL and is not one it can tackle on its own • It was confirmed that the feedback on ambition will be picked up as part of the implementation plan • It was suggested that it would be helpful if future Board papers could highlight timelines where appropriate.
2.1.3	The Chair thanked Members for their endorsement of the Strategy and their challenge regarding how it will be taken forward. He noted that some of the issues had been discussed within NCL for a number of years and it is important that the system now takes action to address them.
2.1.4	The Board of Members **APPROVED** the People Strategy, subject to their feedback being taken forward as part of the implementation.
2.2	**ICB Priorities 2023/24**
2.2.1	Ian Porter and Sarah Mansuralli introduced the paper, which set out the 'golden thread' for the ICB's work as moved it into its second year. They highlighted the following points: • The proposed priorities for 2023/24 will help with the organisation's forward and capacity planning, as well as the setting of staff objectives for the year ahead • The priorities are split into three themes: Getting the basics right; Advancing our ambitions towards population health improvement and Delivering our statutory and business as usual activities.

	• The list demonstrates good 'read across' with issues previously discussed by the Board or currently on the forward plan, including urgent and emergency care, elective and cancer wait times, primary care transformation, Population Health, workforce and the ICB Change Programme • As the ICB moves out its transition year it is now looking to put its structure and infrastructure in place to deliver its more immediate statutory objectives while also looking ahead to the future and in particular the delivery of the Population Health and Integrated Care Strategy. However, it is important to bear in mind that the ICB will be going through an intense period of organisational change, while also trying to establish a new culture for the way it works, including its relationship with system partners. At the same time, it is recognised that many of the factors which impact on what the ICB is trying to achieve are beyond the control of the NHS, so there will ultimately need to be a system cultural shift • These changes will be taking place within a constrained financial environment and therefore difficult decisions will inevitably need to be made. Getting these right further reinforces the earlier point about the importance of prioritisation and sequencing.
2.2.2	The Board then discussed the paper, making the following comments: • Although the focus on the ICB being culturally different was welcomed, it was suggested that the emphasis on getting the basics right felt fairly limited to the here and now and NHS service delivery, rather than wider system change. During the childhood immunisations discussion at the last ICP meeting it had been remarked that at times it can seem as if there is more of a focus on what is comfortable for the current system, rather than looking at the wider picture of what would ideally constitute 'school readiness' and then tailoring our approach accordingly. By the same token, the response in the document to the early intervention challenge focuses on things like cancer screening, rather than the potential preventative benefits of healthy eating, for example • It was noted that there is already an appetite for a seminar discussion about where the system would like to be, on the back of the Population Health and Integrated Care Strategy. It was highlighted that there is a desire among the NCL local authorities for a bolder and wider approach to integration but greater clarity is needed about what this might mean in practice and therefore they will be meeting in advance of this seminar to discuss this further • The priorities include important things which need to be progressed but this should be in parallel with wider system change. Certain priorities are rather broad, such as *Narrow health inequalities in access, outcomes and experience including mental health services* and *m*ore detail would be welcomed on the developmental and longer term pieces of bold thinking that are needed, complemented by tangible targets. As things stand, if staff are going to be working to SMART objectives, a large amount of translation will be required of managers to make these priorities a reality • It was suggested that the document feels slightly defensive in places and needs a stronger focus on transformational thinking and an action plan for implementation • It would be beneficial to carry out some medium term financial planning over the next few months to help the ICB to start making progress, despite the current constraints • Given the interdependencies between some of the ambitions, more detail about the building blocks is needed to provide assurance about their deliverability • It would be helpful if the priorities could be more rooted in the language of the powerful 'I' statements included in the Population Health and Integrated Care Strategy.
2.2.3	The Chair noted that in light of the feedback, the Board could not approve the priorities at this stage. Although the Board did not necessarily disagree with any of the paper's contents, greater contextualisation is needed both in terms of trade-offs and alignments with timelines and broader financial perspectives, while also balancing a focus on ambition with the here and now. The Board would therefore return to the document after the planned seminar discussion.
2.2.4	The Board of Members **NOTED** the organisational priorities for 2023/24.
3.	**OVERVIEW REPORTS**
3.1	**Integrated Performance and Quality Escalation Report**

3.1.1	Chris Caldwell and Richard Dale introduced the paper, highlighting the following points: • The industrial action is continuing to have a significant impact on performance and patients, particularly on the postponement of planned appointments and the experience of those patients who did access care • Although there has not been any notification of serious harm as a result of the strikes by the junior doctors and the Royal College of Nursing, staffing levels were at an absolute minimum, so it is likely that there will have been an increase in pressure ulcers and falls • 30% of elective activity was lost on the days when industrial action took place. In addition, activity is reduced in the run-up to strike days and in the aftermath. Analysis is being carried out to understand the full impact of this • The ICB has a dual role in terms of provider oversight and quality improvement through the Population Health and Integrated Care Strategy. Oversight continues of the three Trusts (Royal Free London, North Middlesex University Hospital and Tavistock & Portman) which are in System Oversight Framework – Segment 3. The ICB is also undertaking a Quality Account review of all NHS providers which will be presented to the Quality and Safety Committee • A 'deep dive' was recently carried out into the annual review of the Child Death Oversight process and the learning from this will feed into the Population Health and Integrated Care Strategy. Work is taking place with Public Health regarding two recent child deaths in the same area from a condition that children are immunised against • The first stage of an audit into stillbirths in Haringey has been completed. It is clear that there are links to deprivation and this will be discussed further at the next meeting of the Quality and Safety Committee • There has been a 40% reduction since January in the number of elective care 78-week waiters. The pace of further reductions will have been impacted by the industrial action • Innovations across providers continue to be explored, such as shared Patient Tracking Lists (PTLs) and how innovative approaches to mutual aid and waiting list management can be shared with Mental Health colleagues • There has been an improvement in the number of patients waiting six weeks for a diagnostic test • Current challenges include delivery of the cancer 28-day Faster Diagnosis Standard at NMUH, access of CYP Mental Health Services and system pressures in the emergency care pathways. The report details the actions taking place to address these.
3.1.2	The Board then discussed the paper, making the following comments: • It was noted that the industrial action has had a knock-on across the system, beyond the organisations that were directly affected. It is essential that staff morale is supported while the system is under significant pressure. People have done their best during the industrial action but there is a growing concern about how sustainable this will be if the industrial action proves to be long-lasting • Work is taking place in NCL to manage its out of area Mental Health placements but this is proving challenging due to other ICBs placing patients in NCL • It was acknowledged that some of the Community Mental Health access rates are concerning. The work on waiting lists and PTLs is delivering improvements but more progress is needed • When thinking about primary care access, the ICB needs to be clear about whether practices are meeting need, as opposed to demand. The strong performance taking place is illustrated by the fact that despite coming out of a pandemic and demand being at an all-time high, the Learning Disabilities healthcheck target has been significantly surpassed, as has the Serious Mental Illness (SMI) target. It is important for the ICB and ICS to prioritise the right work and the right population groups, underpinned by data that provides assurance that this is happening • It was suggested that providers across the system are going to have to think about how they can support staff beyond their salaries. This might mean having discussions with Housing Associations and local authorities about housing, for example

	• There are things that providers need to do to manage morale locally but there are other fundamental systemic issues, such as the need to repair the 'psychological contract' between staff and the NHS as a whole which has been damaged over this period • It was agreed that an update on the discussion due to take place shortly at the People Board on how to make NCL a more attractive place to work would be provided under Matters Arising at the next meeting.
3.1.2	The Board of Members **NOTED** the key issues set out in the paper for escalation and the actions in place to support improvement.
3.1.3	Action: Sarah Morgan to provide an update on the discussion at the People Board on making NCL a more attractive place to work.
3.2	**2023/24 Financial Planning Update**
3.2.1	Phill Wells provided a brief overview of the paper which reflected the position at the time of writing (24 April 2023), followed by a verbal update on subsequent developments since the paper was published: • This had been an extremely challenging planning round, with a hugely demanding financial position evident across NCL and London in general • The NCL position was affected by the withdrawal of a significant amount of non-recurrent funding it received for the previous financial year, as well as the move to a more population-based funding model which adversely affects NCL due to the number of Trusts which provide services to a population from outside the area. This was further compounded by the fact that NCL was being asked to deliver the highest elective target in the country • At the end of March, the ICB submitted a demanding financial plan as part of a system return which had a total £95m deficit. The ICB's plan still contained an underlying deficit and included £11m non-recurrent support. It also contained a significant efficiency target of over £30m, which is a key risk to the delivery of the plan. The plan also recognised risks outside of the plan amounting to almost £70m • On 4 May 2023 the system was requested to submit a final plan, with a range of consequences for those systems which did not submit a balanced plan at this point. The plan submitted by NCL had a system deficit of £47.8m. • As a result the ICB position had improved from the one detailed in the paper and it now aimed to deliver an £8.78m surplus as an organisation through a mixture of further non-recurrent support and another look at recurrent improvements that can be made in the running of the organisation. • Identified risks had increased to over £74m, due in part to further analysis on the expected expenditure on high cost drugs • Following the submission of a deficit plan as a system, discussions are taking place with the regional and national NHS England teams about the introduction of pay and non-pay controls for the organisations that are in deficit. • As part of its medium-term financial plan which the system is required to produce in September, NCL will need to show how it is addressing this deficit and the underlying deficits which sit within it • The ICB continues to be in conversation with providers, the system in general and NHS England about how it can continue to improve its plan towards breakeven and the Board will continue to be updated on developments.
3.2.2	The Board of Members • **NOTED** the financial planning update and • **NOTED** that the London Shared Services balance sheet has been closed down in 2022/23.
3.3	**Board Assurance Framework (BAF)**
3.3.1	Ian Porter introduced the paper, highlighting the following points:

	• There are currently 14 risks on the BAF, 10 of which are system-based and four of which sit with the ICB • Two additional risks now meet the BAF threshold and have therefore been added since the last meeting: *Failure to recruit into CHC and CIC Learning Difficulties core roles on a permanent basis impacting on team effectiveness and service delivery* and *Failure to Deliver Referral-To-Treatment Waiting Time Standard* • The ICB and system financial risks for 2022/23 have been closed and replaced by financial risks for 2023/24 • The risk score relating to industrial action has been increased from 15 to 20 • A risk relating to the ICB's organisational change programme will be reported to the Strategy and Development Committee but at this stage it does not meet the BAF threshold • NCL has received for the third successive year full assurance from its internal auditors on its approach to risk management • The ICB has completed the benchmarking on its risk scores against the other London ICBs. This has given assurance that the ICB is in a strong position in terms of the maturity of its thinking and its level of consistency. The exercise has also identified that primary care demand, mental health demand and "Net Zero" warrant further consideration as part of ongoing risk management. This would be discussed further at the Audit Committee.
3.3.2	The Board of Members **NOTED** the Board Assurance Framework.
4.	**ITEMS FOR INFORMATION AND ASSURANCE**
4.1	**Minutes of the Audit Committee Meeting on 24 January 2023**
4.1.1	The Board of Members **NOTED** the minutes of the Audit Committee.
4.2	**Minutes of the Finance Committee Meeting on 31 January 2023**
4.2.1	The Board of Members **NOTED** the minutes of the Finance Committee.
4.3	**Minutes of the Quality and Safety Committee Meeting on 10 January 2023**
4.3.1	The Board of Members **NOTED** the minutes of the Quality and Safety Committee.
4.4	**Minutes of the Strategy and Development Committee Meeting on 2 November 2022**
4.4.1	The Board of Members **NOTED** the minutes of the Strategy and Development Committee.
5.	**ANY OTHER BUSINESS**
5.1	There was no other business.
6.	**DATE OF NEXT MEETING**
6.1	25 July 2023 between 2pm and 4pm.
7.	**PART 2 MEETINGS**
7.1	The Board **RESOLVED** to exclude the public from the Part 2 meeting.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023 - Action Log

On Agenda	
Needs Urgent Update	
In Progress	
Completed	

Meeting Date	Action Number	Action	Lead	Deadline	Update
7 February 2023	6	**Report from the Chief Executive Officer Paragraph 1.6.4** 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.	Liz Sayce and Sarah Morgan	May 2023	This issue was discussed at the People Board meeting on 15 May 2023. It was agreed that this would be picked up as part of a piece of work that Dr Chris Caldwell and Richard Dale are leading on. The initial outcome of this will be presented initially to the Clinical Advice Group (CAG) and subsequently to the System Management Board (SMB).
7 February 2023	7	**Board Assurance Framework Paragraph 3.3.4** To arrange for the ICB to undertake some bench-marking of ICB risk scores against comparable ICBs.	Ian Porter	May 2023	Board members were updated on the outcome of this analysis at the May Board meeting.

7 February 2023	8	**Board Assurance Framework** **Paragraph 3.3.5** To arrange for Board Committees to consider the appropriateness of the scores for the risks they lead on in the next round of meetings	Committee Chairs and Board Secretaries	September 2023	This exercise is currently ongoing. The Quality directorate has been reviewing their risks and the outcome of this will be presented at the next meeting of the Quality and Safety Committee. Other directorates are undertaking deep dives of their risks which will be completed in due course. The Executive Management Team will consider the outcome of the risk reviews and agree next steps in September 2023. Risk Registers will continue to be presented as a standing item at Committee meetings.
9 May 2023	11	**Report from the Chief Executive Officer** **Paragraph 1.7.4** To provide a report with analysis to explain the increasing number of Mental Health breaches and the relationship with Mental Health Crisis Assessment Service and S136 presentations.	Sarah Mansuralli	November 2023	It is proposed to bring a report to the November Board meeting.
9 May 2023	12	**Integrated Performance and Quality Escalation Report** **Paragraph 3.1.3** To provide an update on the discussion at the People Board on making NCL a more attractive place to work.	Sarah Morgan	July 2023	This is addressed under items 2.3, 2.4, 2.5, 2.6 and 2.7 on today's agenda.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	Chief Executive's Report	**Date of report**	3 July 2023	**Agenda Item**	1.6
Lead Director / Manager	Not applicable.	**Email / Tel**		Not applicable.	
Board Member Sponsor	Not applicable.				
Report Author	Frances O'Callaghan Chief Executive, NCL ICB	**Email / Tel**		frances.o'callaghan@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	The Chief Executive's Report shares highlights from the work of the ICB and its partners and key issues for the Board of Members' consideration that are not covered elsewhere on the agenda.				
Recommendation	The Board of Members is asked to **NOTE** the Report.				
Identified Risks and Risk Management Actions	Where applicable, any risks are identified within the report.				
Conflicts of Interest	There are no conflicts of interest arising from this report.				
Resource Implications	There are no direct resource implications arising from this report, although areas described have resource implications for the ICB.				
Engagement	Engagement activities are highlighted as appropriate.				
Equality Impact Analysis	There are no equality impacts arising from this report.				
Report History and Key Decisions	This report is a standing item on the agenda of Board of Members meetings.				
Next Steps	None.				
Appendices	None.				

1. Introduction

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

2. Industrial action

2.1 Industrial action continues to be a challenge for the sector to manage. There were three days of junior doctors' industrial action from 7am on Wednesday 14 June to 7am on Saturday 17 June 2023. The service managed to continue to keep patients safe and treat urgent and emergency, some cancers and deliver some other prioritised activity throughout this period. At the time of writing the next proposed junior doctor strike action is an all-out for five days and for the first time includes a full weekend, planned to run from 7am on Thursday 13 July to 7am on Tuesday 18 July 2023. This is set to be quickly followed by two days of Consultant strike action, which is proposed to run at the level of 'Christmas Day' cover from 7am on 20 July for 48 hours and ending 7am on 22 July 2023. This would ensure that emergency care would continue to be provided, but elective or non-emergency work would need to be cancelled. This will be followed by the Society of Radiographers strike from 8am on Tuesday 25 July to 8am on Thursday 27 July and the mandate has been achieved in GOSH, UCLH and Whittington Health.

2.2 This level of action continues to be challenging for providers, particularly those that have experienced significant industrial action throughout the last eight months, notably GOSH and UCLH in NCL. The priority remains patient safety and work is being undertaken to determine the wider impact of the industrial action.

3. Organisational Change programme

3.1 The ICB organisational change programme launched on Monday 3 July and will run for 49 days up until Monday 21 August 2023. This was slightly delayed from our original plan on 29 June 2023 to ensure that colleagues celebrating Eid were not disadvantaged.

3.2 Although there have been multiple factors contributing to the need for a change programme, a key design principle that has guided this work, is our commitment to working with our partners across health and social care to better focus our resources on driving improvement in population health outcomes across NCL boroughs and reducing inequalities. We have therefore sought to ensure that we have the right capacity and capability to do that in each of our five boroughs.

3.3 Continuing our commitment to partnership working, we have shared relevant elements of our consultation with partner organisations across the system and we are in dialogue with partners throughout this period for information

3.4 We understand that this is an unsettling time for staff and have sought to ensure that we have been open and transparent throughout the process and have communicated and engaged with staff at regular intervals since we launched the programme on 1 February 2023. There are a number of support initiatives running throughout the consultation period and an increased focussed on wellbeing. We have also included financial wellbeing and pension advice, as well as practical support through career transition workshops and

debiasing recruitment training including the standardised use of diverse panels to ensure a fair process is adhered to as we stand up the new structure.

3.5 Our aim is to implement the new structure throughout the Autumn with a view to running with the completely new establishment on or before 1 April 2024.

3.6 It is worth noting that our business case for voluntary redundancy (VR) was approved by NHS England nationally on 8 May 2023 and is now with the Department of Health and Social Care (DHSC) for review. However, we have not been given a proposed date for when this will happen. We will continue to pursue this as long as possible but are mindful that once the outcome document is published, we will move into implementation and will no longer be in a position to implement a VR scheme without the pre-approvals being in place from DHSC and HM Treasury.

4. Delegation of primary care complaints to ICB

4.1 On 1 July 2023, responsibility for the management of Primary Care Complaints transferred from NHS England to the ICB. As responsibility for commissioning general practice, pharmacy, optometry and dentistry has now been delegated to the ICB, there was a national drive from NHS England for the management of complaints to be moved into ICBs. This will allow us to have a greater knowledge and oversight of any complaints or concerns being made directly to us as commissioners. A small number of staff have transferred from NHS England into the existing team within our Corporate Affairs Directorate, which already manages commissioner complaints and concerns relating to secondary care services across NCL.

5. Optimising systems and process redesign for children and young people with complex health and care needs.

5.1 NCL ICB are partners of a successful National Institute for Health and Care Research (NIHR) bid. The research has received development funding from the 'NIHR Systems Engineering Innovation Hubs for Multiple long-term Conditions' (SEISMIC) Programme. The research submission led by the Institute of Child Health and Clinical Operational Research Unit, Mathematics, University College London (UCL) is looking at systems and process redesign and optimisation at key childhood events and transitions in children and young people (CYP) with complex health needs. NCL ICB is part of the research team and represented by Michelle Johnson, Deputy Chief Clinical Officer, as one of the co-investigators.

5.2 The vision is to improve the lives of children with complex health needs, particularly in underserved communities. Children and young people (CYP) with complex health needs face significant challenges accessing the services they need, often spread across many providers. Particularly challenging are times of 'transition', such as when seeking a diagnosis, starting or changing school, moving house or transitioning to adult services.

5.3 The development phase research (SPROCKET) aims to take a whole systems approach, to develop a framework for services at key points of transition for a child and their family. The research team and partners will design a better system, improving coordination, delivery and means of measuring and ensuring quality. An innovation hub will be designed selecting methods for eliciting perspectives from CYP and families on what ideal services

would deliver. Additionally, it will map how services fit together, to identify key challenges and potential solutions.

5.4 It is anticipated that more information will be available in 12 months' time as the development phase reaches a conclusion.

5.5 This opportunity will, through research, help us to deliver better, more coordinated, holistic and person-centred services for CYP with complex needs and their families. It will also have a clear focus on tackling the impact of inequalities and is therefore aligned with a core value of the ICB. This research is also the start of the ICB's involvement in research activities that contribute to developing our evidence-based approach to commissioning for outcomes.

6. Vaccinations Update

6.1 Following recent NICE guidance, integrated care boards now have statutory responsibility for providing access to community-based COVID treatments - neutralising monoclonal antibodies (nMABs) and oral antivirals.

6.2 As of 27 June 2023, highest-risk patients in north central London will no longer be automatically contacted by the NHS if they test positive for COVID-19, but instead are required to self-refer to the NCL COVID Medicines Service directly. The service is provided by the Islington and Haringey GP federations, which will triage the patient and assess their suitability for COVID treatments.

6.3 As part of the new service, antiviral oral medication will be available from a number of designated pharmacies across north central London. If a neutralising monoclonal antibody (nMAb) medication is prescribed, this treatment will continue to be available by intravenous infusion at UCLH hospital as before.

6.4 The transition of the triaging and oral prescribing service from UCLH into primary care has taken many months of planning with the support and collaboration from many clinical and non-clinical colleagues in our ICS. This is in line with our strategic ambition of delivering more care closer to home and in the community. This has been a complex process and the learning will be shared with other ICSs who plan to make the move into a primary care model.

7. COVID-19 Medicines Delivery Unit (CMDU) update

7.1 Following recent NICE guidance, integrated care boards now have statutory responsibility for providing access to community-based COVID treatments - neutralising monoclonal antibodies (nMABs) and oral antivirals.

7.2 As of 27 June 2023, highest-risk patients in north central London will no longer be automatically contacted by the NHS if they test positive for COVID-19, but instead are required to self-refer to the NCL COVID Medicines Service directly. The service is provided by the Islington and Haringey GP federations, which will triage the patient and assess their suitability for COVID treatments.

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(nMAb) medication is prescribed, this treatment will continue to be available by intravenous infusion at UCLH hospital as before.

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8. Celebrating successes

8.1 People with a **severe mental illness** die on average 14-18 years early, largely due to preventable physical illness. Addressing this is a priority for NCL and we know that early identification of ill health and proactive care improves outcomes. A good start is increasing the number of patients with a severe mental illness who have a comprehensive annual physical health check. NCL improved its performance from 45% in 2021/22 to 62% (or 13,322 residents) in 2022/23. This exceeded the national target and put NCL in the five top-performing ICBs nationally. Our improvement is due to additional investment and co-ordinated action across our primary care, mental health Trusts and voluntary sector to ensure those with severe mental health illness receive timely physical health checks.

8.2 Similarly, people with a **learning disability** often have poorer health than other people and can find it hard to know when they are unwell or to tell someone about it. The annual health check gives people time to talk about anything that is worrying them and an opportunity to get used to going to the doctor. NCL primary care and community teams for people with a learning disability make it easier for patients to attend a health check. They make reasonable adjustments that are person-centred, such as a pre health check phone call, use of a quiet secluded room and easy-read leaflets. In 2022/23, 90% of NCL patients with a learning disability had an annual health check to assess holistic health and care needs. This was an increase from 73% in 2021/22 and exceeded the national target.

9. Nursing Awards

9.1 Earlier this month we saw four teams and projects across North Central London's Integrated Care System competing as finalists across six categories at the Burdett Nursing Awards 2023. We concluded the evening celebrating two great wins. The NCL Learning Hub's Nurse Education team won the Digital Health award. The award celebrates exceptional nursing teams who are 'change agents' in the digital space, delivering positive transformation of patient care using technology. The Nursing Education team's work was described as an excellent example of the role of nurses in building trust through education and relationships.

9.2 The Enfield Integrated Learning Disability Service Community Nurses at Barnet, Enfield and Haringey Mental Health NHS Trust also took home a win in the Learning Disability category. Their digital technology pilot project within supported living units and family homes has enabled care staff, families and service users to develop a greater understanding of their health. Additionally, our Pay More Attention Study Team at Great Ormond Street Hospital were runners up in the same category. Both teams were praised

for how they continue to challenge health inequalities faced by people with learning disabilities.

9.3 In the Supporting Resilience category, the Resilience Based Clinical Supervision programme for North Central London Integrated Care System, hosted by The Tavistock and Portman NHS Foundation Trust in partnership with the Foundation of Nursing Studies, were recognised as well-deserving finalists, who had produced innovative strategies and solutions to improve the psychological wellbeing and resilience of nursing colleagues across the NHS, social care and primary care during and in the recovery time following the covid-19 pandemic. They were commended specifically on their success in engaging colleagues from BAME backgrounds, who were often more reluctant to access wellbeing support.

Frances O'Callaghan
Chief Executive

14 July 2023

NHS
North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	NHS 111 Integrated Urgent Care Contract Award	**Date of report**	5 July 2023	**Agenda Item**	2.1
Lead Director / Manager	Mark Eaton Director of Strategic Commissioning & Procurement Alex Faulkes Programme Director, Urgent & Emergency Care	**Email / Tel**		mark.eaton1@nhs.net Alex.faulkes1@nhs.net	
Board Member Sponsor	Sarah Mansuralli Chief Development and Population Health Officer				
Report Author/s	Bhavini Shah, Senior Commissioning Manager, UEC, NCL ICB Ahsan Haji Deputy Head of Procurement, NELHCP Clare Kapoor Head of Unplanned Care, NCL ICB Sarah Mansuralli Chief Development and Population Health Officer	**Email / Tel**		Bhavini.shah3@nhs.net Ahsan.haji@nhs.net Clare.kapoor@nhs.net Sarah.mansuralli@nhs.net	
Name of Authorising Finance Lead	Ben Catlin Associate Director of Finance	**Summary of Financial Implications** The overall procurement contract range value was set with a minimum, indicative and maximum threshold. The annual value ranged from £17.6m to £19.2m per annum (excluding annual uplifts from 24/25 onwards). The contract offered will be for an initial period of 3 years followed by an optional extension of 2 years. The Bid received was below the threshold and is capped at £19,114,967. Over the 5 years of the			

		contract this equates to £95,574,835 (excluding annual NHS uplifts).
Report Summary	North Central London Integrated Care Board (NCL ICB) has been undertaking a procurement focussed on delivering an enhanced NHS111 Integrated Urgent Care service (NHS111 IUC) to commence 04 November 2023. The procurement has been undertaken in accordance with NCL ICB procurement policies and relevant legislation, including the Public Contracts Regulations 2015 (PCR 2015) as well as NHS England's (NHSE) Best Practice Guidance. The patient voice has been present at each stage of the procurement process and, together with a wide range of stakeholder engagement events, have helped shape the service specification and key activities. Following a well-attended market event and open procurement process, delivered by a wide range of subject matter experts, a successful preferred bidder was identified. Based upon the outcome of the evaluation, it is recommended that the contract be awarded to North Central London Alliance (NCLA) comprising a partnership between London Ambulance Service (LAS) and London Central and West Unscheduled Care Collaborative (LCW). Delivery of the service through an alliance partnership will realise strategic benefits of integration between these providers. This paper sets out: • A summary of the stakeholder engagement activities undertaken to support the development of the service specification; • An overview of the benefits, efficiencies and innovations associated with the new contract; and • The Contract Award Recommendation Report detailing the procurement process and key outcomes including a request to move to contract negotiation and award.	
Recommendation	The Board of Members is asked to: • **APPROVE** the announcement of the North Central London Alliance (LAS & LCW partnership) as the preferred supplier following the end of the successful procurement. • **APPROVE** the commencement of contract negotiations with the parties noting that LAS will be the lead for the contract and LCW will be a named subcontractor. • **APPROVE** the delegation of the signing of the contract to the Chief Executive Officer and Chief Finance Officer for the NCL ICB at the end of the successful contract negotiations noting that any material matters will be escalated to the NCL ICB Executive Management Team and reported to the NCL ICB in due course. • **NOTE** that currently the timeline for contract signature and mobilisation enables the new service to commence on the 04 November 2023 as planned.	

Identified Risks and Risk Management Actions	A Risk Register was developed and maintained during the course of the procurement and NHSE were assured of the procurement process through regular updates and formally through the checkpoint assurance reviews at key milestones of the procurement programme. The main residual risks are detailed below: **RISK 1:** The impact to the NHS111 IUC provision arising from the GP Extended Access Service (GPEAS) transfer to Primary Care Network's (PCN) from October 2023 and its associated change in contractual requirement. **MITIGATION 1:** The current GP Hub contracts have been extended to September 2024 to align with the NCL Urgent Care Review. The ICB is working with federations and integrated urgent care leads (inc. NHS111) to ensure there is an integrated, effective and consistent model that does not destabilise any part of the system. **RISK 2:** Uncertainty in longer term demand trends leading to financial risk associated with activity growth of more than 5% above plan. **MITIGATION 2:** Any growth in activity up to 5% above plan would be absorbed by the provider. However, if activity increases or decreases by more than 5% above plan for a period of no less than 3 months the NCL ICB will seek to open a discussion with the provider to bring the activity back within the +/- 5% envelope on the contract or any changes to the operating model or payment that may be required. This means that we will seek mitigations and changes to the service to cope with long term demand changes without the first recourse being to provide further funding.
Conflicts of Interest	**In the interests of transparency any conflicted committee members (GP or others) should not be present for the discussion or be part of the decision making concerning the contents of the paper.** A Conflict of Interest register is in place and has been maintained by the independent Procurement Lead working for the London Procurement Hub hosted by the North East London ICB.
Resource Implications	The finance resource implications are as detailed above in the financial implications section. A mobilisation sub-group will be established with expertise required across a range of areas to support the mobilisation of the new NCL NHS111 IUC service.
Engagement	A comprehensive engagement exercise was undertaken with support from the programme patient champions which ensured NCL integrated care system partners, wider stakeholders, residents, service users, GPs and primary care colleagues supported the development of the service specification. Patient Champions contributed to the procurement process with 2 champions participating on the ITT evaluation panel and 2 separate champions as members of the assessing teams on the Presentation/Interview day.
Equality Impact Analysis	Interim external inequalities specialist support was engaged to undertake the various stages of the EQIA. The full EQIA was completed and approved by the CCG Governing Body (30 June 2022) and a number of actions were identified. The EQIA will be reviewed throughout the programme.
Report History and Key Decisions	The paper has been reviewed by a number of CCG (now ICB) committees including with a summary of the most recent history of key decisions listed below. A full list of report key decisions is available upon request. • The Service Specification was presented to NCL ICS Clinical Advisory Group 24 August 2022.

	• NCL ICB Procurement Oversight Group approved the Invitation to Tender in September 2022 • A single tender waiver was approved by the NCL ICB Finance Committee in October 2022 for extension of the current contract to 03 Nov 2023 to allow for the procurement to conclude and for mobilisation to be undertaken. • An update on the Procurement Contract Award approach and progress was shared via an ICB Seminar on 28 March 2023 and again on 27 June 2023 • An update on the procurement progress to date including actions to be taken prior to contract award decision, was presented to NCL ICB Procurement Oversight Group on the 21 April 2023. • A successful NHSE gateway assurance checkpoint 2 meeting held 25 May 2023 with a focus on procurement process compliance and a robust evaluation with a supporting audit trail. • Final confirmation/assurance of the procurement process to be sought at the Procurement Oversight Group 19 July 2023.
Next Steps	Following approval by the ICB Board to award a contract, the next stages will be to: • Notify the successful bidder of the ICBs intention to award the contract. • Commence the Contract Negotiation phase in line with procurement regulations, noting that the normal 10-day standstill period is not required given only one bid was received. • Contract signing completion by 3 August to enable time for the service to be mobilised by 04 November 2023. • Restructure the Terms of Reference for the Procurement Steering Group that oversees the procurement to focus on the Mobilisation phase and establish a mobilisation Sub-Group to organise the detailed planning and manage the day to day work required to fully mobilise the service by the go live date. • Progress towards NHSE gateway checkpoint 3, which will take place prior to go live of the new service. This process provides reassurance on operational readiness for go live of the new contract incorporating critical path delivery, completion of testing and go/no go decision governance. • Implementation of formal oversight and governance arrangements of the new contract, including regular monitoring of activity against plan and associated costs, performance monitoring against key operational and quality metrics, and robust oversight of service improvement and development plans.
Appendices	Appendix 1 - Contract Award Report PRJ1021 for NHS 111 Service Appendix 2 - The NCL NHS 111 IUC Service Specification (for information only)

1. Introduction

The NHS111 Integrated Urgent Care (NHS111 IUC) Service is a nationally mandated single point of access service supporting 24hr access to all urgent health and social care services 365 days a year. The North Central London Integrated Care Board (NCL ICB) NHS111 IUC service is currently provided by London Central and West Unscheduled Care Collaborative (LCW). The current contract is due to expire on 03 November 2023.

In March 2021, the NCL ICB (previously NCL CCG) initiated the programme of work to re-procure the NHS111 IUC service. This led to the set-up of a multidisciplinary Procurement Steering Group responsible for delivering the procurement. Following extensive planning and engagement with a broad range of key stakeholders involving public, patients and clinicians, a business case was considered and approved by the NCL ICB in June 2022 - focussed on delivering an enhanced NHS111 IUC to commence on 04 November 2023.

A competitive procurement exercise was conducted in accordance with NCL ICB procurement policies and relevant legislation, including the Public Contracts Regulations 2015 (PCR 2015) as well as NHS England's (NHSE) Best Practice Guidance. Following relevant ICB Governance process and a successful gateway assurance meeting with NHS England on 21 September 2022, the Invitation to Tender (ITT) for the provision of the service was launched on 29 September 2022. The results of the procurement exercise together with a recommendation for contract award is summarised below and further detailed in the Contract Award Recommendation Report (Appendix 1).

This report focuses on engagement with the wider stakeholder groups to develop the specification, the benefits to patients and the system of the new service specification, with a request for NCL ICB to formally award the contract to the North Central London Alliance (NCLA) consisting of the London Ambulance Service (LAS) and London Central and West Unscheduled Care Collaborative (LCW).

2. Procurement Invitation to Tender Stage

The procurement followed a robust evaluation process. The ITT stage closed on 13 December 2022 and was followed by a scoring and moderation process. Evaluation was carried out by a wide and representative membership including patients/residents, clinicians, commissioners, and subject matter experts. Consensus of independent scoring was reached via a moderation process led by the procurement team. A detailed financial template was additionally submitted by the bidder and was evaluated to ensure all procurement requirements were met and that the proposal remained within the available financial envelope.

Following the ITT scoring and moderation phase, a bidder interview was held with a substantial panel of 16 members including patient and NHSE representation. The bidder was asked to respond to 3 'seen' and 2 'unseen' questions that were shared on the day. A single consolidated score was reached by panel members against criteria split between quality (80%) and price (20%).

Bidder	ITT score % max 85.00	Interview score % max 15.00	Total Score % max 100.00	Rank
North Central London Alliance	41.94	9.81	51.75	1 (Preferred Bidder)

The total weighted score (51.75) reflects a low ITT financial score as the submitted bid remained within but at the top of the contract envelope i.e. the bid did not identify further savings above those built into the total value of the contract.

Following completion of the evaluation stage, the Bidder was asked to provide further assurance in relation to areas of the ITT that scored less than 3 out of 4. Clarification questions focussed on the adoption of a national telephony platform, workforce resilience, alliance partnership roles, and activity delivery models. This exercise has now successfully concluded with all concerns addressed. Agreed responses to concerns raised will form part of the documents relied upon within the contract schedule.

Subsequent to the ITT phase, the ICB successfully passed the second NHSE gateway checkpoint approval process on 25 May 2023, providing assurance on procurement process compliance and a robust evaluation with a supporting audit trail.

3. Stakeholder Engagement

Extensive stakeholder and market engagement was undertaken to shape the specification prior to commencing the formal procurement process. An NCL 111 IUC Communications & Engagement Sub-Group was formed consisting of a number of voluntary & community representatives as well as internal staff. This Sub-Group reached out to gather views from a wide range of public/patient and other stakeholders to achieve a deeper understanding of various interests, wants and issues with the current service. A number of targeted focus groups were undertaken with service users and clinicians that identified additional challenges in accessing the service. These included access by people with learning disabilities, the profoundly deaf community, people with visual impairment, people with mental health needs and people whose first language is not English.

Other stakeholder engagement activities involved a wide number of system partners including residents and service users, clinicians, GPs and many others. National guidance and service model principles were taken into account during the design of the service specification along with the extensive feedback from all stakeholder engagement activities. Key themes focussed on specific healthcare needs, reducing inequalities in healthcare access and outcomes and integrating services to make it easier and safer for patients to receive appropriate advice or treatment within the right care setting.

The NHS England regional UEC team played an active role in the engagement and procurement process, supporting the development of procurement activities together with the provision of a formal gateway assurance and compliance process.

Following the development and approval of the service specification and the procurement documentation, an early market engagement event was held on 10 May 2022 which had eleven organisations in attendance. Following the launch of the ITT, 53 parties expressed an initial interest. However ultimately only one Bidder completed and submitted a tender by the deadline. **It is important to note that over recent years London NHS111 procurements have generated either single bids or a very small number of bids. Therefore, this low level of response is not unusual.**

4. Patient and System Benefits

Following the extensive public, patient and clinical engagement activities undertaken, a service model was identified that would provide the greatest improvement in patient experience and additional benefits to the local system, whilst continuing to meet the fundamental elements of the national service specification and ensuring value for money.

A significant benefit of the new service model includes an increase in the range of dispositions that could be clinically assessed, e.g. as 2 hour primary care outcomes (meaning a patient being assessed by a primary care clinical within 2 hours) with a view to increasing the rate of 'consult and complete' (meaning the patient's needs are met and closed/actioned within 2 hours). This will enable a higher number of calls to be either downgraded or closed as opposed to being redirected to primary care services or, in the case where no appointments are available within primary care, redirected to Urgent Treatment Centre (UTCs).

The NCLA partnership provides an opportunity to maximise productivity and efficiency by integrating clinical services, optimising workforce capacity and opportunities for resource sharing across two well performing organisations. Benefits above the existing service will be gained by patients having access to a multidisciplinary team of professionals and capacity within the Clinical Assessment Service (CAS), which will result in more timely access to assessment, earlier streaming in the patient pathway, greater clinical validation and decision making, an increase in prescribing capacity and an increased utilisation of alternative pathways to ensure access to the right service, first time. This is a significant enhancement over the existing service and sets the foundation for future innovation.

Another key feature of the service specification is a proposed move to the national telephony platform in line with the NHSE and London region strategic direction of travel. This will be spearheaded by LCW as the supplier of the majority of the call handling services within the contract. LAS will continue to use their existing telephony platform whilst LCW explore the effectiveness of the national telephony platform and in particular how this interfaces with 999 services. LAS may consider transition to the new platform at a later date if it is in the interest of all stakeholders for them to do so.

The national platform provides a number of strategic, operational and technical benefits to the service, including greater efficiency via quicker and single logins, enhanced reporting, greater visibility of the service including real time queue management, improvement of Short Message Service (SMS) capability for patient messaging, and improved management of all call groups. Repeat callers will be identified earlier in the pathway, giving greater oversight and proactive management of high intensity users or those patients calling with increasing health care needs. The national telephone platform is a major enabler of call routing options across NHS111 providers that will support future innovations such as natural language processing and alternative triage tools. Once in place it is envisaged that NCL will play a major role in the future development of NHS111 and IUC services and will have the ability to respond more rapidly to changes in population health needs, for example the recent Group-A Strep. The new platform is also responsive to new local primary care initiatives that will enhance our ability to deliver integrated models as described in the Fuller report.

The NCLA will also develop a "Workforce and Activity Planning, Resilience & Escalation system" which is a centralised data repository and live performance dashboard to enable real-time performance to be monitored. This will support better management of real-time demand and capacity, enabling more effective allocation and alignment of resource to meet service need and ultimately a more resilient service that is better equipped to manage high-pressure situations and short-term surges.

The NCLA is dedicated to improving patient access and health outcomes and enhancing the quality of care for mental health patients, including seldom-heard groups and communities. Their London-wide partners have multiagency connections and can dispatch LAS mental health cars when needed ensuring that even the hardest-to-reach patients receive the care they need. They have plans in place to promote these groups and communities by working with a range of partners, including Healthwatch groups, voluntary sector and community groups through their dedicated Patient Experience Team.

NCLA future developments include specialist training to recognise callers with specific needs such as learning and sensory difficulties or autism and dementia. Clinicians will receive specific training to support crews on 999 protocols with key cohorts of patients with enhanced or differing needs. Ultimately, this approach will help optimise the patient journey, providing a fully Integrated Urgent Care (IUC) model, enhancing care closer to home, reducing demand on strained areas and improving access to alternative care pathways. The service will include an additional translation service to support Language Line therefore improving the waiting time for patients.

5. Conclusion and Next Steps

Following the successful procurement undertaken by the NCL ICB and in line with the recommendations of the Contract Award Report the NCL ICB Board is asked to formally award the contract to the NCLA partnership.

Following approval, next steps would be:

- Notify the successful bidder of the ICB's intention to award the contract.
- Commence the Contract Negotiation phase in line with procurement regulations, noting that the normal 10-day standstill period is not required given only one bid was received.
- Contract signing completion by 3 August to enable time for the service to be mobilised by 04 November 2023.
- Restructure the Terms of Reference for the Procurement Steering Group that oversees the procurement to focus on the Mobilisation phase and establish a mobilisation Sub-Group to organise the detailed planning and manage the day-to-day work required to fully mobilise the service by the go live date.
- Progress towards NHSE gateway checkpoint 3, which will take place prior to go live of the new service. This process provides reassurance on operational readiness for go live of the new contract incorporating critical path delivery, completion of testing and go/no go decision governance.
- Implementation of formal oversight and governance arrangements of the new contract, including regular monitoring of activity against plan and associated costs, performance monitoring against key operational and quality metrics, and robust oversight of service improvement and delivery plans.

North Central London
Integrated Care Board

Contract award recommendation report for North Central London NHS 111 Integrated Urgent Care

11 April 2023

SUMMARY

Document Name:	Contract Award Recommendation Report for North Central London NHS 111 Integrated Urgent Care
Document Purpose	This report requests approval to proceed to contract award in line with the ICB's Delegation Agreement with NHS England. The ICB is asked to note the report's contents, the procurement process followed and to approve the award recommendation herein.
Contracting Authority:	NHS North Central London
Project Lead(s):	Bhavini Shah
Contract Reference:	PRJ1021
Contract Start and End Dates:	04 November 2023 to 03 November 2028
Contract Duration:	Three years followed by an optional extension of up to two years, in total up to 5 years (3+2)
Date Report Produced:	11 April 2023
Author(s):	Ahsan Haji Joyel Shaju
Date Tenders Issued: **Date Tenders Returned:**	29 September 2022 13 December 2022
Number of Tenders Returned:	One
Projected Contract Value (ex VAT):	£19,114,967 x 5 = £95,574,835 (over 5 years)

Contents

1. INTRODUCTION

1.1. The Authority

This award report concerns the Procurement of NHS 111 Integrated Urgent Care by NHS North Central London Integrated Care Board (NCL ICB) (hereafter referred to as "the Authority").

The Procurement process was facilitated by NHS London Commercial Hub, (LCH) on behalf of the Authority, in connection with a competitive procurement exercise that was conducted in accordance with a process based on the Open Procedure under the Public Contract Regulations 2015 ("the Regulations" (as amended)).

The Service falls within the scope of the Light Touch Regime (LTR) – Section 7 (Reg 74-76) of the Regulations governing procurement of Health, Social and related services listed under Schedule 3 of the Regulations. None of the references to "Open procedure", "ITT", the use of the term "tender process", or any other indication shall be taken to mean that the Authority intends to hold itself bound to any of the Regulations, save those applicable to LTR provisions.

1.2. Objectives of Procurement

The key objectives of the Procurement were to Commission a service that delivers the following.

- Improve Users' experience of using and accessing urgent care services, making sure they receive the most appropriate care, from the most appropriate person, in the right place, at the right time;
- Ensure better integration between all urgent and emergency services, primary care, community and secondary care services to deliver a more streamlined pathway for patients;
- Ensure appropriate use of urgent care services;
- Improve information sharing for better safety and outcomes for Users;
- Ensure the quality of care is consistent across North Central London;
- Ensure value for money in the delivery of urgent care services; and
- Improve patient awareness and access to urgent care services
- Provide a safe, high quality and patient friendly Integrated Urgent Care Service to the registered and unregistered patient populations within the boroughs of Barnet, Camden, Enfield, Haringey and Islington;
- Minimise repeat assessment and avoid hand-overs in the patient care pathway;
- Work collaboratively with other local health and social care providers to deliver care that is centred around patients and is responsive, safe, resilient, and fit for purpose;
- To work with the NCL ICB to involve the local population in raising awareness to promote appropriate use of urgent and emergency services;
- To attract and retain competent clinicians with local knowledge including those from primary care, to deliver the Integrated Urgent Care Service in North Central London;
- Provide education, training and learning opportunities in urgent care for Health Advisors, Clinicians, including GP registrars; and
- Support the delivery of the urgent care vision and objectives of the ICB in North Central
- London, through the individual interactions with Users

2. SCOPE

Scope of Procurement

The Provider shall deliver the following core elements of the NCL Integrated Urgent Care Service:

- The provision of NHS 111 telephone call handling and advice which includes a
- response capacity to support Regional Call Networking model: Single Virtual Contact (SVCC) Centre Option 1;
- The provision of Clinical Assessment Service using a skill mix of appropriately trained
- and competent healthcare professionals which show to be the most effective, including
- but not limited to: nurses, paramedics, pharmacists and GPs:
- Clinical advice and assessment;
- Emergency Department clinical validation;
- London Ambulance Service Cat 3 & 4 clinical validation (provision to be determined April 2023)
- Primary care 1- and 2-hour clinical validation
- Provision of GP clinical advice 24/7 within the NCL IUC CAS
- Provision of clinical advice to local health & social care professionals via star lines
- The provision of out of hours Primary Medical Care services which includes:
- GP telephone consultation (video to be considered as part of digital innovation);
- GP face to face consultation at designated treatment base; and
- GP home visits to Patients.
- To refer and book callers where possible to other services as necessary;
- To dispatch an ambulance where clinically indicated;
- The provision of clinical advice to local healthcare professionals;
- To facilitate access to mental health telephone advice and access to services;
- To facilitate access to advice from a pharmacist including Community Pharmacy
- Consultation Service; and
- To facilitate access to dental advice.
- The national /local standards and KPIs for the service. These KPIs will follow the ADC
- specification for the London region and locally agreed KPIs for the SVCC and CAS.
- These will be for performance, quality and staff retention.

The service must offer clinical consultations where appropriate, with the aim of completing the consultation on the telephone (Consult & Complete model). This mode must include joint governance across Urgent and Emergency Care which is underpinned by technology as a key enabler to support the functions of the integrated urgent care service.

The Provider will need to demonstrate close pathway alignment with the LAS 999 services to ensure greater integration of 999 and 111 services including utilisation of ACPs, SDEC and consult and complete to ensure patients are sent to the most appropriate care Provider - first time, all times.

There is collaboration with any service developments to consider how the CAS can be used for dispositions relating to for e.g. low acuity ambulance, ED & primary care dispositions.

The NCL NHS111 IUC Service is to provide the entry point for patients needing urgent care support. It will mean patients will access unscheduled care through the NHS 111 telephony service, or NHS 111 Online, and following appropriate clinical support over the telephone

delivered by the CAS, they receive a complete episode of care concluding with either: advice, a prescription or an appointment for further assessment or treatment.

Where a patient needs face-to-face services outside of General Practice hours, the IUC Clinical Service will book an appointment for the patient into one of their IUC treatment centres or where appropriate schedule a visit to their home in line with agreed protocols and patient need.

Wherever possible, patients, who need further care not offered by the IUC Clinical Service, should have appointments made for them in services appropriate to their need.

The IUC system which must be underpinned through IT interoperability and robust joint governance processes, shared standards and processes
with clear accountability and leadership.

Procurement Timeline

Key Milestones	Date
Invitation of Tender issued	29/09/2022
Bidder Site Visit	11/10/2022 - 12/10/2022
Deadline for submission of ITT clarification questions	22/11/22
Deadline for submission of ITT responses (Bids) via Procontract Portal	13/12/2022 at 13.00 pm
Bid Evaluation and Moderation	14/12/2022 – 02/02/2023
Presentations & Interviews	22/02/2023
Due Diligence and Sign-off award results	03/04/2023 to 15/05/2023
Inform Bidders of outcome and observe standstill	16/05/2023 – 26/05/2023
Contract award	02/06/2023
Mobilisation	03/06/2023 – 03/11/2023
Service Commencement	04/11/2023

Conflicts of Interest

To safeguard against potential conflicts of interest influencing the procurement process and evaluations, all project l members signed conflict of interest (COI) declarations and non-disclosure agreements. Project members and evaluators were informed of their role and the importance of the confidential nature of this procurement.

Where any potential conflicts were identified or any declarations were made, where required further details were asked from the person making the declaration and any potential conflicts were discussed by the project team and details logged in the Project COI register (RAD).

All COIs identified relevant to the IUC programme have been dealt with in accordance with the ICB's Conflicts of Interest Policy and NHS England statutory guidance for managing COIs.

All project members were provided training which included a section on declaration of conflicts of interest. They were also made aware of their ongoing obligation of reporting any changes of circumstances that may present any new conflict to the procurement team. Project members also received a copy of the guidance document after the training.

3. PRE-PROCUREMENT

3.1. Project Team

A cross-functional team were involved in delivering this project. A number of Evaluators were involved in scoring the bids (see **Appendix A).** In the majority of cases questions were scored by three panel members, enough to allow for a spread of scores which required moderation. A smaller panel was involved in the interviews **(Appendix C).**

3.2. Market Engagement

The Authority organised a market engagement event on 10th of May 2022 at 11: 30 am. A Prior Information Notice (PIN) was published on the Contracts Finder website to advertise this event and expressions of interest were received from 14 bidder organisations to register for the event. Out of these, 11 organisations attended the event. Information was shared with the potential bidders on a number of areas such as the current Urgent and emergency landscape, the current NHS 111 IUC service, the activity levels, the clinical model, timeline and the procurement process. A question and answer session was held at the end of the presentation.

Names of organisations that engaged in the market event are as follows.

1. SELDOC Healthcare
2. Herts Urgent Care
3. Partnering Health Limited
4. Livi
5. ICS Operations trading as Xyla Elective Care
6. Impart Limited
7. Boots UK
8. Operose Health
9. Medvivo
10. London Central and West Unscheduled Care Collaborative
11. Vocare
12. Practice Plus Group
13. London Ambulance Service NHS Trust
14. Barnet Federated GPs CIC

Following the event, the slide pack was shared with everyone that attended the event along with a link to an online feedback questionnaire. Please refer to Appendix D for more details.

3.3. Bidder Pool

The route to market chosen for this Procurement exercise was Open Procedure. A contract notice was published on Find a Tender and Contracts Finder so that interested organisations

can express an interest in the tender. An invitation to tender was accessible to all bidders who have expressed an interest.

4. KEY CONTRACT INFORMATION

4.1. Form of Contract

The contract will be agreed using NHS standard contract.

4.2. Contract Duration

As a result of this Procurement exercise an agreement will be entered into with the Successful Bidder. The Contract will commence on 4th November 2023 for an initial period of 3 years (36 months). The Contract may be extended for an additional period of up to 2 years (24 months), at the sole discretion of the Authority. Therefore, the maximum duration of the contract if all available extensions are applied is 5 years (60 months).

4.3. Contract Value

Estimated Annual contract value - £19,114,967

Contract value over 5 years - £19,114,967 x 5 = £95,574,835

5. ITT STAGE

5.1. ITT Expressions of Interest

During the ITT stage a total of 53 Bidders accessed the invitation to tender and associated documents.

5.2. ITT Clarifications

A clarification question (CQ) and answer process operated during the ITT stage. Bidder(s) asked clarification questions via the portal and responses were published to all Bidder(s) in line with transparency and equal treatment requirements.

5.3. ITT Submissions

11 organisations had engaged with this procurement at the Market event. 53 expressed an interest to view the documentation during the ITT stage. The stage closed on 13 December 2022 at 13:00 hrs. One Bidder had completed and submitted a tender by the deadline. There were no late submissions.

5.4. ITT Evaluation

The ITT consisted of three questionnaires

- 1 - Selection Questionnaire (SQ) (Pass/Fail);
- 2 - ITT Questionnaire (Pass/Fail & Scored)

Quality was allocated 80% of the score, this included 15% for the interview. The remaining 20% was allocated to Price.

The Selection Questionnaire was based on the standard Cabinet Office document. Evaluation of the Selection Questionnaire was undertaken by Procurement and Finance. Evaluation of Conflict of Interest Declarations (Pass/Fail) was conducted by the Procurement team.

The initial due diligence included ensuring that the financial submission was within the envelope and there were no obvious omissions and errors. The bid submitted passed these checks. The procurement portal automated some of the checks such as on word count restriction and ensured that all mandatory questions have been completed. A bidder is unable to submit a bid unless they pass through these automated checks.

The ITT questions were assigned to individual panel members for scoring independently and in line with the distribution of questions agreed.

All Evaluators received evaluation training before the evaluation commenced. The training session included information on procurement governance, ethics, confidentiality and conflict of interests and a demonstration of how to navigate through the tendering portal. All Evaluators were provided with an “Evaluation Guidance document” and relevant procurement documents to aid in their evaluation.

5.5. ITT Evaluation Criteria

ITT Scoring grading and definitions

Grade Label	Score	Definition
Non-compliant	0	Response addresses some parts or no part of the question. Response fails to provide the evaluator with confidence that the service will be provided to an acceptable standard. Does not demonstrate how any of the relevant requirements of the service will be met.
Major concern(s)	1	Response addresses all or most parts of the question but does not provide the evaluator with confidence and gives rise to more than minor concerns that the service will be provided to an acceptable standard. Fails to demonstrate how most of the relevant requirements of the service will be met.
Minor concern(s)	2	Response addresses all or most parts of the question but does not provide the evaluator with confidence that the service will be provided to an acceptable standard. Demonstrates how all or most of the relevant requirements of the service will be met, however, the information is lacking relevant detail and/ or raises issues which gives the evaluator minor concern over the future delivery of the services.
Good	3	Clear and relevant response that addresses all of the question and provides the evaluator with confidence that the service will be provided to a good standard. Demonstrates how all or most of the relevant requirements of the service will be met, however, the information may lack relevant detail in some areas but this does not cause the evaluator concern over the future delivery of services.
Excellent	4	Clear, relevant and well detailed response that addresses all of the question and provides the evaluator with confidence that the service will be provided to an excellent standard. Demonstrates in detail how all of the relevant requirements of the service will be met with a high standard of evidence to support.

5.6. Financial Evaluation

The financial evaluation was based on:

1. Bidders' response to a financial model template (FMT)
2. Financial standing of the bidding entities evaluated based on the financial statements provided by the bidders in the SQ.

The financial templates were checked and evaluated in detail to ensure they were compliant and that no errors or clear omissions had been made. The financial templates were also checked and evaluated for their robustness.

5.7. ITT Evaluation and Moderation

ITT questions were assigned to each panel member to score depending on each evaluator's area of expertise. LCH Procurement Team offered support and any technical assistance including on the use of the portal, to the evaluators during the independent evaluation period. Following this, moderation of all questions was completed in order to achieve a consensus between the evaluators. This provided evaluators with opportunity to fully discuss the rationale behind individual differences in scores and commentary. The final consensus scores agreed form the basis for the final scoring calculations.

5.8. Interview

The Bidder interview was held in person on 22 February 2023. It consisted of five questions and in total carried 15% score. The interview panel consisted of sixteen members: Please refer to **Appendix C** for details.

6. ITT RESULTS

Following the evaluation process, a single consolidated score was established for the Bidder. Please refer to **Appendix B** for detailed score per question.

Bidder	ITT score % max 85.00	Interview score % max 15.00	Total Score % max 100.00	Rank
London Ambulance Service NHS Trust	41.94	9.81	51.75	1 (Preferred Bidder)

The tender submission was complete and in line with the ITT guidance and passed all Pass/Fail questions. The Price submitted was within the available financial envelope and the financial model template met the set requirements.

7. RECOMMENDATIONS

Based on the outcome of the evaluation, criteria stipulated by the Authority within the ITT documentation, it is recommended that the contract be awarded the Preferred Bidder.

The Preferred Bidder is the Bidder that offers the most economically advantageous tender (MEAT), i.e. achieves the highest combined score which in this procurement is **London Ambulance Service NHS Trust**

8. RISKS AND CONCERNS

Continuity of care
Not proceeding with the procurement results may pose serious continuity of care and business continuity issues.

Concerns raised in areas of low score
Following the completion of evaluation stage, an exercise is being carried out through which the Bidder is being asked to provider assurance around areas of their bid which scored less than 3 out of 4. The outcome of this exercise will be included in the subsequent award paper.

Any outstanding concerns can be listed as caveats on the provisional award. In order for a Bidder to proceed beyond the provisional award stage all caveats must be sufficiently addressed. Any outstanding concerns can also be included as conditions precedent for the award.

Legal challenge
There is only one bidder and therefore the risk of a potential legal challenge in going ahead with the recommendation is minimal.

Mobilisation risks
The preferred bidder is an alliance between the incumbent provider London Central & West (LCW) and London Ambulance Service (LAS) NHS Trust. The risk to mobilisation of service is minimal due to the incumbent provider continuing to deliver majority of the services under the new contract. A robust mobilisation programme has been planned to ensure that any risks and issues that may arise are appropriately addressed.

9. CONTRACT MOBILISATION AND IMPLEMENTATION

The planned contract award date is 25th July 2023 following which the mobilisation will commence. In line with the procurement regulations, there will be no standstill period as there was only one bidder. The service will go live on 4th November 2023.

Appendix A – Project Team

Job Title	Organisation	Role/Area of Expertise	ITT Evaluator
Programme Director, Urgent and Emergency Care Integrated Urgent Care SRO	NCL ICB	ICB UEC Programme Director	Yes
Head of Unplanned Care	NCL ICB	ICB Head of Unplanned Care	Yes
Senior Commissioning Manager	NCL ICB	Senior Commissioning Manager	No
Director of Transformation Strategic Commissioning Directorate	NCL ICB	UEC Commissioning Lead	No
Deputy Head of Contracting	NEL CSU (formerly)	NELCSU Contracts Lead	No
Comms & engagement lead		Communications and Engagement Lead	No
Directory of Service Project Lead	NEL CSU (formerly)	Directory of Services Lead	No
Senior Business Intelligence Analyst	NEL CSU (formerly)	Data/Business Intelligence	No
Directory of Services Manager	NEL CSU (formerly)	Directory of Services Lead	Yes
Directory of Services Senior Project Lead	NEL CSU (formerly)	Directory of Services Lead	No
Head of Medicines Management at Camden Borough	NCL ICB	Medicines Management	No
Deputy Director of UEC	NCL ICB	UEC Commissioning Lead	Yes
NCL ICB Governance and Risk Lead	NCL ICB	Governance Lead	No

North Central London ICB Director of Strategic Programmes – deputising for Sarah Mansuralli, Executive Director of Strategic Commissioning as Chair of the Procurement Committee.	NCL ICB	Commissioning	No
Governing Body Lay Member	NCL ICB	ICB Governing Body Lay member	No
Communications and Engagement Manager	NCL ICB	Communications and Engagement Lead	No
Head of Urgent and Emergency Care, Strategic Commissioning Directorate, NCL ICB	NCL ICB	UEC Commissioning Lead	Yes
Executive Director of Strategic Commissioning	NCL ICB	ICB Senior Responsible Officer	No
Clinical Lead on UEC (Barnet Borough), NCL lead on Quality and Safety and Non acute commissioning	NCL ICB	Barnet -UEC Clinical Lead	Yes
NHSE/I Regional UEC	NHS England	NHS England	No
Head of Procurement	NEL CSU	Procurement	No
Head of Professional Procurement	NEL CSU	Procurement	No
Procurement Manager	NEL CSU	Procurement	No
Senior Contract Manager	NEL CSU	Contracts Lead	Yes
Primary Care	NCL ICB	Primary Care Commissioning Lead	No
Borough Islington Clinical leads	NCL ICB	Islington – UEC Clinical Lead	Yes
Royal Free Hospital - divisional clinical director for ED,	RFL	Royal Free Hospital - divisional clinical director for ED, acute med and elderly care	No

acute med and elderly care			
Barnet Hospital ED Medical Lead	Barnet Hospital	Barnet Hospital l - clinical director for ED	No
Associate Director of Finance	NCL ICB	ICB Finance Lead	Yes
IT Lead	NCL ICB	ICB IT Lead	No
Senior Communications and Engagement Manager	NCL ICB	Communications and Engagement	No
Patient Representative	Not applicable	Patient Representative	Yes
Patient Representative	Not applicable	Patient Representative	Yes
Patient Representative	Not applicable	Patient Representative	No
Patient Representative	Not applicable	Patient Representative	No
Patient Representative	Not applicable	Patient Representative	No
Consultant Physician and Geriatrician	UCLH	Frailty Clinical Lead	No
Deputy Head of Procurement	NEL ICB	Procurement Lead	No
Voluntary sector representative	Not applicable	Voluntary sector representative	No
Healthwatch Barnet Manager	Healthwatch Barnet		No
NCL ICB Chair	NEL ICB		No
GP Partner & Primary Care Development , Enfield Directorate, NCL ICB	NCL ICB	Clinical representative	Yes
Chief executive, Barnet Hospital	Barnet Hospital	Commissioning	No
Clinical Lead for End of Life Care, Camden, NCLICB	NCL ICB	Commissioning	No
Head of Primary Care Development – Islington Directorate (NCL ICB)	Islington Directorate (NCL ICB)	Commissioning	Yes

Assistant Director Quality Enfield NCL ICB	Enfield NCL ICB	Quality	No
Quality Assurance Manager	NCL ICB	Quality	Yes
Medical Director for NCL at Londonwide LMCs	NCL Londonwide LMCs		No
Assistant Director of Primary Care (NCL) Londonwide LMCs	NCL ICB	Assistant Director of Primary Care for NCL	No
Head of Contracts	NCL ICB	Contracting	Yes
Designated Nurse Safeguarding CYP	NCL ICB	Safeguarding	Yes
HR Consultant/Business Partner	NCL ICB	HR Lead	No
IG Lead	NCL ICB	IG Lead	No
Deputy Head of IUC & Digital	Royal Free London NHS Foundation Trust	Regional Deputy Head 111 IUC and Digital	Yes
Regional IUC Technical Lead.	NCL ICB	IT Lead	Yes
Regional DoS lead NHS E London region	NHSE	DoS	No
Director of Estates	NCL ICB	Estates Lead	Yes
Business Analyst	Royal Free London NHS Foundation Trust	IT	Yes
Data Architect	NCL ICS	Technical Analyst	Yes
GP MH clinical lead	NCL ICB Woodgrange medical practice	Mental Health	No
Strategic Information Governance Lead and Data Protection Officer, NHS NCL ICB,	NHS North Central London ICB	IG	Yes
NCL ICB Strategic Estates Team – providing estates information for the current service to inform the procurement documentation	NCL ICB	Strategic Estates Consultant	No

NCL IBC Strategic Estate Team – providing estate information for the current service to inform the procurement documentation	NCL GBP	Strategic Estate Consultant	No
LMC representative	LMC	Director Of Primary Care Londonwide LMC	No
NCL Enfield Borough Partnership Programme Manager	NCL	NCL Enfield Borough Partnership, Programme Manager	No
Procurement Support Officer	NEL ICB	Procurement	No
Assistant Director – Communities	NCL ICB	EQIA	Yes
People Lead	NHS North of England CSU	EQIA	Yes
Deputy Director of HR, OD and EDI	NCL ICB	HR Lead	Yes
Director of Integration – Enfield Directorate	NCL ICB	Chair of Interview Panel	No
Senior Pharmaceutical adviser to NCL ICB	NCL ICB	Medicines Management	Yes

Appendix B – Bidder Scorecard

Number	Title	Max % of tender available	LAS Score out of 4	LAS % of tender achieved
1.1	01 Service Model LOT 1, 2 and 3	4.25	2.00	2.13
2.1	02 Clinical Assessment Service LOT 2	4.25	3.00	3.19
3.1	03 Approach to efficiency, flexibility and responsiveness LOT 1, 2 and 3	2.00	2.00	1.00
4.1	04 Technology and digital innovation LOT 1, 2 and 3	1.00	3.00	0.75
5.1	05 Accessibility LOT 1, 2 and 3	2.00	2.00	1.00
6.1	06 Medicines Management and Prescribing LOT 1, 2 and 3	1.50	2.00	0.75
7.1	07 Premises LOT 1, 2 and 3	1.00	3.00	0.75
8.1	08 Proposed Transport Solution LOT 3	0.50	3.00	0.38
9.1	09 Clinical / Medical Equipment LOT 3	0.50	3.00	0.38
10.1	10 Approach to recruitment and retention LOT 1, 2 and 3	3.00	2.00	1.50
11.1	11 Modelling Demand and Workforce Capacity LOT 1, 2 and 3	2.00	3.00	1.50
12.1	12 Recruitment Planning LOT 1, 2 and 3	2.00	2.00	1.00
13.1	13 Staffing model LOT 1, 2 and 3	2.00	2.00	1.00
14.1	14 Performance and Training LOT 1, 2 and 3	2.00	3.00	1.50
15.1	15 Organisational structure LOT 1, 2 and 3	1.00	3.00	0.75
16.1	16 Clinical Supervision and Managerial Supervision LOT 1, 2 and 3	1.00	4.00	1.00
17.1	17 Staff / Healthcare Professional Feedback LOT 1, 2 and 3	1.00	2.00	0.50
18.1	18 Clinical Governance Model LOT 1, 2 and 3	2.00	3.00	1.50
19.1	19 Safeguarding Children and Vulnerable Adults LOT 1, 2 and 3	1.00	3.00	0.75
20.1	20 Patient Pathways LOT 1, 2 and 3	2.00	3.00	1.50
21.1	21 Incident Management LOT 1, 2 and 3	1.00	2.00	0.50
22.1	22 Complaints LOT 1, 2 and 3	1.00	3.00	0.75
23.1	23 Surge Management LOT 1, 2 and 3	1.00	2.00	0.50
24.1	24 Resident Views LOT 1, 2 and 3	1.00	2.00	0.50
25.1	25 Service Feedback, capture and use LOT 1, 2 and 3	2.00	2.00	1.00
26.1	26 Overall IM&T Delivery Model LOT 1, 2 and 3	1.00	3.00	0.75
27.1	27 CDSS LOT 1, 2 and 3	1.00	3.00	0.75
28.1	28 Provision of clinical System and Infrastructure LOT 1, 2 and 3	1.00	2.00	0.50
29.1	29 Software Application LOT 1, 2 and 3	0.50	3.00	0.38
30.1	30 Interoperability LOT 1, 2 and 3	1.00	3.00	0.75
31.1	31 Patient call back procedure/booking LOT 1, 2 and 3	0.50	2.00	0.25
32.1	32 Data management LOT 1, 2 and 3	0.50	3.00	0.38
33.1	33 Emergency Planning LOT 1 & 2	0.50	3.00	0.38
34.1	34 Business Continuity LOT 1 & 2	1.00	3.00	0.75

35.1	35 Disaster Recovery LOT 1, 2 and 3	1.00	3.00	0.75
36.1	36 Business Intelligence Reporting & Adhoc requests LOT 1, 2 and 3	1.00	4.00	1.00
37.1	37 Information Governance and Security LOT 1, 2 and 3	1.00	3.00	0.75
38.1	38 Mobilisation Plan LOT 1, 2 and 3	3.00	3.00	2.25
39.1	39 Social value - Fighting climate change LOT 1, 2 and 3	2.50	3.00	1.88
40.1	40 Social value - Equal opportunity LOT 1, 2 and 3	2.50	2.00	1.25
41.1	41 Social value - Wellbeing LOT 1, 2 and 3	2.50	2.00	1.25
42.1	42 Social value - COVID-19 recovery LOT 1, 2 and 3	2.50	3.00	1.88
43.1	43 FMT LOT 1, 2 and 3	20.00	0.00%	0.00
	Selection Questionnaire	0.00	0.00	0.00
	Financial standing - Selection Questionnaire	0.00	0	0.00
	ITT score (out of 85%)			**41.94**
I1	Finance	3.50	3.00	2.63
I2	Innovation and efficiencies	3.50	2.00	1.75
I3	Mental health	3.50	3.00	2.63
I4	Business continuity	2.25	3.00	1.69
I5	Collaboration and partnership	2.25	2.00	1.13
	Interview (out of 15%)			**9.81**
	Total score	**100.00**		**51.75**

Appendix C – Interview panel members and structure

PANEL MEMBERS

Job title	Role	Scoring
Director of Integration – Enfield	Chair	Non - Scoring
Director of Strategic Commissioning & Procurement	Commissioner /Contracting	Yes
Programme Director, Urgent and Emergency Care	Commissioner	Yes
Chief Medical Officer	Clinician CRO	Yes
Head of Unplanned Care Development and Population Health (NCL ICB)	Commissioner	Yes
Clinical Lead on UEC (Barnet Borough), NCL lead on Quality and Safety and Non acute commissioning	Clinician	Yes
Assistant Director for Quality Safety & Clinical Governance Chief Nursing Officer's Directorate - Enfield (NCL ICB)	Quality Lead	Yes
Patient Champion	Patient Champion	Yes
Patient Champion	Patient Champion	Yes
Associate Director of Finance Strategic Commissioning	Finance Lead	Yes
Deputy Head of IUC & Digital NHS England - London Region	Regional SME	Yes
GP/ NCL ICB Urgent Care Clinical Lead	Expert Clinical Advisor	Non-scoring
Unplanned Care Senior Commissioning Manager Integrated Care Development and Population Health (NCL ICB)	Commissioner	Non-scoring
Deputy Head of IUC & Digital NHS England - London Region	Observer	Non-scoring
Procurement Support Officer	Procurement Support	Non-scoring
Deputy Head of Procurement	Procurement Lead	Non-scoring

Table 1: Interview Panel Members

OVERVIEW

15% of the available score within the Procurement was allocated to the questions at the Interview stage.

There was only one bidder in the process and they qualified to the interview and presentation stage of the process.

A maximum of **six** representatives from the bidder organisation were allowed to attend the interview.

The Interview stage comprised of the following:

Time	Element	Time allocated	% weighting
09:00 - 09:30	Pre-meet	30 min	
09:30 - 09:35	Introductions by Chair	5 min	N/A
09:35 - 09:40	Introduction by attendees	5 min	Unscored
09:40 – 09:50	Question 1 (Bidder presentation to set question)	Up to 10 min	3.50%
09:50 – 10:00	Question 2 (Bidder presentation to set question)	Up to 10 min	3.50%
10:00 – 10:10	Question 3 (Bidder presentation to set question)	Up to 10 min	3.50%
10:10 – 10:30	Bidder is provided with the unseen questions 4 & 5, and retires to a breakout room to prepare response. Panel to discuss if any clarification questions are required	Up to 20 min	N/A
10:30 – 10:35	Question 4 (Unseen) – Only the theme of this question has been provided to Bidders in advance.	Up to 5 min	2.25%
10:35 – 10:40	Question 5 (Unseen) – Only the theme of this question has been provided to Bidders in advance.	Up to 5 min	2.25%
10:40 – 10:50	Allowance for clarification questions	Up to 10 min	Unscored
10:50 – 11:00	Chair summary & confirmation of next steps	Up to 10 min	Unscored
11:00 – 11:10	Break	10 min	
11:10 – 13:00	Moderation (Post interview)	1 hr and 50 min	

Appendix D – Market Engagement Event

Market engagement feedback

The Authority organised a market engagement event on 10th of May 2022 at 11: 30 am. A Prior Information Notice (PIN) was published on the Contracts Finder website to advertise this event and expressions of interest were received from 14 bidder organisations to register for the event. Out of these, 11 organisations attended the event. Information was shared with the potential bidders on a number of areas such as the current Urgent and emergency landscape, the current NHS 111 IUC service, the activity levels, the clinical model, timeline and the procurement process. A question and answer session were held at the end of the presentation.

Names of organisations that registered for the market event.

15. SELDOC Healthcare
16. Herts Urgent Care
17. Partnering Health Limited
18. Livi
19. ICS Operations trading as Xyla Elective Care
20. Impart Limited
21. Boots UK
22. Operose Health
23. Medvivo
24. London Central and West Unscheduled Care Collaborative
25. Vocare
26. Practice Plus Group
27. London Ambulance Service NHS Trust
28. Barnet Federated GPs CIC

Following the event, the slide pack was shared with everyone that attended the event along with a link to an online feedback questionnaire. Seven organisations responded to the questionnaire. The responses to the key questions are presented below.

Procurement Timelines

Would the proposed procurement timeline present any risks that would prevent you from bidding?

7 out of 7 selected ‘No’

Mobilisation

Please confirm whether the proposed contract mobilisation period presents any risks or would prevent you from bidding?

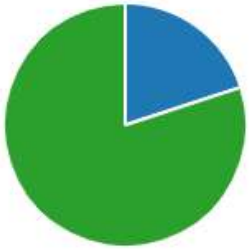
Yes	0
No	7

7 out of 7 selected ‘No’

Contract Duration

Please confirm which of the following proposed contract durations would be preferable to your organisation?

3+2	1
2+3	0
4+1	4



4 out of 7 selected 4+1
1 out of 7 selected 3+2
2 out of did not provide a response

The reasons provided:

- An initial contract length of 4 years is optimum, as it would provide adequate time to: Implement and embed the service in the region and across the contract. Review and enhance quality initiatives and other service developments. An initial contract length below 4 years may prevent us from achieving this.
- The longer the initial term the provider can invest in improvements, short term reduces this considerable.
- Greater stability and opportunity to achieve efficiencies and to develop service to address local need.
- A three-year contract term enables providers to embed a service and identify tangible service improvements to then renegotiate improved terms for the final 2 years.

Finance

Please confirm what information you would like from the Authority on the finance element of the tender that will allow you to submit your best bid and what risks or barriers might prevent you from bidding?
3 responses

ID	Responses
5	Accurate activity and growth predictions. Biggest risk is the envelope is not sufficient to provide a quality service and make a reasonable return
6	Understanding of financial envelope, anticipated activity levels - over contract term, staffing profile (TUPE), clarification of material non pay costs
7	Clear financial envelope with upper and lower limits

Finance - (Payment options)

Which of the following payment options are preferable to your organisation?

Information from the Authority

Please describe what information you would need from the Authority as part of the tender documentation in order to allow you to provide your best quality bid.

1	We would hope to identify the key requirements and themes that NCL CCG wish to address as part of this procurement and the specific experience and capabilities that a successful bidder should be able to evidence. We would also need a clear and unambiguous financial envelope with any and all aspects included in a submitted financial model.
2	Will this procurement be split into lots, or will this require a combined offer through one bid? - We only offer remote consultations with our GPs, ANPs, Mental Health Practitioners and other HCPs. Our assumption is that this will not rule us out, but can you please confirm?

3	A detailed specification with information regarding local aims and objectives, which effect the IUC services. Projects in play and those which might come on board during the contract.
4	Full contract value If the contract value is expected to change on an annual basis What assets are included within the contract, for example if the PCCs are provided or attract a rent Location of PCC's Anticipated TUPE staff where salary is locked Current costs by area
6	Activity, financial envelope, expected future plans and aims of the service, indication on KPIs, discussion stages as part of the procurement to really work with commissioners to develop a model that works for the area and patients. site visit, estate information, any future planning - both from a service sense and a population / housing perspective, technical requirements, integration and collaboration information of current projects and schemes that are part of the IUC that they wish to continue, local market challenges, demographics, what's working well and what's not. ICS / ICB information and where the system comes together.
7	Accurate TUPE information which has been subject to some due diligence Clear information regarding shared pathways and local referral protocols Estates information subject to possible novation

General Risks

Are there any other risks associated with the service or the procurement which have not been described above which you feel the Authority should consider and how these can be mitigated?

ID	Responses
1	The main risk is likely to be whether the available financial envelope enables a quality and sustainable service to be established and maintained throughout the contract term and the impact this may have on providers' ability to introduce innovation (especially around the workforce) and positive change as mentioned in the engagement event.
2	No
3	None
4	No
6	n/a

Social Value

As of 1st January 2021, the Procurement Policy Note (PPN) 06/20 came into effect which requires social value to be explicitly evaluated in all above-threshold procurements.

https://www.gov.uk/government/publications/procurement-policy-note-0620-taking-account-of-social-value-in-the-award-of-central-government-contracts

The Authority will seek to apply the Social Value Model for this procurement and would like potential providers to provide feedback on the below proposed themes and outcomes to be tested in the procurement. For clarity, the below questions are provided for feedback only, we do not require responses to the social value question themselves at this stage.

Based on the below, the Authority plans to assign 10% of the tender weighting to social value criteria.

Social Value - Theme: COVID-19 recovery

OUTCOME: Help local communities to manage and recover from the impact of COVID-19

MODEL AWARD CRITERIA
● MAC 1.4 (Amended): Support for the physical and mental health of people affected by COVID-19, including reducing health inequalities while managing the demand on health and care services.

Do you consider that this is a reasonable theme to be explored during the forthcoming procurement? (If possible give reasons for your response)

ID	Responses
1	Yes. It seems reasonable to expect this topic to be addressed in the scope of delivering a quality Integrated Urgent Care service.
2	Yes we provide fully remote consultation service, which offers patients either suffering from or concerned about the spread of COVID-19 an alternative to being offered treatment in a physical location
3	We consider this to be a reasonable theme. It's important that organisations are adapting to the effects of COVID-19 and continue support the needs of their current and future workforce.
4	Yes, it is a key contributor to the current healthcare landscape and responsible for a large proportion of the increase in IUC patient numbers.
5	It is reasonable for one's own staff - more difficult for patients in an episode service
6	Yes - appropriate and very much any area that requires thought and provision.
7	Yes

Social Value 2 - Theme: Fighting climate change

OUTCOME: Effective stewardship of the environment

MODEL AWARD CRITERIA
● MAC 4.2 Influence staff, suppliers, patients and communities through the delivery of the contract to support environmental protection and improvement

Do you consider that this is a reasonable theme to be explored during the forthcoming procurement? (If possible give reasons for your response)

ID	Responses
1	Yes. It seems reasonable to expect this topic to be addressed in the scope of delivering a quality Integrated Urgent Care service.
2	Yes Due to us offering a remote, digital alternative to a face-to-face GP (and other HCP) consultations there are multiple environmental benefits that our service can offer. Our studies show that the reduction in travelling that we offer to patients and staff alike has had a very positive effect on the environment
3	We consider this to be a reasonable theme. It's important that organisations are actively supporting the sustainability of our environment to prevent climate disaster.
4	Yes, as a social responsibility and public service, we should aim to deliver this in all areas of the business. Reducing carbon footprints are achievable with careful planning of services and service delivery.
5	This theme is more difficult as you have every opportunity internal to make changes that help climate, its more difficult to influence suppliers when your organisation is a small customer
6	Yes - again appropriate as such a big service that impacts across so many areas both geographical and across the health landscape needs to be ensuring they are building this into their provision
7	This can be tough to evidence real tangible impact without significant investment which can be burdensome to any financial envelope - particularly for smaller local providers

Social Value 3 - Theme: Equal opportunity

OUTCOME: Tackle workforce inequality

MODEL AWARD CRITERIA
● MAC 6.1: Demonstrate action to identify and tackle inequality in employment, skills and pay in the contract workforce

● MAC 6.2: Support in-work progression to help people, including those from disadvantaged or minority groups, to move into higher paid work by developing new skills relevant to the contract.

●Additional criteria: Address discrimination, bullying, harassment, and abuse.

Do you consider that this is a reasonable theme to be explored during the forthcoming procurement? (If possible give reasons for your response)

ID	Responses
1	Yes. It seems reasonable to expect this topic to be addressed in the scope of delivering a quality Integrated Urgent Care service.
2	Yes our fully remote workforce offers multiple opportunities that in-person consultations cannot. These include parents who have childcare commitments, those without access to transport and clinical staff with disabilities.
3	We consider this to be a reasonable theme.
4	Absolutely. An inclusive workplace culture where diversity and culture is embraced and celebrated is essential. While underpinned by process and procedure, it should be a natural component of service delivery.
5	Great theme
6	Yes - common sense and vital to any employer!
7	Ye

Social Value 4 - Theme: Wellbeing

OUTCOME: Improve health and wellbeing

MODEL AWARD CRITERIA
● MAC 7.1: Demonstrate action to support health and wellbeing, including physical and mental health, in the contract workforce.

● MAC 7.2: Influence staff, suppliers, patients and communities through the delivery of the contract to support health and wellbeing, including physical and mental health.

● Additional criteria: Provide reasonable adjustment for disabled staff, those with Long Term Conditions, and caring responsibilities.

Do you consider that this is a reasonable theme to be explored during the forthcoming procurement? (If possible give reasons for your response)

ID	Responses
1	Yes. It seems reasonable to expect this topic to be addressed in the scope of delivering a quality Integrated Urgent Care service.
2	Yes we offer a plethora of wellbeing services to our workforce, both Clinical and Clerical. This includes a wellbeing budget offered to employees, access to a Mental Health platform and weekly company-wide meditation
3	We consider this to be a reasonable theme. It's important that organisations are able to demonstrate initiatives that maintain and improve on employee wellbeing.
4	Yes. A diverse workforce made up of the correct staff mix will allow a wider range of conditions to be treated. This should form part of the service model. Also a key part of the finance model to ensure best value for money.
5	Again a great theme
6	Yes - again even more so following the fall out of Covid 19
7	Yes

Any other feedback?

You may use the box below to provide any other feedback or expand on any of the questions asked above. You may also ask any questions

ID	Responses
1	We would like to understand more about expectations around demonstrating innovation, especially around innovation in workforce. Would commissioners, for example, be open to more remote working in CAS – and how would this be viewed, taking into account the (also expressed) desire to have a 'local' CAS clinical profile?
2	Is there a preference to the Electronic Medical System that our HCPs use to consult with NCL patients, as typically use EMIS or SystmOne which gives our staff access to full medical records?
3	We are satisfied with and believe these themes to highly relevant. A weighting of 2.5% for each question reflects the themes importance. We would suggest a minimum of 1000 words for each question to enable suitable detail and evidence within the responses.
4	When can we expect to have the financial model available, please?

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	Start Well update	**Date of report**	10 July 2023	**Agenda Item**	2.2
Lead Director / Manager	**SRO** Sarah Mansuralli, NCL ICB Chief Development and Population Health Officer	**Email / Tel**		sarah.mansuralli@nhs.net	
Board Member Sponsor	Sarah Mansuralli, NCL ICB Chief Development and Population Health Officer				
Report Author	Anna Stewart, Start Well Programme Director	**Email / Tel**		anna.stewart3@nhs.net	
Name of Authorising Finance Lead	Phill Wells, NCL ICB Chief Finance Officer	The financial implications of the potential service changes are a key criterion in the options appraisal. There is further intensive work taking place over the early summer to assess the affordability of revenue implications, capital resource limit and cash availability at an organisational and system-level and over time.			

Report Summary

Introduction

The Start Well programme is a long-term strategic change programme which is key to improving outcomes and equitable access to care for those that use NCL maternity, neonatal and children and young people's services.

We have brought several updates on the programme to the Integrated Care Board (ICB) outlining progress to date including: a Case for Change, that described a number of opportunities to improve our services and the outcome of an engagement period on the case for change.

The Case for Change was approved by NCL CCG Governing Body at its meeting on 30 June 2022.
Taking a strong population health focus, the Case for Change identifies what currently works well and areas where there may be opportunities for improvement. The full Case for Change can be viewed here: https://nclhealthandcare.org.uk/get-involved/start-well/

Alongside the many examples of excellence, the report also identified challenges and opportunities to improve, address areas of inequity and achieve better outcomes and experience for patients, their families, carers and staff. Opportunities for improvement in maternity include:

- Ensuring excellent experience, equitable access and optimal outcomes for pregnant women and people

	• Better utilisation of maternity capacity offered in NCL, in particular obstetric-led care is often stretched and midwifery-led care less well used • Supporting maternity workforce sustainability • Having the right maternity and neonatal estate to support service delivery and patient experience Opportunities for improvement in neonatal services include: • Matching neonatal care capacity and demand, in particular our most specialist neonatal intensive care unit or NICU (level 3) capacity is over-stretched, resulting in transfers • Consider the sustainability of the Royal Free Hospital Special Care Unit (level 1), which has less than fifty per cent occupancy • Minimising avoidable admissions to neonatal units through more consistent availability of community capacity • Addressing workforce vacancies and variation in provision and access to AHPs Opportunities for improvement in care for children and young people include: • Increasing demand for emergency care, particularly lower acuity care • Improving long-term conditions management • Organisation of paediatric emergency surgical care, where the provision is variable and the pathways are often unclear • Reducing long waits for elective care • Improving transition to adult services • Recruitment and retention of paediatric workforce • Meeting national recommendations for the environment for paediatric surgical care In November, the Board reviewed best practice care models which have been created through two half day workshops, the Clinical Reference Group (CRG) and nine dedicated task and finish groups. These care models set out the aspiration of how care could be delivered in NCL in the future and cover: • Maternity • Neonatal • Children and young people: emergency and planned surgery • Children and young people: emergency medical • Children and young people: planned medical • Children and young people: long term conditions The board noted that for maternity, neonatal and children and young people's planned, and emergency surgery, delivering these proposed future care models may require service change which would involve site-specific changes in terms of services that can be accessed and where these are located. Any service change implications would require an options appraisal process to be undertaken. The board formally approved the recommendation to commence an options appraisal in respect to these areas. Following further clinical discussion, a slight revision was made to the recommendation around children and young people's surgery and this was agreed by the board at their meeting on 28 March 2023. **Responding to the case for change for areas outside the scope of the options appraisal** The September and November updates to the Board outlined a number of actions needed in order to capitalise on the opportunities described in the case

	for change and to support delivery of the new care models across maternity, neonatal and paediatric services. It outlined that much of this work does not need a service change in order to deliver and the Board endorsed the actions to commence implementation and work is underway through other programmes to do this. Below we have provided an update on some of the key actions that were identified and progress of them:
	
	• **An audit of stillbirths in Haringey**: the NCL Local Maternity and Neonatal System (LMNS) have commenced an audit of stillbirths in Haringey. Through the case for change, Haringey's still birth rate was flagged to be an outlier, and there was agreement that further work is needed to understand this. A research midwife is leading an audit to identify if there are any trends or learning that need to be applied. This is expected to be concluded by the end of summer and any learning be widely shared across the ICS. Following completion of this audit, there is a plan to review maternal deaths across NCL to understand factors that need addressing in NCL.
	• **The LMNS equity and equality plan**. In response to an NHSE requirement, as well as the challenges identified through the Start Well case for change and subsequent engagement, the LMNS have published their equity plan. This includes a focus on continuity of carer for those at risk of poorer outcomes, work to improve data quality in maternity services to ensure that there is oversight of outcomes, a focus on language and translation in maternity care including translation of the personalised care and support planning booklet and a focus on improving service user involvement through the maternity voices partnerships. To support and oversee this work an equity and equality steering group has been established has been agreed. A trial has also commenced for a new role of maternity independent senior advocate which is being funded through NHSE.
	• **Additional funding for perinatal mental health services**: The case for change identified that NCL is not currently meeting long term plan targets around access to perinatal mental health services. In 2023/24, there will be an additional £1.6m invested in perinatal mental health services in NCL. This will support improved patient experience, better performance against the NHS LTP target, increased capacity in specialist perinatal mental services and the expansion of the Maple maternal mental health service to the whole of NCL. The Maple service is for women whose trauma symptoms have a moderate to severe impact on their mental health (e.g. due to a traumatic birth experience, pregnancy loss, neonatal death or the removal of a baby as a result of social care procedures due to safeguarding concerns).
	• **The community and mental health services core offer implementation has commenced, with the following outcomes:**
	  o Investment in both Barnet and in Haringey to address gaps in the core offer for asthma nursing roles to support children and young people in each borough, working across schools and primary care.
	  o Our system wide work on children's community services has resulted in reduced waiting times for both therapy and autism assessments.
	  o We now have 16 Mental Health Support Teams covering 45% of the ICS against a national target for rollout of 25% nationally.
	• **The Virtual ward programme**. This programme is supporting the roll out of hospital at home for children and young people, as well as supporting some community neonatal pathways (for example jaundice). The service is already in place at Whittington Health and a service has recently been established in South Enfield through North Middlesex. This will support more children be supported at home or be discharged from hospital sooner. There are plans in place for further roll out across other NCL sites.

	• **An urgent care review has been commissioned**. As identified through the case for change, there are a very high number of low acuity paediatric attendances at emergency departments across NCL. The urgent care review will aim to understand the reasons for these low acuity attendances, understand the role and effectiveness of same day emergency care models. **The options appraisal** Following ICB Board recommendations in November 2022, the Start Well Programme has been undertaking an options appraisal covering the following areas: • Maternity and neonates: Set out all possible site-specific options for having four obstetric led birthing units co-located with four neonatal units (three of which would be level 2 and one would be level 3), instead of the current five (excluding the specialist level 3 at GOSH, which delivers tertiary care) ○ Additionally, set out the option of no longer having a stand-alone midwifery unit • Paediatric surgery: Set out all possible site-specific options for the creation of a centre, or centres, of expertise for the delivery of children and young people's surgery for low volume specialties and very young children Since the ICB recommendation point in November 2022 good progress has been made with the options appraisal on the recommendations around maternity, neonatal services and surgery for children and young people. The Clinical Reference Group (CRG) and Patient, Public Engagement Group (PPEG) and finance group have met frequently to input into the process. The programme board has been overseeing the options appraisal process. They met in mid-May for a full day workshop to review the work done through the CRG, PPEG and finance group and agree next steps in terms of additional work and input needed on the options appraisal. The work undertaken on the options appraisal may be assured further by NHS England over the summer. **Integrated impact assessment** Alongside the options appraisal, work has commenced around an integrated impact assessment (IIA). This is a piece of work that aims to describe the impact of any possible changes, highlights particular populations that may be more impacted, and proposes mitigations to those impacts. The IIA has been overseen by a steering group which is co-chaired by Sarah Mansuralli (Start Well SRO) and Kirsten Watters (Director of Public Health, Camden Council). A robust approach has been taken to identifying impact through extensive analysis, engagement and public health input through a literature review. The engagement has focussed on groups that are known to be at risk of poorer outcomes or who have protected characteristics. In total 38 sessions have been held reaching over 120 residents. Examples of the groups that have been involved in the engagement are: • Parents with recent experience of neonatal care • The Eastern European Forum • Women and people over 35 with experience of maternity care • Jewish women with recent experience of maternity care

	• Specialist midwives who support women during pregnancy who are experiencing:
	  ○ Domestic violence
	  ○ Severe mental illness
	  ○ Homelessness
	
	The next steps for the IIA are to review the impacts that have been identified and agree mitigations. This will be done through MDT workshops involving local authority partners, clinical leads working in the programme as well as patient representatives.
	
	Next steps and timeline
	There is a further planned update to the ICB Board at their November 2023 meeting. At this meeting we will be sharing work undertaken on the options appraisal, the associated IIA and any external assurance that has been completed.
	
	It is important to note that no changes have been agreed or are proposed at the current time. Any proposed change would be subject to further engagement and potentially a public consultation. At the November 2023 ICB Board meeting we plan a further update on the progress of the programme and next steps.

Recommendation	The Board of Members is requested to: • **NOTE** the update on the Start Well programme.
Identified Risks and Risk Management Actions	The programme risk register was updated in February 2023 as the programme moved into the options appraisal phase. The top three risks as reported to the Programme Board are as follows: • *Staff concerns about potential future changes to services leading to difficulty recruiting and retaining staff working in services.* To mitigate this a robust communication and engagement strategy has been put in place to ensure that staff are updated with consistent messaging about the programme at regular intervals. Further mitigations are being explored through the CRG which include monitoring of recruitment and retention patterns across services and early warning of issues. • *System Planning System pressures such as RSV and further COVID surges, strikes together with other unforeseen pressures, lead to challenges with engagement and a subsequent delay in future elements of the programme.* To address issues a flexible plan is in place that builds in additional time and alternative processes should unforeseen circumstances lead to system pressure. • *Insufficient capital funding to support Start Well and/or changes to the financial position over time*. To mitigate this risk the programme is working with the ICS to understand the medium-term availability of capital across the system and the emerging prioritisation process for allocation. • *Public and stakeholder objections lead to delays to the programme.* Mitigations include a diverse Programme Board that includes a wide range of stakeholders to ensure a multi-agency system-wide approach is in place, regular review of the governance framework, a stakeholder communications plan to ensure all relevant stakeholders are engaged, updated and encouraged to feedback and a flexible, an evolving communications plan that underpins the programme and a patient and resident engagement strategy to ensure patients are front and centre of the review. This includes a Youth forum, youth mentoring and a Patient and Public engagement group (PPEG). The Chair of the PPEG also sits on the Programme Board.
Conflicts of Interest	None to note. A comprehensive conflict of interest register for all members of the Programme Board is in place and forms part of each agenda as a standing item to ensure full transparency.

Resource Implications	The programme costs are an ICS system cost and funding has been identified to support this programme from ICS system budgets.
Engagement	A comprehensive communications and engagement plan is in place, with communication and engagement leadership fully embedded in the programme team and close working with partner communications and engagement teams in Trusts. The plan covers: • Staff engagement and communication – with regular updates coordinated through a group of the communication leads from ICS partners • Stakeholder engagement – with regular briefing and updates to key stakeholders, including MPs and local authority colleagues. Updates to the JHOSC and Health and Wellbeing Boards. • Patient and resident engagement (including with children and young people) is central to the programme. A ten-week engagement period was held over the summer of 2022 following the publication of the case for change. A patient and public engagement group (PPEG) has been set up support the programme, as well as an ongoing programme of youth engagement. Both are involved in the options appraisal process. • Engagement was undertaken to support the IIA to ensure the voices of those potentially impacted are considered as the programme moves forward
Equality Impact Analysis	• The data analysis carried out for the Case for Change had a central focus on equality considerations, including patients with protected characteristics (particularly ethnicity) and a focus on deprivation. A full chapter in the case for change drew together the focus on equalities dimensions and this informed the approach to public engagement on the Case for Change over the summer of 2022. • Alongside the options appraisal process, a comprehensive integrated impact assessment (IIA) is being carried out would cover all equalities considerations, alongside other dimensions such as quality, access, digital, sustainability and patient flow. As part of the process there would be a deep dive into any populations that are identified as potentially experiencing greater inequalities due to the proposal.
Report History and Key Decisions	• September 2022 – next steps for the programme, governance and a report on the 10-week engagement period were presented at the ICB Board meeting • November 2022 – approval sought for the recommendation to move to an options appraisal around the implementation of the maternity, neonatal and children and young people's surgery care models • March 2023 - an update on the options appraisal as well as an amendment to the previously agreed paediatric surgery care model and recommendation
Next Steps	• Continued work with the CRG, PPEG and finance group on the options appraisal • Continued work on the integrated impact assessment and development of mitigations • External assurance of the work undertaken by the programme through NHS England • Continue communication and engagement activities with staff and wider stakeholders • A further update to the Board in November following completion of the further work required
Appendices	Not applicable.

North Central London
Integrated Care Board

North Central London ICB
NCL ICB Board of Members
25 July 2023

Report Title	2022-2023 Equality Information Report	**Date of report**	4 July 2023	**Agenda Item**	2.3
Lead Director / Manager	Sarah Morgan, Chief People Officer Sarah Mansuralli, Chief Development and Population Health Officer	**Email / Tel**		sarahlouise.morgan@nhs.net Sarah.mansuralli@nhs.net	
Board Member Sponsor	Sarah Morgan, Chief People Officer (Workforce) Sarah Mansuralli, Chief Development and Population Health Officer				
Report Author	Darshna Pankhania, Deputy Director of HR, OD and EDI (Workforce) Mary Morgan, Planning Co-ordination Manager (Health Inequalities)	**Email / Tel**		Darshna.pankhania@nhs.net Mary.morgan1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	North Central London Integrated Care Board (NCL ICB) was established on 1 July 2022. This report demonstrates how NCL ICB is complying with the Public Sector Equality Duty of the Equality Act 2010, and details progress made against workforce and patient/community related equality priorities. The ICB is committed to providing inclusive services which meet the diverse needs of our patients, community and staff. This commitment was brought into focus over the last two years when COVID-19 highlighted the challenges that some of our staff and patients faced - ensuring equality, diversity and inclusion are central to delivering fair employment practices and ensuring our services are able to respond effectively remains our priority. Our key achievements since the inception of NCL ICB on 1 July 2022 include: ▪ Developing our population health and integrated care strategy which has focus on addressing inequalities and wider determinants of health with our system partners ▪ Developing the core offer for community and mental health services to ensure equitable access to a core minimum offer for community and mental health services ▪ Improving access to diagnostic services within the most deprived areas, known to experience inequalities of access.				

	▪ The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential. ▪ As part of our People Promise, the ICB has appointed Liz Sayce, Non-Executive Member Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion. ▪ The ICB's approach to Equality Impact Assessments (EQIA) has been reviewed and refreshed with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process. ▪ The staff networks have organised a number of events during 2022-23 to celebrate and raise awareness of a number of areas including; Black History Month, cultural exploration events, neurodiversity awareness events and promoting blogs and resources on greener living. ▪ Our performance against the Workforce Race Equality Standards (WRES) shows that the overall workforce from BAME and White backgrounds is broadly reflective of the NCL population demographic. The staff survey results show that BAME staff have had improved experiences regarding bullying and harassment from patients/relatives and from staff in comparison to 2021-2022. ▪ Our performance against the Workforce Disability Equality Standards (WDES) shows that the relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher – this indicates that disabled staff are more likely to be appointed from shortlisting than non-disabled staff. Disabled staff have had improved experiences than non-disabled staff, regarding bullying and harassment from patients/service users, managers and other staff, and expressed better experiences regarding equal opportunities for career progression and the extent the organisation values their work. ▪ A number of mental health and wellbeing initiatives have been rolled out to staff during 2022-2023 including the roll out of a Workplace Reasonable Adjustment Passport to support staff that would benefit from reasonable adjustments in the workplace, weekly mindful sessions, access to occupational health and an employee assistance programme and the NCL wellbeing hub. Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion which has worsened for both staff from a BAME and White background, the need to improve the likelihood of BAME staff being appointed to a role which has worsened since 2021-2022 and improve the representation of BAME staff in senior posts to better reflect the NCL population. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment, and discrimination. Our first year of inception has been a transition year and we are now becoming intentional as a new organisation, to our commitment to fostering a culture of inclusion and belonging. We acknowledge that our WRES scores and staff survey results demonstrate that our staff from a Black, Asian and Minority Ethnic background do not always have a good experience. We are therefore recommending that NCL ICB publicly commit to becoming an **anti racist organisation.** To support the delivery of this commitment, the organisation is participating in the Mayor of London's Workforce Integration Network anti racism

	programme from September 2023. This is a ten month programme and will include staff from other ICS NHS partner organisations. This recommendation is fully supported by our Executive Team and we are seeking Board of Members endorsement and participation in the work to deliver on this commitment. Over the coming 12 months, we will continue to foster a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on: ▪ Public commitment to becoming an anti-racist organisation (recommendation) ▪ Develop and deliver an associated programme of work to start to shift the culture towards being anti-racist for staff, patients and our population ▪ Working towards a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected ▪ Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees ▪ Ensuring that there is an inequalities lens to all programmes of work that we undertake as an ICB and learning from existing programmes of work to embed tackling inequalities within the core of planning and delivering services across the NCL ICS ▪ Adoption of our Population Health Management Programme through the support of the borough clinical and care leaders. The priorities and objectives linked specifically to the workforce equality, diversity and inclusion objectives are set out in the Equality Information Report (section 7) and the NCL ICB's 3-year OD Plan (separate agenda item).
Recommendation	The Board of Members is asked to: • **APPROVE** and **ENDORSE** the recommendation of NCL ICB making a public commitment to becoming an anti-racist organisation and to participate in the associated work as required • **APPROVE** the 2022-2023 Equality Information Report.
Identified Risks and Risk Management Actions	Not applicable.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Engagement on the equality reports has been undertaken with the following groups: ▪ People & Culture Oversight Group (PCOG) ▪ Staff Network Chairs and Vice-Chairs ▪ Communities Team ▪ Communications and Engagement Team ▪ Population Health Team ▪ Executive Management Team
Equality Impact Analysis	Not applicable.

Report History and Key Decisions	12 June People and Culture Oversight Group (WRES and WDES) 6 July Executive Management Team
Next Steps	25 July 2023 • 2022-2023 Equality Information Report to be taken to the ICB Board for approval 31 July 2023 • All Equality Reports to be published publicly on the NCL ICB website.
Appendices	Not applicable.

NHS
North Central London
Integrated Care Board

2022-2023 Equality Information Report

July 2023

Contents

Executive Summary

North Central London Integrated Care Board (NCL ICB) was established on 1 July 2022.

This report demonstrates how NCL ICB is complying with the Public Sector Equality Duty of the Equality Act 2010, and details progress made against workforce and patient/community related equality priorities.

The ICB is committed to providing inclusive services which meet the diverse needs of our patients, community and staff. This commitment was brought into focus over the last two years when COVID-19 highlighted the challenges that some of our staff and patients faced - ensuring equality, diversity and inclusion are central to delivering fair employment practices and ensuring our services are able to respond effectively remains our priority.

Our key achievements since the inception of NCL ICB on 1 July 2022 include:

- Developing our population health and integrated care strategy which has focus on addressing inequalities and wider determinants of health with our system partners
- Developing the core offer for community and mental health services to ensure equitable access to a core minimum offer for community and mental health services
- Improving access to diagnostic services within the most deprived areas, known to experience inequalities of access.
- The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential.
- As part of our People Promise, the ICB has appointed Liz Sayce, Non-Executive Member Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion.
- The ICB's approach to Equality Impact Assessments (EQIA) has been reviewed and refreshed with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process.
- The NCL ICS has a leadership development programme specifically for senior leaders from a Black, Asian, Minority Ethnic background to support them to become Executive Directors

called the Future Leaders programme. Each organisation across the system has one participant with 14 in total, and NCL ICB has had the first participant to be appointed to an Executive Director post.

- The staff networks have organised a number of events during 2022-23 to celebrate and raise awareness of a number of areas including; Black History Month, cultural exploration events, neurodiversity awareness events and promoting blogs and resources on greener living.
- Our performance against the Workforce Race Equality Standards (WRES) shows that the overall workforce from BAME and White backgrounds is broadly reflective of the NCL population demographic. The staff survey results show that BAME staff have had improved experiences regarding bullying and harassment from patients/relatives and from staff in comparison to 2021-2022.
- Our performance against the Workforce Disability Equality Standards (WDES) shows that the relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher – this indicates that disabled staff are more likely to be appointed from shortlisting than non-disabled staff. Disabled staff have had improved experiences than non-disabled staff, regarding bullying and harassment from patients/service users, managers and other staff, and expressed better experiences regarding equal opportunities for career progression and the extent the organisation values their work.
- A number of mental health and wellbeing initiatives have been rolled out to staff during 2022-2023 including the roll out of a Workplace Reasonable Adjustment Passport to support staff that would benefit from reasonable adjustments in the workplace, weekly mindful sessions, access to occupational health and an employee assistance programme and the NCL wellbeing hub.

Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion which has worsened for both staff from a BAME and White background, the need to improve the likelihood of BAME staff being appointed to a role which has worsened since 2021-2022 and improve the representation of BAME staff in senior posts to better reflect the NCL population. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment and discrimination.

To start to address these disparities, NCL ICB are committing to becoming an anti-racist organisation. From September 2023 we will be one of ten NHS organisations in London participating in the Greater London Assembly's Workforce Integration Network Design Lab, which is focussing on developing anti-racist organisations with a particular emphasis on recruiting from under-represented communities in London. The ICB will be leading this work for the wider ICS and several partner organisations will be involved in this programme over its ten-month duration.

Our first year of inception has been a transition year and we are now becoming intentional about our commitment to fostering a culture of inclusion and belonging.

Our first year of inception has been a transition year and we are now becoming intentional as a new organisation, to our commitment to fostering a culture of inclusion and belonging. We acknowledge that our WRES scores and staff survey results demonstrate that our staff from a Black, Asian and Minority Ethnic background do not always have a good experience. We are therefore recommending that NCL ICB publicly commit to becoming an **anti racist organisation.**

To support the delivery of this commitment, the organisation is participating in the Mayor of London's Workforce Integration Network anti racism programme from September 2023. This is a ten-month programme and will include staff from other ICS NHS partner organisations.

This recommendation is fully supported by our Executive Team and we are seeking Board of Members endorsement and participation in the work to deliver on this commitment.

Over the coming 12 months, we will continue to foster a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on:

- Public commitment to becoming an anti-racist organisation
- Develop and deliver an associated programme of work to start to shift the culture towards being anti-racist organisation for staff, patients and our population

As we start to mature as an organisation we want to focus on fostering a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on:

- Participation in the GLA Workforce Integration Network Design Lab programme to becoming an anti-racist organisation
- Developing and deliver and associated programme of work to start to shift the culture towards being anti-racist for staff, patients and our population
- Developing a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected
- Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees
- Ensuring that there is an inequalities lens to all programmes of work that we undertake as an ICB and learning from existing programmes of work to embed tackling inequalities within the core of planning and delivering services across the NCL ICS
- Adoption of our Population Health Management Programme through the support of the borough clinical and care leaders.

The priorities and objectives linked specifically to the workforce equality, diversity and inclusion objectives are set out in the Equality Information Report (section 7) and the ICB's 3-year OD Plan.

Introduction

The purpose of the 2022-2023 Equality Information Report is to provide assurance to the NCL ICB Board that the ICB continues to meet its responsibilities under the Equality Act 2010 and meets the requirements of the Public Sector Equality Duty.

This report outlines key achievements in the year, progress that has been made towards achieving the equality objectives that transitioned from the ICB's predecessor organisation (North Central London Clinical Commissioning Group (NCL CCG) to NCL ICB with key priority areas that have been identified for focus over the next three years.

The Public Sector Equality Duty of the Equality Act 2010 helps organisations to put in place a framework for monitoring and measuring equality performance against the requirements. This report and the equality information profile illustrate how the ICB are doing this and plan to improve on this through:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act.
- Developing an inclusive culture, where health and wellbeing needs are met and people feel valued, supported and safe
- Listening to and amplifying the voices of people from diverse groups, through the support of allies
- Developing a diverse and representative workforce and advancing our corporate commitment to equality, diversity and inclusive leadership

The Equality Delivery System is a framework for assessing the equality performance of NHS organisations and identifying areas for improvement. The ICB's equality priorities and objective have been set in line with the goals set out by this framework as well as with an aim to tackle key areas of improvement identified as part of the Gender Pay Gap Report, Workforce Race Equality Standard (WRES) reporting and Workforce Disability Equality Standard reporting (WDES).

The reporting period is typically 1 April 2022 – 31 March 2023 to reflect the statutory or mandated national NHS frameworks.

Equality, Diversity and Inclusion: Leadership Commitment

Equality, diversity and inclusion is integral to all policies, processes, practices, decision making, and everything that we do. Following the establishment of NCL ICB on 1 July 2022, the new ICB Executive Management Team (EMT) are committed to creating a work environment that is safe, healthy, compassionate, representative and inclusive for all our staff. EMT are committed to developing a culture that makes the ICB a great place to work, where staff are proud and excited to work.

The EMT are committed to creating a positive culture that respects all individuals and promote positive practice that values the diversity of all individuals and communities. This report forms part of EMT's commitment to ICB staff and the North Central London patient community.

The EMT have discussed the important of ensuring that equality, diversity and inclusion and the need to promote this both within corporate developments for the organisation but also within core business strategies. As part of this, there is commitment to creating an inclusive work environment as well as building an organisation where the diversity of our people is valued and utilised.

Equality, Diversity and Inclusion: Governance

Workforce Governance

Following the establishment of the ICB, the following governance arrangements have been put in place regarding the workforce equality and diversity.

Executive Director Leadership

The workforce equality, diversity and inclusion portfolio and team sit under the executive leadership of the Chief People Officer.

Non-Executive Board Member as the ICB Wellbeing and Inclusion Guardian

We rely on our diverse and skilled staff to achieve our ambitions to improve health and wellbeing and reduce inequalities for people across North Central London, so it's vital that we protect the health, wellbeing and inclusion of our staff and make sure they feel included and supported within NCL ICB.

As decisions made at board level can impact staff, it is important that we have a member of the board whose role is to make sure any significant changes made have capacity to improve the wellbeing of staff and promote inclusion. The role of the Wellbeing and Inclusion Guardian is to act as a critical friend to the board, challenge the board to place wellbeing and inclusion at the heart of all that they do, and hold the board to account for undertaking improvement work as required to enhance the wellbeing and inclusion of employees.

Our Wellbeing and Inclusion Guardian is Liz Sayce who is a Non-Executive Member of the NCL ICB Board. Liz works closely with our Chief People Officer, Sarah-Louise Morgan, and our staff networks to champion wellbeing and inclusion, ensuring all voices are heard across the organisation.

People & Culture Oversight Group (PCOG)

The PCOG has been established in accordance with the constitution of the ICB Board and is a forum that engages staff on our key people matters. The key responsibilities of the PCOG include approving new/revised HR policies, reviewing of and making recommendations on diversity and inclusion statutory reports to the ICB Board, oversight and scrutiny of all staff engagement and staff network work programmes, and staff communication and engagement plans. The PCOG also provide feedback on key areas they believe improvement is needed to facilitate a link between staff needs and the Senior Leadership Team.

The membership of PCOG is multi-disciplinary and includes a number of representatives across the ICB, including members of the Executive Team, Chairs of each of the Staff Networks, trade union representation and staff representation from each of the ICB Directorates.

NCL Population Health and Inequalities Committee (PHI)

The Population Health & Inequalities (PHI) Committee has been in place since February 2021, prior to the formal establishment of the ICB and the formation of the Integrated Care Partnership (ICP) Board. Chaired by Mike Cooke, it sits within the NCL ICB governance structure and utilises the NCL ICB for formal decision making if required / appropriate. The NCL PHI Committee is designated by the ICP to have oversight of the delivery of the NCL Population Health & Integrated Care strategy – therefore the PHI Committee has a close working relationship with the ICP Board.

Purpose of the PHI Committee:

- Oversee the development and implementation of the NCL Population Health & Integrated Care Strategy across the ICS.
- Developing a single integrated system wide approach to population health and the culture, ways of working and strategies that underpin it.
- Developing a methodical approach to assessing population health needs and embedding population health management across the system.
- Planning and prioritising how to meet population health needs.
- Addressing health inequalities and inequity of access and outcomes.
- Ensuring that ICS priorities are funded and delivered.
- Oversee the implementation and impact of the NCL inequalities fund borough projects.
- Tackling the health inequalities that affect our communities and staff

The PHI Committee, alongside the Integrated Care Partnership, is also a place for sharing and learning between our Borough Partnerships, showcasing projects and initiatives that take a population health improvement approach and focus on tackling inequalities at a local level.

There is a sub-structure of groups that report into the PHI Committee; the Population Health & Inequalities (PHI) Steering Group and the Population Health Management Group (see details below).

NCL Population Health and Inequalities Steering Group

The purpose of the group is to provide the 'day to day' direction to support the PHI Committee to deliver the NCL Population Health & Integrated Care Strategy, utilising combined system expertise.

The role of the group is to:

- Guide, shape and deliver the tasks and outputs required to deliver the NCL Population Health & Integration Strategy.
- Support the identification of resources from all partners to enable the timely delivery of tasks and outputs.
- Take ownership for driving forward work in local parts of the system to contribute to partnership delivery.
- Escalate and challenge PHI Committee with risks and issues that require mitigation or resolution.

- Agree where actions need to be once for NCL.

Population Health and Management (PHM) Group

The purpose of the group is for health and care organisations in NCL to collectively design, implement and oversee NCL's Population Health Management programme.

The role of the group is to:

- Agree and own a shared vision, mission, and definition of PHM from across NCL
- Develop and sign off iterations of the PHM Strategy, which will contribute to the ICS's overarching Population Health Strategy.
- Oversee the development, prioritisation, and delivery of NCL's PHM programme.
- Specifically ensure that data is being used in accordance with data sharing agreements, with data controllers' approval, and within patient/client expectations.
- Shape and endorse the PHM change programme across the system, place, and neighbourhoods.
- Oversee and shape resident engagement activities to build trust around the use of data in NCL, including ethics, and particularly with respect to the linkage of NHS/social care and wider data (e.g. housing).
- Shape and endorse the outline of the ICS Intelligence Function from a PHM perspective.
- Evaluate the impact and benefits of a PHM approach and use findings to shape the future strategy/programmes.

NCL ICB Board

NHS England has set out the following as the four core purposes of an Integrated Care System:

a) Improve outcomes in population health and healthcare;
b) Tackle inequalities in outcomes, experiences and access;
c) Enhance productivity and value for money;
d) Help the NHS support broader social and economic development.

The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges which include:

a) Improving the health of children and young people;

b) Supporting people to stay well and independent;

c) Acting sooner to help those with preventable conditions;

d) Supporting those with long-term conditions or mental health issues;

e) Caring for those with multiple needs as populations age;

f) Getting the best from collective resources so people get care as quickly as possible.

The ICB Board is responsible for ensuring the ICB acts in a way that is consistent with its statutory functions, both powers and duties. Many of these functions are set out in the 2006 Act and include equality, including the public sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35)

Section 2: Equality, Diversity and Inclusion: Our Work to Ensure Equality and Inclusion

This section of the report shows how the ICB continues to deliver the equality objective with regard to tackling health inequalities and strengthening the system approach to population health and care management during 2022/2023.

It also responds to what steps are being taken to tackle the inappropriate detention of people with a learning disability and autism and also action to tackle the disproportionate rates of detention of ethnic minority people.

1. Overview of key achievements during 2022-2023
    a. Across the System
    b. At Place – Communities and Inequalities
2. Tackling the inappropriate detention of people with a learning disability and autism
3. Action to tackle disproportionate rates of detention for ethnic minority people under the Mental Health Act 1983
4. Work Programme and Plans for 23/24

Key achievements during 2022-2023

Taking a strategic approach to tacking health inequalities – Population Health and Integrated Care Strategy

North Central London (NCL) is the second most deprived Integrated Care System (ICS) in London. Across our boroughs there are high levels of health need and inequalities, which since the pandemic, exacerbated with recent rise in living costs, have increased. Improvements in life expectancy across NCL have stalled in recent years and life expectancy and healthy life expectancy has declined following the pandemic. There is a gap of 20 years variation in healthy life expectancy between the most and least affluent areas in NCL.

As such, tackling inequalities in outcomes, experience and access to improve population health are a core purpose of our ICS and are central themes in our Integrated Care Partnership's Population Health and Integrated Care Strategy, which has been developed over the last year. The strategy outlines how as a health and care system we will deliver our vision for a prevention-oriented, proactive, integrated, holistic and person-centred approach to care, to improve population health, reduce health inequalities and ensure our health system is sustainable. It has been developed in collaboration with local residents and our Voluntary, Community and Social Enterprise sector (VCSE).

One core element within our strategy is a Population Health Outcomes Framework, agreed in June 2022, with corresponding indicators across 3 domains: start well, live well and age well. This was based on population needs identified through our NCL needs assessment, our borough joint strategic needs assessments and joint health and wellbeing strategies. We have used it as a tool to help identify variation across NCL and prioritise areas where can make a difference working together as a system, and areas which require action at borough or neighbourhood level to reduce inequalities in outcomes. For example, we have used the Outcomes Framework alongside other evidence to identify five 'key population health risks' for action at system-level, where we feel we can make the biggest impact to population health: **childhood immunisations; heart health; lung health; cancer; and mental health and wellbeing across the life-course.** They were selected as areas where there are known inequalities across different population groups in terms of access, experience and outcomes and for which there are several common risk factors, with opportunities for prevention.

There are also strong overlaps with the 5 clinical priority areas for children and adults within Core20PLUS5, the national NHS framework for tackling health inequalities. We have begun work on childhood immunisations, where we know uptake is lower in areas of high deprivation and amongst some ethnic groups, or communities where different languages are spoken. Our next step for our five population health risk areas will be to conduct a gap analysis to identify which population groups and geographies we need to focus on to reduce inequalities in these outcomes. This will form the basis of delivery plans to drive improvements. As part of the delivery of the Strategy, we will use the indicators which sit within the Outcomes Framework to measure progress in achieving our agreed outcomes at system and borough level; to identify further key population health risks for focussed attention across the system; and understand and reduce inequalities in outcomes across different population groups.

Another core element of the strategy is our focus on key population groups who experience inequalities, which builds on the other elements of Core20PLUS5 framework. In the last year we have scoped and agreed the population groups who will be our 'PLUS' focus groups for adults and young people; worked with Directors of Children's and Adult's Services to align our PLUS populations with local authority priorities to more fully reflect our local key communities; commissioned an Inclusion Health Needs Assessment as well as focus on our most deprived communities (Core20) through the work of our NCL Health Inequalities Fund.

Moving into delivery, the strategy describes our approach to embedding a wide scale understanding of population need and inequalities across those planning and delivering local services, as well as knowledge of our key local communities to ensure that population health is everybody's business and that we make every contact count. To support this we will build our quantitative and qualitative data capacity and capability to better understand and act on inequalities, including those related to ethnicity and deprivation, and through working with our VCSE colleagues and communities how we will use this to better align our resources to our needs and build this into performance metrics to measure how we are making a difference. We want to embed ambitions to improve population health outcomes and reduce health inequalities across all of our work, ultimately driving how we deliver care and prioritise our resources.

Start Well for Children and Young People

The Start Well Programme commenced in autumn 2021 with the aim of reviewing NCL children and young people's hospital-based services together with maternity and neonatal services. A population approach was taken in evaluating data, with all data cut by both ethnicity and deprivation, and this informed a Case for Change which was published in June 2022. This highlighted significant differences in the experience of care in NCL. For example, data shows that in 2020/21, admissions to neonatal units in of babies born to pregnant women and people in NCL of Black ethnicity have twice the rate of admission to a neonatal unit than babies born of White ethnicity, and those of Asian ethnicity have 1.5 times the rate of babies born to White women and people.

A ten-week targeted engagement programme followed to ensure that the programme heard from diverse communities across NCL to determine whether the themes highlighted in the Case for Change resonated. We heard from a broad range of NCL voices, of those answering the survey just over 75% agreed or strongly agreed with the opportunities for improvement across children, young people, maternity and neonates. The programme has progressed to an options appraisal which will be underpinned by an Integrated Impact Assessment (IIA) that will identify any potential impacts on equality and diversity, sustainable development, and health and wellbeing issues. As part of this qualitative engagement will be undertaken with groups that are likely to be impacted, which will include a strong population health focus and groups at risk of inequalities.

Community Service Transformation Programmes: Children and Young People

In 21/22, we set out a 'Core Offer' of care that all Children and Young People (CYP) can expect to access across our boroughs. In 22/23, professionals from across CYP services analysed variation from this offer, with a particular focus on addressing health inequalities for children and young people with Special Educational Needs or Disabilities (SEND), complex or long-term health needs and Children Looked After (CLA). It identified that children with SEND typically wait longer to have their needs assessed in Barnet, Enfield and Haringey compared with Camden or Islington. We know there is strong correlation between some forms of SEND and deprivation and high levels of deprivation in Haringey and Enfield in particular. There was also variation in health staffing levels working with CLA, which includes unaccompanied asylum-seeking children. This work has culminated in our CYP community health transformation programme which will change the way we deliver services across NCL and includes investment of an additional £2m recurrently in addressing

variation in care for children with SEND, LAC and CYP with health needs in Barnet, Enfield and Haringey.

Mental Health and Community Service Transformation Programmes

Implementation of the Mental Health and Community Services Reviews aim to deliver a consistent and equitable 'Core Offer' for our population across NCL. Implementation will take place over a 3-5 year timeline and will ensure that:

Outcomes for residents are optimised;

- That our "core offer" – the level of service every resident in NCL should expect is in place in every borough;
- Out of hospital care and prevention will be promoted in a way that reduces pressure on acute services and supports people to stay well within the neighbourhoods they live; and
- There is the necessary capacity within each borough for community and mental health services to contribute significantly to population health improvement through integrated delivery within partners, including at neighbourhood level.

The stages of the review have included a Case for Change (Baseline Review) followed by the articulation of a co-produced "core offer". The work engaged partners from all five boroughs and has been co-designed with users.

Our Baseline Review had three key findings:

- Firstly, that there is **significant variation in access, outcomes as well as experience per borough within mental health and community services** and that higher spend did not always equate to improved outcomes. An example of this is that 20% of children referred to mental health services in Islington wait over 18 weeks from referral to their first contact with services, compared to 1.2% of children in Barnet and 1.6% of children in Camden.
- Secondly, that **community service investment by borough is not correlated with need** by borough, due to historic variation in funding approaches. For example, in Haringey £98 per head is spent on community health services vs. £192 per head in Islington which is not proportionate to need within the NHSE need index.
- Thirdly, that in mental health there is variation in need and spend and that whilst mental health investment is correlated with need, **investment is required to implement the core offer and improve mental health services across NCL**.

- Further to this, the Baseline Review identified that in 2020/21, NCL had the highest rate of detentions under the Mental Health Act per weighted population in England, suggesting there is **significant opportunity for improvement** in service delivery**.**

Focus areas within 2022/23

The following provides a summary of key areas of improvement within community and mental health services as a result of our "core offer" implementation work within 2022/23:

Community services (adult and children and young people):

- Recurrent Investment in **extra community nursing and therapy capacity in Enfield and Haringey**, boroughs for which spend is not correlated with need. This extra capacity will support responsiveness and skill mix, helping avoid more admissions and providing enhanced recovery support post hospital stays.
- The **further roll-out of Virtual Wards** that support earlier discharge from hospital and support more people to recuperate in their home environment.
- Implementation of **Silver Triage**, a **consultant hotline** available to LAS staff at the point of potential ambulance conveyance from an NCL care home, which when utilised has **supported people to stay out of hospital 80% of the time.**
- Additional recurrent investment to address variation in care for children with Special Educational Needs or Disabilities (SEND), complex or long term needs and Looked after Children (LAC), with a focus on **reducing waiting times for assessments for children in Barnet, Enfield and Haringey;**
- A stronger universal **children's therapies offer** to improve identification of Speech, Language and Communication Needs in our more deprived and diverse communities in **Barnet, Haringey and Enfield**; and
- A two-year programme to trial the delivery of **post-diagnostic support for Autistic Spectrum Disorder across NCL**, based on Enfield's Atlas model – with a particular emphasis on supporting Turkish, Bengali and Somali families to access greater support.

Mental Health (adult and child and adolescent mental health services (CAMHS):

- Referrals to CYP MH services nationally went up by 39% in 2021/22, but through co-developed plans with partners, we have **reduced the total waiting list for CAMHS assessment in NCL** by 83%.
- Through investments into specialist and community Eating Disorders services, waiting times have reduced from 10 weeks to 6 weeks. Establishment of a new Community Eating Disorders service, which provides holistic assessment and co-production of care plans for children and young people and families;
- S**ignificant investment in our core offer associated with Crisis support for adults**, including investment in crisis houses and crisis cafes with a service now available in every Borough. Integration of the two crisis lines into one single point of access to ensure we can give a more immediate response to adults in crisis;
- **Expanded the NCL maternal mental health 'Maple' pilot service** across into Camden, Islington and Barnet offering equitable, evidence-based care for women with moderate-to-severe perinatal mental health difficulties and/or complex needs; and
- **Rolled out of new transformed community core teams to reach 100% of primary care networks** (PCNs) in 22/23.

Work of the NCL Communities Team

The Communities Team was established in 2020 to enable the ICB (then Clinical Commissioning Group) to make real its commitment to reducing inequalities between residents in access to, and outcomes from, healthcare services. The team's core activities are in line with the ICB's equalities duties and focus on our Core20PLUS5 populations, applying equalities to all our functions by:

- Working with teams across NCL to reduce variation in access, outcomes and experience.
- Identifying the highest priority needs to address to achieve this, including through review of the traditional understanding of 'need.
- Supporting the development and delivery of interventions to reduce health and wider inequalities.
- Recommending change to priorities and/or decision-making approaches where this will support greater equity and equality; and
- Fostering and spreading a culture of equality and ensuring that addressing health inequalities is an integral part of everyone's role.

Throughout 2022/23, the Communities Team has worked on many areas to address health inequalities across NCL including:

- Taking forward ‘anchor institution’ approaches across NCL (anchor institutions are large organisations, connected to their local area, which use their resources to benefit local communities)
- Working with borough-based teams to oversee our NCL Inequalities Fund
- Focusing on the health of inclusion groups such as people seeking asylum and people experiencing homelessness
- Working on specific projects such as digital inclusion
- Strengthening our understanding of need through engagement and coproduction.

Below are some examples of specific pieces of work undertaken by the NCL Communities Team:

- **Work to tackle serious youth violence**: Supporting lead partners Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) to deliver the London Vanguard for Serious Youth Violence, piloting a trauma-informed specialist model of care for young people (aged 16-25 years) across our five boroughs (Barnet, Enfield, Camden, Islington and Haringey).
- **Reducing blood borne viruses**: Leading the NCL roll out of opt-out testing for HIV, hepatitis B (HBV) and hepatitis C (HCV) in emergency departments (ED). Established ED HIV and hepatitis screening at Royal Free London, North Middlesex University Hospital, University College London Hospital and Whittington Health NHS Trust. From April 2022-Jan 2023.
- **Work to reduce inequalities for our lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, plus (LGBTQIA+) communities**: Working with the Public Health team in Enfield to identify opportunities to tackle LGBTIQA+ health inequalities in NCL.
- **Digital inclusion**: NCL ICS has established a digital inclusion framework and is in the process of shaping its priorities and plans for work at Place and Neighborhood level, starting with improving remote access to primary care consultations and outpatient appointments.
- **Enhanced health in care homes:** Continuing the roll out of a clinical remote monitoring tool into bedded settings and introducing an online care homes competency training resource, accessible from the proud to care website.

Inequalities Fund in 2022-2023

In 2022-23 there was a dedicated recurrent Inequalities Fund of £5m, with funding weighted across NCL towards the 20% most deprived wards, and Core20PLUS5.

- Innovative and collaborative approaches to delivering high-impact, measurable changes in inequalities across NCL, and addressing the underlying causes of health inequalities.
- The programme supports solutions which break down barriers between organisations and both develop new and extend existing relationships within boroughs, multi-borough and NCL-wide partnerships.
- Targeting the most deprived communities and reaching out proactively to our resident black and minority ethnic populations, in line with the aims of CORE20PLUS5; and
- Engaging our population, the VCSE and our partners across health and care in making a difference to the lives of our people.

The existing Inequalities Fund programme was reviewed between October to December 2022 and below are some highlights of some health benefits demonstrated by investing and supporting underserved communities:

- A reduction of approximately 800 A&E attendances for people with Severe and Multiple Disadvantages.
- NMUH saw 33% reduction in emergency admissions for those aged 50+ living in the 20% most deprived (IMD) communities and is significant as the NMUH serves mostly Haringey & Enfield's deprived populations.
- Blood pressure reduction in 50% of those participating in the peer support cardiovascular scheme for those from South Asian, African and Caribbean heritage (Barnet).
- A 5% reduction in A&E admissions for other forms of heart conditions in Haringey.

The programme has demonstrated that a Population Health model can build on the principles of subsidiarity that the Inequalities Fund successfully introduced. Partnership working has been a cornerstone of this programme creating opportunities both strategically and practically for statutory and voluntary organisations to collaborate and problem solve. The Inequalities Fund encouraged wide collaboration with diverse communities not just at a borough partnership level, but within the VCSE and across communities, looking outwards for solutions.

Reducing inequalities through use of Population Management Tools

Addressing inequalities in health is one of the primary functions of population health management. HealtheIntent, our Population Health Management system in NCL enables this work in two main ways:

- Embedding the tools to understand and tackle health inequalities in every analytic dashboard. Every HealtheIntent dashboard has a 'demographics and inequalities' page where users can identify differences in care and outcomes between different groups in the population they are looking at (from GP practice up to ICB level) and a flexible case finding tool with a wide variety of filters (e.g. demographic factors, language spoken, homelessness, mental health diagnoses) that allow the user to focus activity to tackle health inequalities on the groups they have prioritised. We are currently working on developing a 'Core20plus5' filter to simplify analytics for users and enable a consistent approach to tackling inequalities across NCL.
- Building specific tools to improve care for groups of people who experience inequalities in health. Between June 22 - March 23 we have delivered a Learning Disability Registry to improve the quality and uptake of annual physical health checks for people with learning disabilities.

Reducing inequalities in Covid-19 and Flu vaccination uptake

The North Central London Covid-19 outreach vaccination team, hosted by UCLH, targets our communities which have the lowest uptake of vaccinations. Between July 2022 and February 2023, the team have supported 260 outreach clinics at around 50 locations. These include: community centres, special education needs schools, homeless centres, drug and alcohol centres, construction sites, sheltered housing and events to target the Black, Asian and minority ethnic population. The team have been upskilled to ‘make every contact count’ and introduced co-administration of Covid-19 vaccination with flu vaccinations in October 2022 and screening for smoking cessation in February 2023. In the last year, the team have delivered 4,828 Covid-19 vaccinations and 747 flu vaccines, a total of 5,575 vaccinations. The team have screened 121 individuals for smoking, identifying 18 smokers and referring 10 to smoking cessation services. Despite being the second most deprived ICS in London, the NCL uptake rates are above the London average for Covid-19 vaccinations.

Working with Communities – Key Activities

- VCSE Alliance: As part of our system development to become an Integrated Care System (ICS), ICB have funded our NCL VCSE Alliance to represent the voice of the VCSE & local communities – particularly those who face the highest inequalities through the ICB/S. The development of the Alliance has been led by the VCSE in NCL.
- Community Research and Action Programme: Developing strong VCSE partnerships within each Borough, working with local communities who face the highest inequalities (including communities living in areas of high deprivation, organisations representing refugee, migrant & BAME communities, organisations representing women at risk of domestic violence and children and young people) raising local communities' voices, and investment in grass-roots VCSE. We deliver a community research and asset-building programme which tackles health inequalities and addresses barriers to accessing statutory services. The learning and insights are directly utilised in the development of Borough Partnership priorities and decisions.
- Patient Participation Group (PPG) Network across NCL: In 22/23 Enfield Borough Partnership was given funding to develop their PPG network – focused on building a strong network between practice PPGs and building diversity of voice within the PPGs – to improve reach & ability to influence ICS decision-making (focus on access to primary care). Funding has been awarded to build on this work and develop a strong PPG network across NCL.
- The NCL Resident's Health Panel is an online engagement platform – we currently have 1000 local NCL residents signed up to give their views on proposals to improve local health and care services and are keen to expand the membership over the next year with a particular focus on local communities who face the highest health inequalities.
- Community Connectors: Working with local Health Watch organisations and grass roots VCSE to develop a community champions-style programme - through the Hypertension workstream. Supporting communities who face high health inequalities (as part of Core20 plus) both to understand the lifestyle factors which cause hypertension, symptoms of hypertension and to support local people to have blood pressure checks – linking them into the hypertension services and support.
- Long Covid Community Engagement: In-depth research to understand the challenges local people and communities face when managing Long Covid and accessing care and support – working with ICB Post-Covid Steering Group and programme lead to develop and implement key recommendations.

Tackling the inappropriate detention of people with a learning disability and autistic people

The ICB are committed to tackling the inappropriate detention of people with a learning disability and autism and have an established NCL Learning Disability (LD) and Autism programme implementing guidance on the least restrictive practises protocols to address these issues. This has resulted in a reduction in the number of people with a LD and autistic people placed inappropriately in an acute bed. In 22/23:

- NCL has the lowest number of CYP inpatients in London, 5 children (Q4 22/23).
- NCL also reduced the number of patients in Adult ICB Inpatients by 50%, from 30 (excluding SRS Patients) in Q1 21/22 to 15 adults (Q4 22/23).
- NCL increased number of Secure Inpatient Admissions in specialised commissioned services by 17% from 15 in Q1 21/22 to 18 Q4 22/23 due to new diagnosis of Adults with Autism in MH Secure Inpatient services.

The following priority areas remain a priority for the coming year:

- **Whole systems Approach to Health care Design in Line with Long Term Plan (LTP)**: work progresses across key stakeholders in statutory, health and care, private and the VCS to move towards an ICS model improving the quality of care and service delivered to people with LD and Autism. For example. the equitable roll out of the CYP Keyworker model across NCL where the child is assessed as having high risk of admission on the Dynamic Support Register would receive support, advice and guidance to facilitate timely discharge and community support for them and their families/carers.
- **Quality Oversight of Out of Area Residential and Inpatients Placements: undertaken via Safe and Wellbeing Reviews.** The findings highlighted the importance of having shared accountability on the regular reviews of patient care which also aligned with Patient safety processes which were being mobilised by NHSE to improve accountability around quality of care and the focus was on Advocacy as well as reduction in restrictive practices. The improvement plan to reduce health inequalities is being implemented to improve health and quality outcomes. This has led to an increase in reasonable adjustments being put in place and reduction in Long term segregation by introducing adapted therapeutic modalities and support MH recovery.
- **Preventing Admission and Managing Lengths of Stay:** NCL has a monthly Inpatient Surgery which is an Assurance Meeting where discussions about patient journey, barriers to discharge are identified and a joint action plan is formulated to facilitate discharge as well as

reduce any inequalities in health care identified**.** This work continues to enable collaborative working, joint system risk management and effective joint decision making, to reduce the long lengths of stay in MH Inpatients and Acute Trusts. The outcomes of the meetings are related to looking at the Key Performance indicators for inpatient care, which includes facilitating timely Pre-admission and Post Admission Care (Education) Treatment Reviews (CeTRs), Commissioner oversight visits to facilitate timely discharges and sustainable discharge plans which reduce readmissions. NCL has seen a significant rise in Autistic inpatients, and the focus is now on addressing short and long-term improvements within the current mental health service provision to ensure that their treatment needs are met. There is also a focus on community pre and post Autism diagnostic support pathways underpinned by National Autism Strategy; and ensuring there is System Development of Waiting Well Pathways in each Borough.

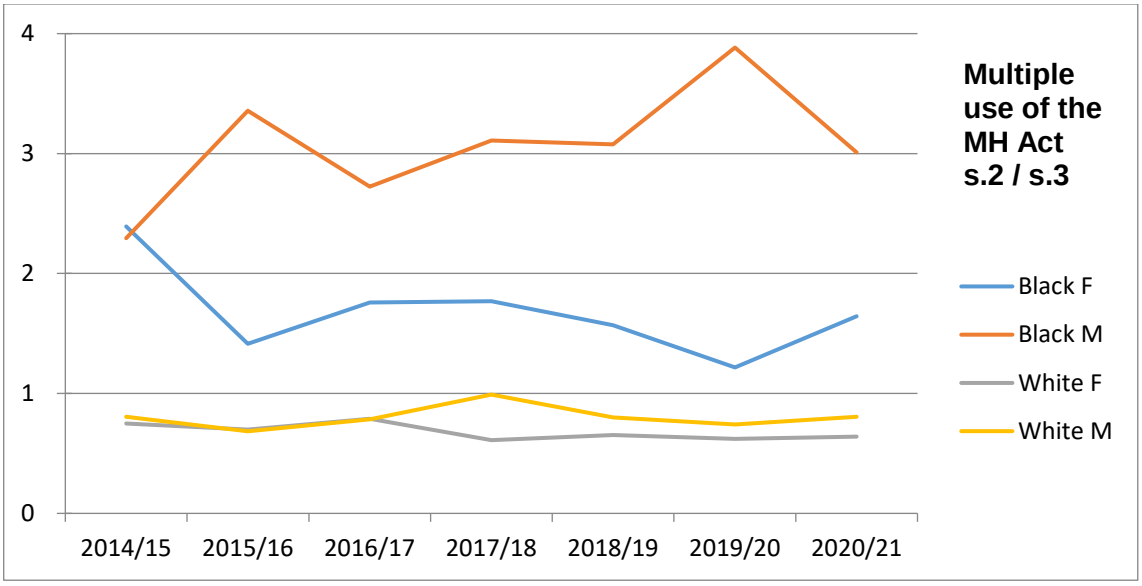
- **Work force development:** facilitating the LD and Autism Training and Community Service Development, establishing shared accountability of service delivery to improve effectiveness of services, and embedding clear expectations in Crisis Pathways. Including the roll out of the mandatory Oliver McGowan LD&A training for all CQC registered organisations.
- **Transitions from CYP to Adult Services and Discharge to Community:** Identifying the needs of inpatients as part of the 12-point discharge ensuring that there is a shared accountability between the community teams and Inpatient Service Providers identifying Pathways for Support before the age of 17.5 years for complex presentations. The Transition process should include s117 after care for patients who have been detained under MH Section, use of personalised budgets, CHC applications where required and considerations for Individualised commissioning, and Reduction of Delayed Transfer of care. This process also includes referral to Adult DSRs and communication with Out of Area Commissioners if an individual is placed in another geographic area.
- **Implementation of a culture of consistent Patient/service user Engagement:** Fostering population/service users as experts in order to support collaboration and coproduction thereby improving pre-existing services. To improve the process and uptake of the 6 - 8 weekly commissioner review, quality oversight sit and see reviews.

Although NCL are pleased with the progress made in tackling the inappropriate detention of people with a learning disability and autistic people, we recognise the need to do more and will continue to progress this work with an emphasis on local needs.

Action to tackle disproportionate rates of detention for ethnic minority people under the Mental Health Act 1983 (MHA)

The ICB are acutely aware of the disproportionate rates of MHA detention for people from ethnic minority populations. We are aware that people from ethnic groups are more likely to enter mental health services through the acute or forensic pathways and more likely to be detained under s136. NCL analyse the three protected characteristics of ethnicity, gender and age in the use of the MHA. Ethnicity is by far the most indicative of variations in use of the MHA; over the last seven years Black people have consistently been found to experience a further degree of overrepresentation in multiple periods of MHA detentions and in use of Community Treatment Orders (CTOs) having been placed on Section 3. This is broadly in line with the available national comparator data.

Whilst gender in and of itself appears to indicate relatively minor overrepresentations compared with ethnicity, it seems that gender combined with ethnicity does have a very pronounced effect: with Black men being by far the most over-represented group in use of all MHA detention powers analysed (see graph overleaf). Men are consistently found to be over-represented in the use of Sections 2 and 3, and to a greater degree locally than is reported nationally. The local degree of over-representation of men in Section 2 and 3 detentions has increased over the last two years.



We are committed to reducing MHA detentions for this group by increasing our investment in early intervention community-based services, so that many more people can get help at an early stage and prevent people's needs from escalating. We have successfully rolled out our new community mental health services with multi agency teams embedded within Primary Care Networks and

integrated with Social Care and the VCS so that people can access support close to home reducing the need for a referral to secondary care services.

In addition, we have strengthened our crisis pathway by increasing capacity in our community services including the development of crisis cafes so that people can easily access crisis support 365 days a year without the need for a referral from a health professional. We have also increased our capacity in crisis houses, so that people can be supported in a community setting preventing the need for an admission to an acute mental health bed.

We have more plans for 23/24 to reduce the inequality that people from ethnic minority populations experience. Including the continued focus on implementing the NHSE Advancing Mental Health Equality guidance and the development of a s136 hub for North London. A key focus of this work is to reduce the disproportionate use of the act on Black males.

Work Programme and Plans for 2023/24

Population Health and Integrated Care Strategy

The strategy sets the strategic direction for NCL and will guide our future ways of working in order to become a population health system. It has been developed by, with and for the system so there will now be a phase of wide sharing of the concepts, principles, and deliverables with organisations from across the system. We will continue to learn from partners as we move forward with implementation.

The strategy outlines next steps in the form of deliverables as well as a call to action for system partners working in a system that prioritises population health improvement. A more detailed plan (our Joint Forward Plan) has been developed with milestones, timelines and trajectories which will describe the detail behind the high level view described in the strategy. This will include how and where we will apply our new ways of working and integrate care and support to deliver better outcomes.

We will continue to implement our foundations for population health improvement through our inflight programmes of work and co-produce delivery plans with system partners for new delivery

areas that will have the greatest impact on population health. We want to strengthen system leadership to ensure there is a clear understanding about the role and remit of each element our system architecture, e.g. borough partnerships, Integrated Care Partnership.

A Population Health Approach to Long Term Conditions: Case for a Pan-NCL Locally Commissioned Service

The case for a consistent **Locally Commissioned Service (LCS) for Long Term Conditions (LTCs)** across NCL Primary Care has been in development since August 2021 and is now being implemented with a focus on outcomes and addressing health inequalities.

It speaks to all four core purposes of an ICS and aligns to the NCL Population Health Strategy. Delivered by primary care alongside partners, it supports a proactive and population health approach to long term condition care:

- **Delivering improved outcomes** for those in NCL living with - or at risk of developing - a long term condition by providing a proactive, personalised, holistic model of care across all boroughs and neighbourhoods
- **Narrowing health inequalities** by focussing on need over demand and recognising the differential effort needed to achieve outcomes with different communities
- **Supporting recovery from COVID** addressing the backlog in proactive management
- **Supporting the overall objectives of the ICB & ICS** through reducing variation in care and outcomes, promoting consistency of offer and adopting a risk stratified approach to care.

This represents an **ambitious new way of working** which can be achieved **without a system ask for funding**. It is underpinned by a **realistic workforce** plan, **resources to support preparation** of processes at practice & PCN level and **training and skills development**. It includes a **phased approach to implementation**. Evidence of benefits will be gathered so **outcomes can be tracked** and a system case for investment in population health priorities and earlier intervention and prevention can be made down the line, without delaying the crucial work needed today.

We are building our neighbourhoods (around 30-50k population) to drive hyper-local work and target key communities to improve population health by working together across local partnerships. It is intended to be the engine rooms for population health improvement and multidisciplinary working.

- The **neighbourhood** is the critical unit of delivery for population health. Our LTC model builds neighbourhood working.
- It supports the **ways of working, capacity & infrastructure** needed.
- It requires a **consistent, proactive and personalised** approach by neighbourhood teams.
- **HealtheIntent** provides the tools for case finding, supporting understanding of need and tracks achievement of outcomes
- It will deliver on the **ICS vision** and **Fuller recommendations** and deliver significant system and patient benefit.

Health and Inequalities Improvement Plans

Specifically, some areas of planned work for 2023/24 to highlight include:

- **LGBTIQA+ health inequalities:** building on work undertaken previously, we will work with programme leads (e.g. maternity service review) to ensure the needs of LGBTIQA+ people are being considered; we are in conversation with the LGBT Foundation to deliver Pride in Practice with 10 GP practices across NCL to ensure that lesbian, gay, bisexual and trans people have access to inclusive healthcare that understands and meets the needs of our LGBTQIA+ communities; share learning from the Royal National Orthopaedic Hospital (RNOH) who have completed the Rainbow Badge programme, and work with trust EDI leads to deliver improvements across NCL.

- **Anchor institutions:** continue the work across the core pillars of an anchor approach.
    - Cost of living: building on partnership working in 2022/23, continuing to improve resident access to financial advice
    - London Living Wage (LLW): working with Local Authorities and providers in our supply chain to increase the number of employers paying LLW in NCL
    - Employment: delivering improved pathways into health and care jobs, particularly working with VCS organisations with funding from NHSE
    - Environment: delivering our green plan, focusing on our priority areas (reusable PPE; medicines; travel & transport) as well as working to align the principles of sustainable healthcare as a way to deliver our population health ambitions.
    - Procurement: working to further maximise the social value in procurements (education & training and contract management as key to this).

- **Health Inequalities Fund:** building on the results of the programme, we are planning the development of Healthy Community Zones, based around areas of high deprivation, to expand best practice approaches and learning, and agree the best use of resource in the zone; we are undertaking work enabling existing schemes to be sustainable with alternate funding, so that new innovations may receive investment in the future; to support and encourage a health inequalities approach across all areas of ICS work, we will work with colleagues to develop a framework that identifies best practice and encourages a health inequalities approach; our high performing schemes have demonstrated that investment in under-served communities, which cost the ICB a disproportionate amount, result in savings to the system – the Communities Team will undertake further exploration of allocative efficiency models, which review the value and impact of different interventions in a pathway, to enable the system to determine the best use of resource. We plan to review different models of resource prioritisation with system leaders, to ensure that all stakeholders can contribute to the conversation.
- **Blood-Borne Virus (BBV):** The BBV (blood borne virus) opt out screening programme aims to increase the number of residents diagnosed with HIV and Hepatitis C, in order to provide treatment at an earlier stage and ensure patients are retained in the health and care system. Our upcoming plans for this year focus on three objectives. Firstly, we will embed a clinical navigator and results management model to enhance patient care across treatment adherence in BBV management. Skilled navigators will provide valuable support, while upskilling select navigators to perform essential tests like Fibroscan will streamline diagnostics. Secondly, we are committed to developing a user-friendly pan London website that serves as a comprehensive resource hub for hepatitis B patients including resources in different languages. Collaborating with voluntary and community sector organisations, we will effectively communicate and prioritise hepatitis B-related communications. Lastly, we aim to support trusts in increasing blood-borne virus (BBV) testing uptake to at least 80% across trusts while reducing repeat tests. By implementing strategies to encourage testing and optimising procedures, we will ensure more individuals receive timely screenings, leading to early detection and intervention.

- **Inclusion Health Needs Assessment (IHNA):** with the IHNA completed recently, planned work underway includes identifying and aligning priorities across providers, place and system, ensuring that co-production with people with lived experience occurs to contribute towards these priorities. A system-wide phased action plan which reflects local/system

priorities will be developed as well as system partnership ways of working that support effective system collaboration, learning and accountability for delivery of the high impact priorities actions. This will link to and be informed by the Population Health Improvement and Integration Strategy but may include identifying inclusion health leadership/champions in all system organisations or partnerships to create environment for change, SRO and accountability arrangements and developing a network for sharing of learning and assets – for example training programmes.

Section 3: Equality, Diversity and Inclusion: Workforce

This section of the report outlines the ICB's workforce related equality, diversity and inclusion work during 2022-2023 and is set out in the following sections:

1. Overview of key achievements during 2022-2023
2. NCL ICB workforce equality and diversity representation and trends
3. Performance against the statutory and mandatory reporting requirements (WRES, WDES and the Gender Pay Gap)
4. Overview of staff engagement and the achievements of the ICB staff networks
5. NCL ICB organisational change programme
6. NCL ICB 3-year organisational development plan and equality, diversity and inclusion priorities

2022-2023 – A year of transition and change

2022-2023 has been a year of transition and change for current ICB staff. Staff from North Central London Clinical Commissioning Group (NCL CCG) and London Shared Services (LSS) transferred to NCL ICB on 1 July 2022 under a new ICB executive leadership team.

Since early 2023, the ICB commenced a 9–12-month organisational change programme to redesign the structure of the organisation and the way that we work to better meet the needs of our population, our people, our system and our partners. These changes and the period of transition have prevented the ICB from fully delivering the objective set out in the CCG 2021-2023 Diversity and Inclusion Strategy relating to recruiting a reflective workforce at all levels and implementing a fair and just organisational culture. Instead we have used 2022-2023 as a transitional year to understand our baseline position in view of the changes to composition and size of the workforce.

Whilst broad comparisons have been made to the performance against 2021-2022, it should be noted that the size and composition of the ICB workforce has changed significantly with the transfer of services and staff from London Shared Services (LSS) to NCL ICB on 1 July 2022. In turn some trends may not be truly comparative.

Key achievements during 2022-2023

Following the establishment of the ICB on 1 July 2022 and the appointment of the NCL ICB Chief People Officer, a number of new and improved workforce initiatives have or are being implemented to lead our people and create a work environment that is safe, healthy, compassionate and inclusive for all our staff – a journey that is continuing to 2023/24 and beyond to achieve the Chief People Officer's ambition to make the ICB to be a great place to work.

The ICB's staff networks play a key role in driving and progressing the ICB's equality, diversity and inclusion agenda and have been instrumental in leading or supporting the delivery of the following key achievements.

Appointment of a Wellbeing and Inclusion Guardian

As part of our People Promise, the ICB appointed Liz Sayce, Non-Executive Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion.

Professional and Leadership Development

The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential.

A Core Skills for Managers programme has been developed and rolled out that will enable the ICB to strengthen and enhance management capability across the organisation, ensuring staff at every level are provided with the right skills and knowledge to develop, grow and support their staff and teams. At 31 March 2023, 31 managers had completed the programme with a further 30 managers commencing the programme from April 2023. The programme will continue to run on a rolling basis for all managers to access.

The programme is a stepping-stone to developing and rolling out a Leadership and Management Development framework that will enable the ICB to strengthen and enhance management and leadership capability across the organisation, with the golden thread of equality and inclusion running through each module.

The modules covered in the training include:

- Expectations of leadership within the ICB and the role of a manager
- Fundamentals of compassionate leadership and building relationships
- Professional behaviours, and understanding emotional intelligence and its benefits on others
- Equality, inclusion and diversity – why does it matter?
- Running fair and equitable recruitment and selection campaigns
- HR policies, procedures and managing employee relations
- New ways of working through change and system leadership
- Growing and developing our staff and ourselves

Workplace Reasonable Adjustment Passport

The workplace reasonable adjustment passport was introduced in July 2022 and enables staff and managers to have a live record of adjustments agreed between them to support the staff member at work because of a health condition, impairment or disability. The workplace reasonable adjustment passport is kept by staff and enables them to share it with anyone they think needs to know about any symptoms they might experience and support needs they have within the workplace.

Financial Wellbeing

Supporting staff from a financial wellbeing perspective has become critically important, particularly over the past year with the increasing cost-of-living challenges. A range of national, regional and local financial information, resources and support have been made available for staff to access. In addition, the ICB has provided staff with funding to obtain a Blue Light card to receive discounts on a range of areas that are exclusively available for NHS workers.

Financial constraints can also have an impact on staff mental health and wellbeing. Information has been shared with regards to the support pathways available, including contact details for mental health and wellbeing champions, HR business partners, support from managers and signposting to external support means.

Staff Engagement

The ICB continues to strengthen staff engagement of our diverse workforce via a number of platforms. Our range of staff networks and forums (BAME, Disability, Carers and Long Term Conditions, LGBTQ+, Greener network, Engaging our People Forum, PCOG and Joint Partnership

Group) allow colleagues to discuss experiences, offer a safe space and contributing to our workforce priorities to shape a more inclusive and fairer organisational culture.
In addition, The ICB partakes in the annual national NHS staff survey, to better understand staff experience and identify areas of improvement. While anonymous, this is monitored against demographic data and broken down by Directorate allowing us to develop actions to better support our staff.

Approach to Equality Impact Assessments

Equality Impact Assessments (EQIAs) ensure that any changes to strategies, policies, services, projects or programmes do not discriminate against individuals or groups. EQIAs help to tackle and challenge discrimination and promote equality in the organisation as well as supporting general service improvements. The completion of an EQIA offers a proactive approach for achieving fair and appropriate outcomes for key stakeholders and service users, including our staff, carers, patients and the local community that we serve by promoting equality of opportunity.

The ICB's approach to EQIAs has been reviewed and refreshed with the introduction a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process. The revised EQIA process was rolled out with extensive training to staff from across the organisation. The training helps support staff in recognising the importance of the EQIA process as well as providing them with the tools needed to assess any changes and their impacts on each protected characteristic.

The EQIAs that have been developed not only ensure that the 9 protected characteristics are not discriminated against, but they also go further by assessing potential impacts against Carers, Health Inequalities and Human Rights. This allows us to consider other groups who may be disadvantaged but are not covered within the Equality Act for example, refugees, homeless people, families from low-income backgrounds etc. By doing this we are able to ensure that any changes proposed are inclusive and appropriate amendments, actions or mitigation measures are carried out to achieve a fair and equitable outcome.

Clinical and Care Leadership Model

The ICB has developed and implemented a new Clinical and Care Leadership model in accordance with the NHSE guidance and design principles for ICS' on the development of effective clinical and care professional leadership. Some of the key design principles included:

- Having a full range of clinical and professional leaders from diverse backgrounds integrated into system decision-making at all levels,
- Nurturing a culture that systematically embraces shared learning,
- Supporting clinical and care professional leaders to collaborate and innovate, and
- Having a transparent approach to identifying and recruiting leaders which promotes equity of opportunity, and creates a professionally and demographically diverse talent pipeline.

The ICB transitioned to a multi-disciplinary Clinical and Care Leadership model during 2022-2023, with full implementation from 1 April 2023. A range of clinical and care leaders from a range of professional groups have been appointed including Primary Care GPs, Trust medical staff, nursing and midwifery and allied health professionals.

NCL ICB Equality and Diversity Workforce Representation

The following summary provides an overview of the ICB workforce representation regarding each of the protected characteristics as of 31 March 2023.

- **Age:** The majority of ICB staff fall within the 41-50, followed by the 51-60 and 35-40 age groups
- **Disability:** The majority of staff within the ICB have declared that they do not have a disability (78%) and 6% of staff have declared a disability. Approximately 16% of the workforce choosing not to declare a disability or preferring not to answer.
- **Ethnic Group:** Overall, the NCL ICB workforce from BAME (44%) and White backgrounds (56%) is broadly reflective of the NCL population demographic. A higher proportion of ICB staff in roles that are band 3, 6, 7 and 8A are from a BAME background than a white background. In contrast, this is reversed for roles 8B to Very Senior Manager (VSM), in which there are a significantly higher proportion of staff that are from a white background than a BAME background.
- **Gender Identity:** Describes how a person feels about their gender and whether they identify as male, female, intersex or a member of the trans umbrella (including but not restricted to, non-binary, gender fluid or transgender). The equality data fields relating to gender identity on ESR are restricted to female and male. Feedback has been provided to the Workforce

Information Team and the national NHSE team together with IBM who manage the national ESR system. The majority of the workforce are female (65%).

- **Marriage and Civil Partnership Status:** The majority of staff are married, followed by having a single status
- **Sexual Orientation:** The majority of the ICB workforce are heterosexual/state. There are a significant proportion of staff who have not stated or have decline to provide their sexual orientation status. There are much smaller numbers of staff recorded in each of the other sexual orientation categories
- **Religious Belief:** Nearly a quarter of staff have chosen to not declare their religious belief. 30% of staff have a religious belief of Christianity, followed by 14% Atheism and 8% Islam.

Performance against statutory and mandatory reporting requirements

This section of the report sets out the ICB's progress against the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and the Gender Pay Gap.

Whilst broad comparisons are made with regards to NCL CCG's 2021-2022 performance against the WRES/WDES indicators and the gender pay gap, it should be noted that the size and composition of the workforce has significantly changed and therefore some comparisons and trends may not be truly representative.

Workforce Race Equality Standard (WRES)

Overall, the NCL ICB workforce from BAME (44%) and White backgrounds (56%) is broadly reflective of the NCL population demographic – BAME (41%) and White (59%).

Staff in bands 1-7 from a BAME/White background are broadly reflective of the NCL population demographic. However, in contrast staff in bands 8a -VSM are not reflective of the NCL population and there is a higher proportion of White staff than BAME staff.

There is a greater number of White ICB board members (89%) in comparison to BAME ICB board members (11%).

The staff survey results regarding the WRES indicators show that BAME staff have had improved experiences regarding bullying and harassment from patients/relatives and from staff in comparison to 2021-2022. In contrast White staff experiences in these areas has worsened. Staff from a White background have had improved experiences and BAME staff have had worsened experiences regarding experiencing discrimination at work from a manager/team leader.

Both BAME and White staff believing the organisation provides equal opportunities for career progression/promotion has slightly worsened.

The relative likelihood of White staff being appointed to a role has increased to 4 times higher than BAME staff, compared to 2 times higher in the 2021-2022 report. Part of the higher likelihood may be reflective of the increase in recruitment during 2022-2023 following the lifting of a long-term vacancy freeze and the recruitment to a number of roles in the Clinical and Care Leadership model.

Please see the full 2022-2023 WRES report which includes fuller details of progress against each indicator, areas the ICB is doing well in and areas the ICB needs to do better in, and key actions that will be taken forward into 2023-2024 that re linked to the organisational development plan.

Workforce Disability Equality Standard (WDES)

2022-2023 is the first year that the ICB has assessed its performance against the WDES indicators and therefore comparative information against the performance of the predecessor organisation (NCL CCG) for 2021-2022 is not available.

A significant proportion of staff have not declared their disability status (17%). The representation of disabled staff in bands 1-7 is proportionate to disabled staff at bands 8a-VSM.

The majority of the ICB Board have declared that they do not have a disability (93%).
The relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher – this indicates that disabled staff are more likely to be appointed from shortlisting than non-disabled staff.

The staff survey results regarding the WDES indicators show that disabled staff have had improved experiences, compared to non-disabled staff regarding bullying and harassment from

patients/service users, managers and other staff in comparison to last year. Disabled staff have also expressed better experiences regarding equal opportunities for career progression and the extent the organisation values their work in comparison to last year. In contrast non-disabled staff have reported worse experiences in these areas in comparison to last year. Disabled staff have also expressed worsened experiences regarding reporting bullying and harassment.

Please see the full 2022-2023 WDES report which includes fuller details of progress against each indicator, areas the ICB is doing well in and areas the ICB needs to do better in, and key actions that will be taken forward into 2023-2024 that re linked to the organisational development plan.

Gender Pay Gap

The gender pay gap is a measure that shows the difference in average earnings between men and women within an organisation and it should not be confused with equal pay. The gender pay gap is different from equal pay and not a measure of equal pay.
The gender pay gap for the ICB at 31 March 2023 is 7%. The office of national statistics reported the UK national gender pay gap in April 2022 as 8.3% Gender pay gap in the UK - Office for National Statistics (ons.gov.uk). The ICB gender pay gap is 1.3% below the national gender pay gap. The gender pay gap at 31 March 2023 is 3% less than the gender pay gap for NCL CCG at 31 March 2022 which was 10%. The significant change/reduction in the gender pay may be attributed to the change in the size and composition of both the workforce and the board.

Please see the full ICB Gender Pay Gap report which includes further details of the gender pay gap measures and key actions that will be taken forward into 2023-2024 that re linked to the organisational development plan.

Overview of staff engagement and the achievements of the staff networks

The ICB staff networks play a critical and key role to drive and set the equality, diversity and inclusion priorities for the organisation. The staff networks have delivered a programme of activity that has supported staff within the organisation and ensure they feel supported, valued and listened to.

Black, Asian and Minority Ethnic (B.A.M.E) Staff Network

The NCL ICB B.A.M.E Staff Network's purpose is to create an inclusive culture in NCL ICB where staff from B.A.M.E backgrounds feel supported, valued, respected and listened to without fear of discrimination or prejudice, whilst maintaining a belief that career opportunities or experience of work are not predetermined by ethnicity, nationality or colour. There are currently 40 members in the B.A.M.E staff network.

Key achievements during 2022-2023 include:

- Safe space conversations to provide staff with psychological safety to come together and share their lived experiences
- Black History 365 – the network continued to hold monthly Black History 365 events. Events included a combination of presentations, newsletter articles and events to celebrate B.A.M.E musicians, black classical music, athletes and other famous icons.
- NCL Diversity and Inclusion Book, Film and Music club has been meeting on a regular basis and is run jointly by the B.A.M.E network, Carers, Disability and Long-Term Conditions staff network and the LGBT+ staff network.
- Cultural conversations and events to raise cultural awareness.
- See ME First Campaign – first developed by Whittington Health NHS Trust, the campaign was introduced in NCL CCG and has continued within the ICB. Signing up to the campaign demonstrates commitment to embrace diversity and support and respect each other. 85 staff across the ICB have signed up to the campaign.

Please see the full overview of the key activities and achievements of the B.A.M.E staff network.

Carers, Disability and Long-Term Conditions Staff Network

The Carers, Disability and Long-Term Conditions (CDLTC) staff network seeks to raise awareness of disability issues, changing perceptions, so that staff and patients are seen as 'differently-abled' rather than disabled. The Network also supports all staff with long-term conditions and those with caring responsibilities, recognising that this can take many forms. This includes staff with caring responsibilities where a formal diagnosis has not yet been confirmed.

Key achievements during 2022-2023 include:

- Safe space conversations to provide staff with psychological safety to come together and share their lived experiences
- Weekly advent calendar events during Disability History Month
- Development and roll out of the Workplace Adjustment Passport

The CDLTC network works closely with the other networks to ensure a joined up approach to inequalities. We seek to understand people as a whole taking into account the many ways that they may identify be that race, religion, sexual or gender identity or disability/caring responsibility. We also seek to work with the green network where there are similar areas of concern, for example cleaner air impacts on asthma.

LGBT+ Staff Network

The LGBT+ staff network is instrumental in creating an inclusive culture within the ICB where staff who identify as LGBT+ can feel supported, valued, respected and listened to. A key part of the network's work will be to support embedding equality of opportunity in everyday practices such as recruitment, career progression and promotion and provide a fair, equitable, supportive and encouraging working and learning environment for our workforce.
Three co-chairs have recently been appointed to the LGBT+ staff network. Following an LGBT+ staff survey and a presentation on the findings in June 2023, the key areas of focus for the LGBT+ staff network during 2023-2024 will be to:

- Create more **visibility** - working with other networks to develop a 'pod-cast' to highlight the real life experiences of individual staff members

- Create more **safety** - developing some training or awareness raising amongst all NCL staff to strengthen the number of allies
- Offer more **support** - creating a safe space for LGBT+ staff to get support, particularly through the ICB change programme

Freedom to Speak Up Ambassadors

The ICB has a range of arrangements in place to provide Freedom to Speak Up (FSU) support to staff on both corporate and clinical issues – also providing support to North Central London General Practices. These arrangements include providing staff with options to have confidential 'safe-space' conversations with FSU colleagues of different gender, ethnicity and banding. Through 2022/23 the Guardians and Ambassadors supported a number of confidential conversations with members of ICB staff – with the overall number of concerns raised remaining broadly consistent with 2021/22 levels. FSU colleagues stay in regular contact to ensure consistency of approach and to provide mutual support, where required. The ICB continues to promote to staff the importance of speaking-up and whistleblowing and to provide supporting information on how staff can do this.

NCL ICB Organisational Change Programme

Following the establishment of the ICB on 1 July 2022 which included the transfer of services and staff from London Shared Services, the Executive Management Team (EMT) focused on creating the vision for the organisation, developing our ambitious Population Health Improvement Strategy, and understanding the capacity and capability that exists across the organisation. The vision created for the ICB is centred around three key pillars:

1. To deliver the priorities, namely the Population Health and Integrated Care Strategy that will provide our communities with better care and support through more joined-up and sustainable health and care services.
2. Ensure structures and processes are fit for purpose
3. Meet the Running Cost Allowance reduction set by NHSE

To meet this vision, the ICB has commenced an organisational change programme to redesign the structure of the organisation and the way that we work to better meet the needs of our population, our people, our system and our partners.
The organisational change programme focuses on three components (organisational design, ways of working and organisational development) and involves three phases of work over a period of nine months that will roll into 2023-2024:

Phase 1: Setting the design foundations and defining the ICB's future operating model

Phase 2: Engagement and consultation with staff and key stakeholders on the outputs of phase 1

Phase 3: Implementation of final structures and organisational development to support new ways of working

Our commitment to staff during the organisational change programme is to run the process as quickly and smoothly as possible, meaningfully engage and provide staff with an opportunity to contribute, communicate clearly and regularly, and manage any changes in a transparent, fair and equitable way.

Consultation EQIA

An Equality Impact Assessment (EQIA) has been completed with regard to the impact of the proposed changes to the structure of the ICB and has been undertaken in accordance with the ICB's EQIA framework and principles to ensure 'due regard' to the public sector equality duty. The ICB is committed to ensuring the EQIA is carried out in a robust and effective way and the outcomes including any recommendations and actions are followed through to ensure compliance.

The ICB is committed to undertaking a number of actions that will mitigate any potential negative impact on any protected characteristic group. There are a number of key actions that are linked to promoting fairness and equality of opportunity for staff that have protected characteristics, particularly with regards to selection processes and securing roles in the proposed structure.

2023-2026 Equality, Diversity and Inclusion Plan and Priorities

In order to support the change programme and the future operating model and structure of the ICB, an Organisational Development (OD) plan has been developed to strengthen our culture, values, capability, relationships and ways of working that will enable us to adapt, perform and thrive now and in the future.

The plan sets out the goals and interventions that research suggests will deliver culture change and create truly compassionate and inclusive working environments as set out in the NHS People Promise. The outcomes of staff experience as reported in the NHS staff survey, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap, workforce data and employee relations trends have also informed the goals and interventions of the OD plan.

The six priorities and goals are set out below:

- **Vision and values** - An inspiring and shared vision and values that sets a clear direction and expectations; creating a strong identity and thriving culture that fosters pride and positivity.
- **Goals and Performance** - Clear priorities and objectives at every level and intelligent data informing all about performance. Recognising and rewarding good work and ensuring resources are available and used well.
- **Learning and Innovation** - Investing in opportunities for people to nurture, grow and improve how work gets done; ensuring fair and equitable access to learning, development, innovation and career progression.
- **Support, Compassion and Wellbeing** - Nurturing a compassionate and psychologically safe culture, where staff feel cared for, valued and respected and feel confident to raise concerns knowing they will be addressed.
- **Equality and Inclusion** – Equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected.
- **Team and System Working** - Effectively functioning team and inter-team working with role clarity, shared objectives and cooperation; working collaboratively across organisations and systems.

Mayor of London’s Design Lab 2023 - Anti-racist Programme

Inclusive leadership remains at the core of our workforce priorities and the ICB is partaking in the Mayor of London’s Design Lab 2023 to co-create a more integrated workforce across London. The ICB (together with other organisations across NCL ICS) will be part of 30 organisations across London to receive training, coaching and resources to collaborate, co-design and drive change to two key groups of communities that face barriers in seeking employment (black men (16-24 and 50+ years) and Pakistani, Bangladeshi and Black women. Our Chief People Officer has joined a 12-month Anti-Racist Leadership Programme to increase the competence and confidence in tackling racism at an individual, team and organisational level. Both programmes will continue to 2023-2024.

EDS2 Requirements and Plan

The Equality Delivery System 2022 (EDS2022) is an improvement framework that allows NHS organisations to assess their compliance with the Equality Act and meet the mandated requirements from NHS England. It looks at three key areas:

1. Commissioned and procured services
2. Workforce health and wellbeing
3. Inclusive leadership

Across these three areas, we are required to demonstrate how we meet 11 objectives. How well we are able to meet the objectives is assessed by colleagues, unions, stakeholders and patients who assign grades of either Undeveloped, Developing, Achieving or Excelling to each objective.

The objectives we are required to assess against are as follows:

1	**Commissioned and procured services**
1A	Service users have required levels of access to the service
1B	Individual service user's health needs are met
1C	When patients use the service, they are free from harm
1D	Service users report positive experiences of the service
2	**Workforce health and wellbeing**
2A	At work staff are supported to manage obesity, diabetes, asthma, COPD and mental health issues
2B	Staff are free from abuse, harassment, bullying and physical violence from any source
2C	Staff can access support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source
2D	Staff recommend the organisation as a place to work and receive treatment
3	**Inclusive leadership**
3A	Board members, leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequality impacts and risks and how they will be mitigated and managed
3B	Board/committee papers identify equality and health inequality impacts and risks and how they will be mitigated and managed
3C	Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients

As the ICB was only established on 1st July 2022, we have used this year as a planning year. The first EDS2022 assessment for the ICB will be undertaken in 2023-24 and will be submitted in February 2024. Two service streams will be assessed against the EDS2022 objectives. The service streams that we will assess against will be Haemoglobinopathy services and Mental Health services.

Evidence on how each objective is being met will be pulled together in a series of presentations and grading events will be held with colleagues, unions, stakeholders and patients by December 2023 to understand how the services are viewed, what works well and where improvements are required from both staff and patient perspectives.

Staff Networks – Executive Management Team Sponsor

Each staff network will have an Executive Director sponsor to ensure the visibility of the network is increased and that their work is championed and promoted across the organisation.

- Sarah Mansuralli, Chief Development and Population Health Officer – BAME Network
- Chris Caldwell, Chief Nurse – Disability, Carers and Long Term Conditions
- Sarah McDonnell-Davies, Executive Director of Place – LGBT+
- Jo Sauvage, Chief Medical Officer – Greener Network
- Ian Porter, Executive Director of Corporate Affairs – Engaging Our People Forum
- Sarah Louise Morgan, Chief People Officer – People and Culture Oversight Group and Wellbeing

Equality, Diversity and Inclusion Objective and Actions (2023-2024)

The priorities and objectives linked to specifically to equality, diversity and inclusion set out in the OD plan are set out in the following table, together with the actions that will be taken to deliver the objectives.

Objective 1: To develop a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected	
Actions	Embed and maintain EQIA approach, best practice and learning
	Further promote and embed the NCL Workplace Reasonable Adjustment Passport and guidance for managers
	Review support and development of Staff Networks including formal links into ICB governance arrangements
	Ensure staff network chairs have dedicated time allocated to support the networks
	Deliver and continuously improve the support and development of networks
	Scope and assess the requirements for implementing a programme to enable the ICB to be an anti-racist organisation and to tackle inequality
	Design and launch a programme to enable the ICB to be an anti-racist organisation and to tackle inequality
	Review management and oversight of local investigation and disciplinary procedures in line with the 7 recommendations outlined in a Fair Experience for All

Objective 2: Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees	
Actions	Review and refresh the ICB values and develop a competency and behaviours framework aligned to the NHS Culture and Leadership programme that will champion an inclusive and compassionate leadership framework.
	Utilise the ICB competency and behaviours framework to underpin the selection processes for managerial/leadership roles and form part of the appraisal objectives for managers/leaders.
	Provide career transition support for staff affected by change
	All recruitment panel members that will partake on selection panels will be required to attend inclusive recruitment training
	All managers will be required to attend a diversity and inclusion awareness workshop before the outcome of the consultation
	All recruitment selection panels will be made up of a diverse membership
	The chair of the selection panel must provide a rationale and feedback regarding any staff with a declared protected characteristic not being appointed to a role, that will be shared with the Chief Executive Officer and Chief People Officer.
	Offer and accommodate reasonable adjustments for staff on long term leave, with a disability, long term conditions or carer commitments

We will measure success and impact through clear performance indicators, driven by our own people's experience and how our experiences compare with our peers and other industries, for example, through the staff survey, pulse checks and workforce performance data.

Please see the full 3 year (2023-2026) OD plan which sets out the key interventions under each goal and the measures of success.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	2022-2023 Workforce Race Equality Standards (WRES) Report	**Date of report**	4 July 2023	**Agenda Item**	2.4
Lead Director / Manager	Sarah Morgan, Chief People Officer	**Email / Tel**		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Sarah Morgan, Chief People Officer				
Report Author	Darshna Pankhania, Deputy Director of HR, OD and EDI	**Email / Tel**		Darshna.pankhania@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	This report provides information about North Central London Integrated Care Board's (NCL ICB) performance against each of the nine Workforce Race Equality Standards (WRES) indicators for the period 2022-2023. This WRES report is the ICB's first assessment against the WRES indicators since its inception on 1 July 2022. The report provides an overview of the ICB's performance against the WRES indicators and the key activities that have been undertaken during 2022-2023 to achieve greater race equality. Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion which has worsened for both staff from a BME and White background, the need to improve the likelihood of BME staff being appointed to a role which has worsened since 2021-2022 and improve the representation of BME staff in senior posts to better reflect the NCL population. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment and discrimination. The key priority areas that have been identified to focus on over the next year and beyond have been incorporated into the ICB's 3-year Organisational Development (OD) plan.				
Recommendation	The Board of Members is asked to: • **APPROVE** the 2022-2023 Workforce Race Equality Standards (WRES) Report				

Identified Risks and Risk Management Actions	Not applicable.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Engagement on the equality reports has been undertaken with the following groups: ▪ People & Culture Oversight Group (PCOG) ▪ Staff Network Chairs and Vice-Chairs ▪ Communities Team ▪ Communications and Engagement Team ▪ Population Health Team ▪ Executive Management Team
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	12 June People and Culture Oversight Group 6 July Executive Management Team
Next Steps	25 July 2023 • 2022-2023 WRES Report to be taken to the ICB Board for approval 31 July 2023 • All Equality Reports to be published publicly on the NCL ICB website
Appendices	Not applicable.

NHS
North Central London
Integrated Care Board

2022 – 2023 Workforce Race Equality Standard (WRES) Report

July 2023

1. Introduction

This report provides information about North Central London Integrated Care Board's (NCL ICB) performance against each of the nine Workforce Race Equality Standards (WRES) indicators for the period 2022-2023. This WRES report is the ICB's first assessment against the WRES indicators since its inception on 1 July 2022.

The report provides an overview of the ICB's performance against the WRES indicators and the key activities that have been undertaken during 2022-2023 to achieve greater race equality. The key priority areas that have been identified to focus on over the next year and beyond have been incorporated into the ICB's 3-year Organisational Development (OD) plan.

2. Key activities/achievements during 2022-2023

- The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential.
- As part of our People Promise, the ICB has appointed Liz Sayce, Non-Executive Member Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion.
- The ICB's approach to Equality Impact Assessments (EQIA) has been reviewed and refreshed with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process.
- The BME staff network have organised safe space conversations, monthly Black History 365 events, a diversity and inclusion book and film club, cultural conversations and events to raise cultural awareness, as well as the See ME First campaign that demonstrates a commitment to embrace diversity and support and respect each other.
- Our performance against the Workforce Race Equality Standards (WRES) shows that the overall workforce from BME and White backgrounds is broadly reflective of the NCL population demographic. The staff survey results show that BME staff have had improved experiences regarding bullying and harassment from patients/relatives and from staff in comparison to 2021-2022

3. ICB performance against the WRES indicators

WRES Indicator 1: Percentage of staff in each of the AfC Bands 1 - 9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by: non-clinical staff/clinical staff

	All workforce	Band 1 - 7	Band 8a – VSM	Clinical leads on sessional rate
White	50.7%	39%	60%	50%
BME	40.5%	49%	35%	21%
Unknown ethnicity	8.8%	12%	5%	29%

WRES Indicators 2-9

WRES Indicator		Assessment
2	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	4.17 times higher
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.88 times higher
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.72 times higher
5	Percentage of staff personally experiencing harassment, bullying or abuse at work from…Patients / service users, their relatives or other members of the public in the last 12 months	BME staff: 5.3% White staff: 7.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME staff: 22.7% White staff: 22.8%
7	Percentage of staff feeling the organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	BME staff: 34.5% White staff: 49.2%
8	Percentage of staff personally experiencing discrimination at work from any of the following? Manager / team leader or other colleagues in the last 12 months	BME staff: 18% White staff: 7.5%
9	Percentage of BME voting board members in comparison to the overall workforce	BME voting board members: 0% BME overall workforce: 40.5%
	Percentage of BME Board executive membership in comparison to overall workforce	BME board executive members: 11.1% BME overall workforce: 40.5%

4. 2023-2026 Equality, Diversity and Inclusion Plan and Priorities

Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion which has worsened for both staff from a BME and White background, the need to improve the likelihood of BME staff being appointed to a role which has worsened since 2021-2022 and improve the representation of BME staff in senior posts to better reflect the NCL population. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment and discrimination.

Over the coming 12 months, we will continue to foster a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on:

- Public commitment to becoming an anti-racist organisation
- Participation in the GLA Workforce Integration Network Design Lab programme to becoming an anti-racist organisation
- Develop and deliver an associated programme of work to start to shift the culture towards being anti-racist organisation for staff, patients and our population
- Developing a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected
- Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees
- Prioritisation of the de-biasing recruitment practices and embedding of diverse panels in recruitment practice ahead of the implementation of the outcome of the consultation process across the ICB.

The priorities and actions linked specifically to the WRES indicators are set out in the Equality Information Report (section 7) and the ICB's 3-year OD Plan.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	2022-2023 Workforce Disability Equality Standards (WDES) Report	**Date of report**	4 July 2023	**Agenda Item**	2.5
Lead Director / Manager	Sarah Morgan, Chief People Officer	**Email / Tel**		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Sarah Morgan, Chief People Officer				
Report Author	Darshna Pankhania, Deputy Director of HR, OD and EDI	**Email / Tel**		Darshna.pankhania@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	This report provides information about North Central London Integrated Care Board's (NCL ICB) performance against each of the ten Workforce Disability Equality Standards (WDES) indicators for the period 2022-2023. This WDES report is the ICB's first assessment against the WDES indicators since its inception on 1 July 2022. The report provides an overview of the ICB's performance against the WDES indicators and the key activities that have been undertaken during 2022-2023 to achieve greater equality for staff with a disability, long term condition and caring commitments. Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion for both staff with a long term condition and without a long term condition. There is also a need to encourage staff to disclose their disability/long term condition status as a number of staff have either chosen not to declare their status or it is unknown. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment and discrimination. The key priority areas that have been identified to focus on over the next year and beyond have been incorporated into the ICB's 3-year Organisational Development (OD) plan.				
Recommendation	The Board of Members is asked to: • **APPROVE** the 2022-2023 Workforce Disability Equality Standards (WDES) Report.				

Identified Risks and Risk Management Actions	Not applicable.
Conflicts of Interest	Not applicable.
Resource Implications	Not applicable.
Engagement	Engagement on the equality reports has been undertaken with the following groups: ▪ People & Culture Oversight Group (PCOG) ▪ Staff Network Chairs and Vice-Chairs ▪ Communities Team ▪ Communications and Engagement Team ▪ Population Health Team ▪ Executive Management Team
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	12 June People and Culture Oversight Group 6 July Executive Management Team
Next Steps	25 July 2023 • 2022-2023 WDES Report to be taken to the ICB Board for approval 31 July 2023 • All Equality Reports to be published publicly on the NCL ICB website
Appendices	Not applicable.

NHS
North Central London
Integrated Care Board

2022 – 2023 Workforce Disability Equality Standard (WDES) Report

July 2023

1. Introduction

This report provides information about North Central London Integrated Care Board's (NCL ICB) performance against each of the ten Workforce Disability Equality Standards (WDES) indicators for the period 2022-2023. This WDES report is the ICB's first assessment against the WDES indicators since its inception on 1 July 2022.

The report provides an overview of the ICB's performance against the WDES indicators and the key activities that have been undertaken during 2022-2023 to achieve greater equality for staff with a disability, long term condition and caring commitments. The key priority areas that have been identified to focus on over the next year and beyond have been incorporated into the ICB's 3-year Organisational Development (OD) plan.

2. Key activities/achievements during 2022-2023

- The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential.
- As part of our People Promise, the ICB has appointed Liz Sayce, Non-Executive Member Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion.
- The ICB's approach to Equality Impact Assessments (EQIA) has been reviewed and refreshed with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process.
- The Carers, Disability and Long-Term Conditions Staff Network have held safe space conversations, weekly advent calendar events during Disability History Month and roll out of the Workforce Reasonable Adjustment Passport.
- Our performance against the Workforce Disability Equality Standards (WDES) shows that the relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher – this indicates that disabled staff are more likely to be appointed from shortlisting than non-disabled staff. Disabled staff have had improved experiences than non-disabled staff, regarding bullying and harassment from patients/service users, managers

and other staff, and expressed better experiences regarding equal opportunities for career progression and the extent the organisation values their work.

3. ICB performance against the WDES indicators

WDES Indicator 1: Percentage of staff in each of the AfC Bands 1 - 9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by: non-clinical staff/clinical staff

	All workforce	Band 1 - 7	Band 8a – VSM	Clinical leads on sessional rate
Staff with a declared disability	5%	6%	6%	0%
Staff with no declared disability	78%	78%	78%	65%
Unknown/not disclosed	17%	16%	16%	35%

WDES Indicators 2-10

WDES Indicator		Assessment
2	Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled staff	0.68 times higher
3	Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	No staff with LTC/no LTC entered a formal capability process
4	Percentage of staff that have personally experienced harassment, bullying or abuse at work from…Patients / service users, their relatives or other members of the public in the last 12 months	No LTC: 6.8% With LTC: 6.3%
	Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	No LTC: 12.6% With LTC: 18.6%
	Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months	No LTC: 14.9% With LTC: 14.7%
	Percentage of staff that they/colleague reported experience of harassment, bullying or abuse at work	No LTC: 45.5% With LTC: 38.5%
5	Percentage of staff that feel the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	No LTC: 43.8% With LTC: 36.2%
6	Percentage of staff that felt pressure from their manager to come to work	No LTC: 18% With LTC: 23.2%
7	Percentage of staff that feel the organisation values their work	No LTC: 51.6% With LTC: 37.1%
8	Percentage of staff that feels the organisation has made adequate adjustments to enable them to carry out their work	No LTC: N/A With LTC: 74.1%
9	Staff Engagement Score	No LTC: 6.8 With LTC: 6.3
10	Percentage of disabled voting board members in comparison to the overall workforce	Voting Board members with LTC: 0% Overall workforce with LTC: 5%

	Percentage of disabled Board executive membership in comparison to overall workforce	Executive Board Members with LTC: 0% Overall workforce with LTC: 5%

**LTC – Long Term Condition*

4. 2023-2026 Equality, Diversity and Inclusion Plan and Priorities

Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion for both staff with a long term condition and without a long term condition. There is also a need to encourage staff to disclose their disability/long term condition status as a number of staff have either chosen not to declare their status or it is unknown. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment and discrimination.

Over the coming 12 months, we will continue to foster a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on:

- Developing a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected
- Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees
- Reviewing our Occupational Health and wellbeing support for staff to ensure that it is catering for a wide range of needs.
- Continuing the rollout out of wellbeing conversations and the Workforce Reasonable Adjustments Passport

The priorities and actions linked specifically to the WDES indicators are set out in the Equality Information Report (section 7) and the ICB's 3-year OD Plan.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	2022-2023 Gender Pay Gap Report	**Date of report**	4 July 2023	**Agenda Item**	2.6
Lead Director / Manager	Sarah Morgan, Chief People Officer	**Email / Tel**		sarahlouise.morgan@nhs.net	
Board Member Sponsor	Sarah Morgan, Chief People Officer				
Report Author	Darshna Pankhania, Deputy Director of HR, OD and EDI	**Email / Tel**		Darshna.pankhania@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	Following the establishment of North Central London Integrated Care Board (NCL ICB) on 1 July 2022, the ICB is required to publish the gender pay gap information. In turn, this report provides a breakdown of the ICB's gender pay gap information as of 31 March 2023 and the commitment to closing the gap in accordance with the ICB's equality, diversity and inclusion priorities. In producing this report, it is recognised that as a newly established ICB which has seen a significant change in the composition and size of the workforce during 2022-2023, we have more to do to reduce the gender pay gap. As part of the ICB's commitment to a fair and equal work environment that respects and harnesses equality and diversity, the outcomes of this report will feed into the wider organisational development plan. The organisational development plan will build the skills and capabilities of the workforce and support new ways of working and incorporate areas of focus identified in the staff survey results, equality reports (e.g. Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) and alignment to the ICS People Strategy.				
Recommendation	The Board of Members is asked to: • **APPROVE** the 2022-2023 Gender Pay Gap Report				
Identified Risks and Risk Management Actions	Not applicable.				
Conflicts of Interest	Not applicable.				

Resource Implications	Not applicable.
Engagement	Engagement on the equality reports has been undertaken with the following groups: ▪ People & Culture Oversight Group (PCOG) ▪ Staff Network Chairs and Vice-Chairs ▪ Communities Team ▪ Communications and Engagement Team ▪ Population Health Team ▪ Executive Management Team
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	12 June People and Culture Oversight Group 6 July Executive Management Team
Next Steps	25 July 2023 • 2022-2023 Gender Pay Gap Report to be taken to the ICB Board for approval 31 July 2023 • All Equality Reports to be published publicly on the NCL ICB website
Appendices	Not applicable.

NHS
North Central London
Integrated Care Board

Gender Pay Gap Report

31 March 2023

1. Introduction

In 2018, it became mandatory for all public sector employers with more than 250 employees to measure and publish their gender pay gap information on both the government and their own websites.

Following the establishment of North Central London Integrated Care Board (NCL ICB) on 1 July 2022, the ICB is required to publish the gender pay gap information. In turn, this report provides a breakdown of the ICB's gender pay gap information as of 31 March 2023 and the commitment to closing the gap in accordance with the ICB's equality, diversity and inclusion priorities.

In producing this report, it is recognised that as a newly established ICB which has seen a significant change in the composition and size of the workforce during 2022-2023, we have more to do to reduce the gender pay gap. As part of the ICB's commitment to a fair and equal work environment that respects and harnesses equality and diversity, the outcomes of this report will feed into the wider organisational development plan. The organisational development plan will build the skills and capabilities of the workforce and support new ways of working and incorporate areas of focus identified in the staff survey results, equality reports (e.g. WRES and WDES) and alignment to the ICS People Strategy.

2. Gender Pay Gap and Equal Pay

The gender pay gap is a measure that shows the difference in average earnings between men and women within an organisation and it should not be confused with equal pay. The gender pay gap is different from equal pay and not a measure of equal pay.

Equal pay is a measure of pay for men and women in the same employment who are performing equal work - they must receive equal pay, as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The Equality Act 2010 gives women (and men) a right to equal pay for equal work. It replaces previous legislation on equal pay, including the Equal Pay Act 1970, the Sex Discrimination Act 1975, and the equality provisions in the Pensions Act 1995.

The gender pay gap is the difference between the hourly rate of pay of male employees and female employees. This is expressed as a percentage of the hourly pay rate of the male employees. The gender pay gap is reported as an average on both a mean, or average, and median, or mid-point,

basis. The reporting must include gender distribution by pay quartile. The legislation also requires disclosure on bonuses. NCL ICB does not pay bonuses and therefore the percentage of males and females receiving a bonus payment is reported as zero in this report.

3. Gender Pay Gap Reporting Requirements

The ICB is required to publish the following gender pay gap information in order to comply with the statutory requirements:

- Calculation of the hourly rate of ordinary pay as at 31 March 2023;
- Calculation of the difference between the mean hourly rate of ordinary pay of male and female employees;
- Calculation of the difference between the median hourly rate of ordinary pay of male and female employees;
- Calculation of the difference between the mean hourly rate of bonus pay of male and female employees;
- Calculation of the difference between the median hourly rate of bonus pay of male and female employees;
- Calculation of the proportion of male and female employees that have been paid bonus pay;
- Calculation of the proportion of male and female employees in the lower, lower middle upper-middle and upper pay quartile

4. Gender Pay Gap Data Definitions

Ordinary pay includes:

- basic pay;
- paid leave, including annual, sick, maternity, paternity, adoption and parental leave;
- shift pay allowances;

Payments such as overtime, redundancy payments, payment in lieu of notice/lieu are excluded from ordinary pay in line with the national guidance.

5. NCL ICB Gender Pay Gap Report Information

The following section details the gender pay gap information as of 31 March 2023 and in accordance with the reporting requirements.

a. Gender Profile Information

64.5% of the ICB's workforce are female (432 employees), with 35.5% being male (237 employees). The ICB's gender profile is shown in the chart below and the higher proportion of women in the NHS workforce is reflective and broadly comparable to the national NHS workforce demographics.

b. Difference between the mean hourly rate between male and female Employees

The **mean pay gap** is defined as the difference between the pay of all male and female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

Gender	Mean Hourly Rate
Male	£33
Female	£30.70
Gender Pay Gap (£)	£2.30
Gender Pay Gap (%)	7.0%

The above table shows that the gender pay gap is £2.30 in monetary terms and 7.0% as a percentage. The office of national statistics reported the UK national gender pay gap in April 2022 as 8.3% Gender pay gap in the UK - Office for National Statistics (ons.gov.uk). The ICB gender pay gap is 1.3% below the national gender pay gap.

c. Difference between the median hourly rate between male and female employees

The **median pay gap** is defined as the difference between the pay of the middle male and middle female, when all male employees and all female employees are listed from the highest to the lowest paid.

Gender	Median Hourly Rate
Male	£31.40
Female	£28.60
Gender Pay Gap (£)	£2.80
Gender Pay Gap (%)	8.9%

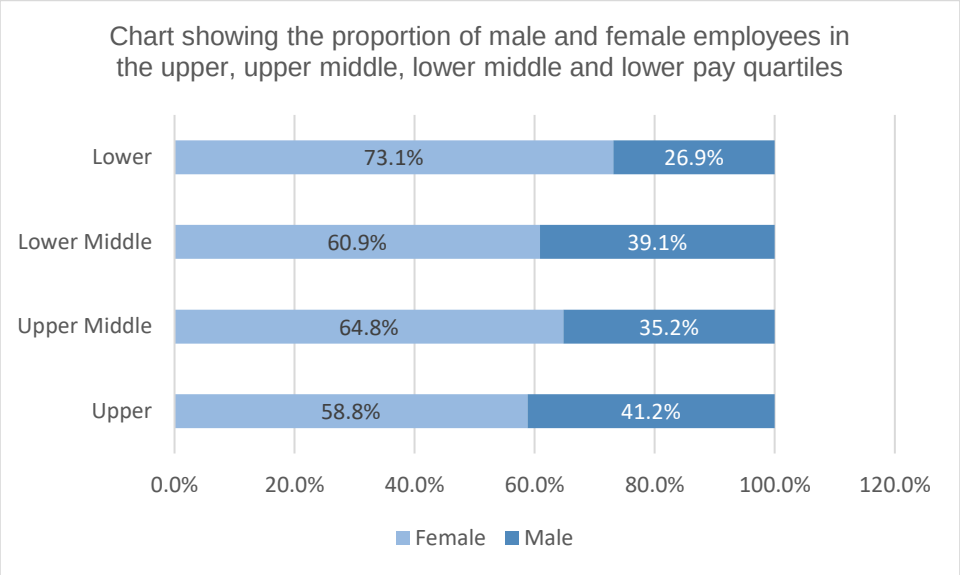
d. Difference between the mean and median hourly rate of bonus pay and proportion of bonus pay that has been paid to male and female employees

There have been no bonus payments paid to NCL ICB staff.

e. Proportion of male and female employees in the lower, lower middle, upper middle and upper pay quartile

The following table and chart show the number of male and female employees in each of the quartiles – the hourly pay range is also shown for each quartile. Please note that the gender distribution by pay quartiles is based on actual earnings, not by NHS bands. Quartile 1 represents the lowest 25% of earnings, whereas quartile 4 represents the highest 25% of earnings.

Pay Quartile	Hourly Pay Rate Range	Number of Female Employees	Number of Male Employees
Lower	£12.20 - £24.50	122 (73.1%)	45 (26.9%)
Lower Middle	£24.50 - £28.60	81 (60.9%)	52 (39.1%)
Upper Middle	£28.60- £38.10	129 (64.8%)	70 (35.2%)
Upper	£38.10 - £86.90	100 (58.8%)	70 (41.2%)



The information above shows that whilst there is a higher proportion of female employees in each quartile, the highest proportion of male employees per quartile is in the highest (upper) bracket and the lowest proportion of males are in the lowest (lower) quartile) which results in the gender pay gap of 7.0%.

6. Closing the Gender Pay Gap

The ICB is committed to taking action in order to close the gender pay issues identified in this report.

The ICB has a number of policies, strategies and initiatives aimed at developing and supporting staff and are committed to improving our overall approach to equality, diversity and inclusion; these include:

- All ICB vacancies will continue to be advertised internally in the first instance (unless there are exceptional circumstances) in order to enable internal career development opportunities
- Strengthening and de-biasing each stage of the recruitment and selection process in accordance with the a values and behaviours framework that will integrate our values into all that we do.

- Provide managers with recruitment and selection training sessions to ensure NHS terms and conditions of service are adhered to when setting starting salaries.
- Continue to invest in tailored leadership and management development that will include upskilling managers with HR and Finance policies, procedures and good practice in line with the values and behaviours framework.
- Continue to monitor mandatory equality and diversity training compliance that will be linked to the annual appraisals process and pay progression policy and framework
- Review, revising and promoting the ICB's flexible working and Agile Working policies to ensure they meet best practice guidelines and introducing other key national policies including the NHSE national Menopause and Baby Loss policies
- Support women on maternity/adoption leave and encourage line managers to support staff using keep in touch days effectively.
- Positively promote caring roles for both genders and promote Wellbeing Guardian role as a way for employees to receive support.
- Highlight the necessity for and availability of reasonable adjustments for those with health needs, promoting both the NCL Workplace Adjustment Passport and the guidance materials for managers.
- Annual equality reporting which analyses our employment and recruitment practices by different protected characteristics, including analysis by 'likelihood' of appointment.
- Organisational Development plan priorities that complement the ICB's diversity and inclusion priorities, including a plan to take positive action to address disparity in recruitment and career progression.
- Ensuring that the pay processes are fair and transparent; including advising managers on salary decisions on appointment to ensure they meet the requirements set out in the national agenda for change terms and conditions handbook and the ICB's policy on pay/banding on appointment.
- Consider the language, images, and branding that we use to promote and advertise roles and careers within our organisation
- Work with the communications team to highlight female role models at all levels of the organisation and celebrate their success, while also highlighting specific awareness days and events.

[END]

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	NCL ICB Organisational Development Plan	**Date of report**	10 July 2023	**Agenda Item**	2.7
Lead Director / Manager	Sarah Morgan Chief People Officer	**Email / Tel** Sarahlouise.morgan @nhs.net		Sarahlouise.morgan @nhs.net	
Board Member Sponsor	Sarah Morgan, Chief People Officer				
Report Author	As above,	**Email / Tel**		Sarahlouise.morgan @nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Investment will be required however the majority will be covered through the OD budget and where further investment is identified as being required, a business case will be completed.			
Report Summary	This paper provides an overview of the NCL ICB Organisational Development (OD) Plan. The purpose of the report is to provide the Board of Directors with detail on the ambition the OD Plan is seeking to achieve, the feedback from staff and insights from people performance data that have informed the plan. It summarises the key priorities, deliverables, benefits and outcomes that are required to achieve the ambition and includes the key indicators the NCL ICB will use to measure success. A summary of the priority actions that will be completed between now and March 2024 is also included. Finally, some recommended next steps are proposed.				
Recommendation	The Board of Members is asked to: • **APPROVE** the NCL ICB OD Plan and • **ENDORSE** it as a medium-term response and action plan to address the staff survey, WRES and WDES results.				
Identified Risks and Risk Management Actions	The key risk is the organisation capacity, capability and commitment to prioritising engagement and delivery of the actions outlined in the plan whilst completing the change programme and immediately following the implementation of the new structures.				
Conflicts of Interest	There are no conflicts of interest arising from this report				
Resource Implications	Delivery of the OD Plan will require adequate resources withing the People Directorate to enable and lead delivery.				

Engagement	This OD Plan has been designed taking into consideration feedback and insights from a number of sources including the national NHS staff survey, findings from the organisation change and ways of working workstreams, and workforce performance data. Feedback and insights from the staff networks, the Joint Partnership Group, WRES, WDES and Gender Pay Gap reports and a staff survey on health and wellbeing support are also included. Further iterations will include feedback from Equality Delivery System (EDS) 2022 and the Race Equality programme.
Equality Impact Analysis	The Equality Impact Assessment for the change programme has been taken into consideration for the development of this plan. An EQIA will be undertaken where appropriate for the various elements of the delivery of the plan.
Report History and Key Decisions	The NCL ICB OD Plan has been presented and discussed at the: NCL ICB Staff Networks Chairs and Co-Chairs Meeting on the 15 May 2023 Engaging People Forum on the 19 May 2023 Formal Joint Partnership Forum on the 25 May 2023 People and Culture Oversight Group on the 12 June 2023 Executive Management Team on the 6 July 2023 Feedback from those meetings have been incorporated into the final version of the plan.
Next Steps	Subject to approval launch and promote the plan through a variety of communication channels and throughout the organisation to raise awareness, gain commitment and engage staff in its delivery. Further develop the key workstreams for delivery including leads, roles and responsibilities at a senior leadership and directorate level. The NCL ICB Board to consider how they will adopt the principles set out in the OD Plan.
Appendices	A summary of the key priorities, associated actions, expected outcomes and key performance indicators can be found in Appendix 1. A detailed summary of the Phase 1 plans, timescales for delivery and associated lead responsibilities can be found in Appendix 2 A summary of the 2022 staff survey results can be found in Appendix 3.

NCL ICB Organisational Development Plan 2023-2026

1.0 Overview of Report

This paper provides an overview of the North Central London Integrated Care Board (NCL ICB) Organisational Development (OD) Plan. The purpose of the report is to provide the Board of Directors with detail on the ambition the OD Plan is seeking to achieve, the sources of the feedback from staff and insights from people performance data that have informed the plan. It summarises the key priorities, key actions, benefits and outcomes that are required to achieve the ambition and includes the key indicators the NCL ICB will use to measure success. A summary of the priority actions that will be completed between now and March 2024 is also included. Finally, some recommended next steps are proposed. The Board is asked to approve the plan.

2.0 Purpose of the NCL ICB OD Plan

2.1 The NCL ICB stood up as a new statutory organisation on 1 July 2022. This was an amalgamation of the five clinical commissioning groups (CCGs) that had merged to become NCL CCG in April 2021 during the COVID pandemic plus the some of the London Shared Services which were disbanded on 30 June 2022.

2.2 The first year has been a transitional year. We have spent the past year working through our new organisational design, including our operating model and ways of working. This has been approached through a zero-based organisational redesign programme, that is currently in the consultation phase. This approach has enabled the Executive Team to have a clearer picture of the current position of the organisation from a cultural, capability and capacity perspective.

2.3 The organisation is still in its nascent phase and as it matures, the organisational development plan forms the essential third pillar of our programme[1], which seeks to develop the culture, capability, and capacity to enable us to deliver on our Population Health and Integrated Care Strategy and as such, the four aims of an ICB[2].

2.4 The overall aim of the NCL Organisational Development (OD) Plan is to:

support the delivery of the change programme by focusing on creating a healthy culture driven by strong values, high capability and effective relationships and ways of working that will enable the NCL ICB to adapt, perform and thrive now and in the future.

2.5 It sets out the goals and interventions that research suggests will deliver culture change and create truly compassionate and inclusive working environments as set out in the NHS People Promise. The NHS England Culture and Leadership Framework has been adapted for this purpose[3].

2.6 The OD Plan outlines those actions required to improve staff experience as reported in the NHS Staff Survey, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and Gender Pay Gap Report.

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[1] Pillar One: Organisational Design Pillar Two: Ways of Working (operating model) and Pillar Three: Organisational Development

[2] 1) Improving outcomes in health and healthcare 2)tackling inequalities in outcomes, experience and access 3) enhancing productivity and value for money 4) helping the NHS to support broader social and economic development

[3] NHS England » The Culture and Leadership programme

2.7 Success and impact will be measured through clear performance indicators, driven by people's experience and how their experiences compare with peers and other industries, for example, through the staff survey, pulse checks and workforce performance data.

2.8 Given the size of the challenge of rebasing the organisation and developing a collective cultural shift to improve on our staff survey results and our WRES and WDES position, this is a single, overarching medium term plan rather than one year staff survey action plans. Delivery of the plan will be in three phases, with the aim of building to maturity over the next three years.

2.9 A detailed plan has been developed and is presented for phase one. Further plans will be developed that will consider an evaluation of the work in phase 1, refreshed and further insights and feedback from staff and any local, system and national strategic and policy changes.

3.0 Feedback and Insights

3.1 The OD Plan has been designed taking into consideration feedback and insights from a number of sources including the national NHS staff survey, findings from the organisation change and ways of working workstreams, and workforce performance data.

3.2 Feedback and insights from the staff networks, the Joint Partnership Group (trade union partnership working), WRES, WDES, Gender Pay Gap reports and the May 2023 ICB Health and Wellbeing Survey are also included in this version.

3.3 Further iterations will include feedback from Equality Delivery System (EDS) 2022, violence and abuse by patients and the public working group and the NCL ICB Equalities Plan.

3.4 Details of the feedback and insights are presented in the accompanying slide pack and are presented aligned to the NHS People Promise[4] and Staff Survey themes to enable better measurement of improvements in staff experience.

4.0 Key Priorities

4.1 To ensure the NCL ICB can achieve its ambition as set out in section 2.4, six evidence based key priorities and goals have been identified.

These are:

Vision and Values
An inspiring and shared vision and values that sets a clear direction and expectations; creating a strong identity and thriving culture that fosters pride and positivity.

Goals and Performance
Clear priorities and objectives at every level and intelligent data informing all about performance. Recognising and rewarding good work and ensuring resources are available and used well.

Learning and innovation
Investing in opportunities for people to nurture, grow and improve how work gets done, ensuring fair and equitable access to learning, development, innovation and career progression.

[4] NHS England » Our NHS People Promise

Support Compassion and wellbeing
Nurturing a compassionate and psychologically safe culture, where staff feel cared for, valued and respected and feel confident to raise concerns knowing they will be addressed.

Equity and Inclusion
Equity, positive diversity, and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected.

Team and system working
Effectively functioning team and inter-team working with role clarity, shared objectives, and cooperation; working collaboratively across organisations and systems.

4.2 A summary of the key priorities, associated actions, expected outcomes and success measures can be found in Appendix 1.

5.0 Phase 1 High Priority Actions (now to March 2024)

5.1 A detailed summary of the Phase 1 plans, timescales for delivery and associated lead responsibilities can be found in Appendix 2. Further details can be found in the accompanying slide pack.

5.2 The top 12 key priority actions are as follows:

- ✓ Launch and embed refreshed NCL ICB Values and behaviours framework.
- ✓ Implement and continuously review new roles and job descriptions in line with new organisation structure, operating model and culture.
- ✓ Launch and embed inclusive recruitment practices through debiasing recruitment and the introduction of diverse panels as standard, starting with the organisational change programme.
- ✓ Further strengthen staff engagement and communication activity.
- ✓ Promote, maximise and ensure easy access to a refreshed health and wellbeing offer, delivering specific tailored health and wellbeing, training and advice and guidance for all staff throughout the change programme.
- ✓ Complete an NCL ICB training needs analysis (TNA) that reflects the requirements for the new operating model including quality improvement, strategic commissioning, and core Mandatory Training.
- ✓ Develop and embed a leadership competency and assessment process and design and deliver a leadership and management development offer aligned to and in collaboration with national and system programmes.
- ✓ Overhaul HR Policies and procedures in line with Fair Experience for All and Just and Restorative practice and review employee relations reporting arrangements to include any trends in variation, themes and disparity.
- ✓ Design and launch a programme to enable the ICB to be an anti-racist organisation and to tackle inequality.

- ✓ Review support and development for staff networks
- ✓ Co-design a values-based performance management and appraisal process
- ✓ Embed best practice in team health and effectiveness throughout the organisation.

6.0 Measuring success

6.1 A range of measures building on the current methods are proposed to evaluate and monitor the success and impact of the NCL OD Plan. Details can be found in Appendix 2, and they include for example:

- NHS Staff Survey and local surveys and pulse checks
- WRES, WDES, EDS 2022 and Gender Pay Gap data and reports.
- Workforce Performance data and reports
- Results from staff network questionnaires and safe space conversations

6.0 Governance

6.1 The NCL ICB OD Plan is a key enabler to delivering the NCL ICB strategy and change programme and delivery and impact will be monitored and reported to the People and Culture Oversight Group (PCOG).

7.0 Next Steps

7.1 Subject to approval, launch and promote the plan through a variety of communication channels and throughout the organisation to raise awareness, gain commitment and engage staff in its delivery.

7.2 Further develop the key workstreams for delivery including leads, roles and responsibilities at a senior leadership and directorate level.

7.3 The NCL ICB Board to consider how they will adopt the principles set out in the OD Plan.

8.0 Recommendation

8.1 The NCL ICB Board of Directors are asked to approve the OD Plan and to endorse it as the medium-term approach and action plan to address the results of the staff survey, WRES and WDES results in particular.

Appendix 1

Summary of the key priorities, associated actions, expected outcomes and success measures for the next three years.

Key Priority	Priority Actions	Benefits and outcome	Measuring impact
Vision and Values An inspiring and shared vision and values that sets a clear direction and expectations; creating a strong identity and thriving culture that fosters pride and positivity.	• Co-create **a vision and values and behaviours framework**, embedding our values and expected behaviours into all that we do. • Establish a **staff engagement and communication programme** including regular pulse checks. • Review and develop **on-boarding and induction** to reflect vision, values, structures and operating model for existing staff and managers following the redesign and for all new staff and managers • Improve **visibility of senior leadership** across sites and with staff at all levels of the organisations.	• Improved staff engagement and health and wellbeing. • The practices and behaviours of all staff are visibly aligned with the values • A workforce more representative of the local population and a strong sense of belonging • Increased capacity due to fewer vacancies and attrition	• Staff survey themes-staff engagement, compassionate and inclusive, safe and healthy – improved from 2022 baseline to average with comparator benchmark by 2023 and above average by 2025. • Workforce representation representative of local population by 2025 (achievement of Model Employer target) • Reduction in the number of employee relations cases relating to values and behaviours
Goals and Performance Clear priorities and objectives at every level and intelligent data informing all about performance. Recognising and rewarding good work and ensuring resources are available and used well.	• Create a **high-quality performance management and appraisal process** aligned to the values and behaviours framework, which embeds the ICB vision and priorities • Design and embed a **leadership competency and behaviours framework and assessment process** aligned to the NHS Leadership Compact, NCL ICB values and behaviours framework and system programmes. • Design a process to ensure **all job descriptions reflect the vision, values and operating model.** • Regularly **review and report on ER cases,** including timeliness, variation and disparity; ensuring regular reviews/audits are completed and embed learning. • Design and deliver **staff recognition and celebration programme** celebrating and sharing success • Establish and embed a **Talent Management approach** and practice. • Establish a **systematic succession planning process** for business-critical roles.	• Improved staff engagement and morale • Effective performance at all levels • Staff contribution is recognised and valued • Improved and effective leadership, more representative of the workforce and community	• Staff survey themes: staff engagement and morale, recognised and rewarded improved from 2022 baseline to average with comparator benchmark by 2023 and above average by 2025. • Appraisal compliance at 90%. • Annual staff awards programme. • Achieve equity in Gender Pay Gap. • Increase workforce representation at a senior level as set out in model employer by 2025, and reduce disparity ratios relating to non-mandatory training, employee relations and career progression to 1 by 2025.
Learning and innovation Investing in opportunities for people to nurture, grow and improve how work gets done; ensuring fair and equitable access to learning, development, innovation and career progression.	• Continue to invest in tailored **leadership and management development** that embeds our vision, values and leadership competencies – create a menu of interventions and offers including access to coaching and mentoring. • **Upskill managers** with HR and Finance information, policies, procedures and good practice in line with new structures and operating model. • Develop **tailored talent development plans** and learning and development offer that values and supports staff through the transition and includes those training requirements outlined in the ICB training needs analysis. • Design and deliver **leading change programme** to support managers and staff through change, transition and integration. • Develop and embed **innovation and continuous improvement** tools and skills training. • Review **mandatory training requirements** and reporting, and monitoring processes following restructure. • Support staff to embrace **digital and system change and transformation** by designing and delivering training programmes that upskill staff in being able to maximise the benefits of new systems and processes.	• Improved capacity and capability of leadership and the workforce • Able to attract and retain talent from all backgrounds • Sharing best practice, learning and innovation across the system • A strong learning culture with high levels of autonomy and innovation • Equality of access to opportunities	• Staff survey themes– we are always learning, safe and healthy, staff engagement improved from 2022 baseline to average with comparator benchmark by 2023 and above average by 2025. • Achieve a minimum core mandatory training compliance of 90%. • Increase workforce representation at a senior level as set out in model employer by 2025 and reduce disparity ratios relating to non-mandatory training and career progression to 1 by 2025. • Reduction in overall ER cases. • Achieve equity in Gender Pay. • % of leavers related to promotion increased from 2023 baseline

Key Priority	Priority Actions	Benefits and outcome	Measuring impact
Support Compassion and wellbeing Nurturing a compassionate and psychologically safe culture, where staff feel cared for, valued and respected and feel confident to raise concerns knowing they will be addressed.	• Introduce a **just and restorative culture principles** and approach to employee relations, incidents and complaints. • Review communication channels and access to **support for staff to raise concerns.** • Establish **access to a range of wellbeing initiatives** that support people to stay well and healthy. • **Support staff with change process** with access to immediate health and wellbeing support. • Develop and embed the role of the **Wellbeing and Inclusion Guardian.** • Review and revise **flexible and agile working practices** and policy. • Embed a **civility and respect** programme to promote a positive culture and tackle aggression, bullying, discrimination and harassment. • Review and strengthen the role of **exit interviews** to continuously inform the OD Plan.	• Improved staff engagement and morale • Increased capacity due to improvements in attendance and retention • Healthy and high performing workforce and teams • Staff feel supported by their managers and feel safe to speak up • More resilient, flexible and mobile workforce	• Staff survey themes– compassionate and inclusive; safe and healthy and we work flexibly, staff morale improved from 2022 baseline to average with comparator benchmark by 2023 and above average by 2025. • Reduction in staff sickness rates to 3%; turnover to 10% and achieve stability index of >85% • Reduction in overall ER cases. • Reduce disparity ratios to 1 by 2025.
Equity and Inclusion Equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected.	• Develop and deliver a programme to enable the ICB to be an **anti-racist organisation** and to tackle inequality. • Complete **Equality Impact Assessment (EQIA)** of new structure and management of change process and continue to embed approach to sustain best practice. • **Develop and support staff networks** to strengthen the employee voice in decision making, to change the ways things work and to create a more positive culture. • Further promote and embed the NCL **Workplace Adjustment Passport** and guidance for managers • Develop and implement plans to take **positive action to address disparity in recruitment, career progression and employee relations cases** (aligned to See ME First and A Fair Experience for All). • Embed **fair recruitment practices** at all levels across the ICB	• Improved staff engagement and health and wellbeing. • A workforce more representative of the local population and a strong sense of belonging • More staff recommend the ICB as a place to work and receive treatment • Fewer staff experiencing discrimination, harassment or bullying and micro aggressions • Equality of access to opportunities	• Staff survey themes: compassionate and inclusive, staff engagement, recommendation as a place to work, safe and healthy, improved from 2022 baseline to average with comparator benchmark by 2023 and above average by 2025. • Increase workforce representation at a senior level as set out in model employer by 2025 and across the workforce, reduce disparity ratios across all WRES and WDES to above the national average by 2025 • Achieve equity in Gender Pay • Reduction in ER cases relating to racism, bullying and harassment.
Team and system working Effectively functioning team and inter-team working with role clarity, shared objectives and cooperation; working collaboratively across organisations and systems.	• Deliver **change and transition sessions** with teams to support operational and personal resilience during change programme. • Develop and implement a **high performing team development programme** for the newly established teams. • Develop a **good practice guide for effective team communication**, **knowledge and information sharing.** • Embed an approach to **team development using proven methodology** • Design and embed **Board and Executive Team and senior leadership development** programmes. • Complete an **annual stakeholder/partner survey** to gather feedback and inform system leadership development and continuous improvement.	• Improved capacity and capability at team and directorate level driven by more effective team working • The practices and behaviours of all staff are visibly aligned with the values • A strong learning culture with high levels of autonomy and innovation • Sharing best practice and learning across the system	• Staff survey themes– teamworking improved from 2022 baseline to at average with comparator benchmark by 2023 and above average by 2025. • Reduction in the number of employee relations cases due to poor teamworking • 80% of teams and managers to have been through the relevant leadership and team development programme by March 2025

Appendix 2

Summary of the Phase 1 plans, timescales for delivery and associated lead responsibilities.

Key Priority	Priority Actions	Lead	Completion date
Vision and Values	Codesign of vision and values and behaviours framework	Corporate	Q2
	Redesign corporate induction to reflect vision and values and create an interactive experience	Corporate	Q4
	Design and provide easy access to an online on boarding resource	Corporate	Q4
	Design and implement a local values-based induction	Directorate	Q4
	Ensure staff are aware of, have access to, and dedicated time to complete corporate and local induction activities	Service/Team	Ongoing
	Strategic communications and engagement plan that embeds a programme of activities that gives all staff a voice, reinforces information sharing and is aligned to stakeholder, patient and citizen experience	Corporate	Ongoing
	Embed communications and engagement activities aligned to ICB strategic plan at directorate and team levels	Directorate	Ongoing
Goals and Performance	Review and implement new roles and job descriptions in line with new organisation structure, operating model and culture	Corporate and Directorate	Q3
	Review ER reporting arrangements to include any trends in variation, themes and disparity		Q3
	Design and embed a leadership competency and behaviours framework and assessment process aligned to the NHS Leadership compact, NCL ICB Values and Behaviours Framework and system programmes	Corporate	Q4
	Co-design a values-based performance management and appraisal process and supporting documentation that allows for values and behaviours, health and wellbeing, career and development conversations	Corporate	Q4
	Establish target (of at least 90% of staff), monitor and report on quality of and appraisal compliance	Corporate	Q4
	Embed and continuously review role designs to ensure they are fit for purpose and make the greatest use of people's skills, experiences and where possible preferences.	Directorate	Ongoing

Key Priority	Priority Actions	Lead	Completion date
Learning and Innovation	Deliver Leading Change programme for managers and staff	Corporate	Q2
	Review and revise online mandatory core training in line with new roles and ways of working and in line with national standards	Corporate	Q4
	Review and deliver mentoring and coaching programme for managers and staff to support change programme and beyond, with particular focus on aspiring managers and leaders and those with a protected characteristic	Corporate	Q3
	Finalise an NCL ICB training needs analysis (TNA) that reflects the requirements for the new operating model including quality improvement and strategic commissioning	Corporate and Directorates	Q3
	Ensure all staff as part of their annual appraisal have an up-to-date personal development plan and dedicated time for learning and development aligned to NCL ICB TNA	Directorate/Service and team	Q4
	Review and design a leadership and management development offer that is aligned to national and system programmes, the ICB TNA and Leadership Competency Framework and incorporates recommendations from the ways of working workstream	Corporate	Q4
	In partnership with national and local stakeholders commission where required and deliver revised Leadership and Management Development offer	Corporate	Q3
	With system partners embed a training and development programme to strengthen skills in quality improvement (IMPACT)	Corporate and Directorates	Q4
Support, compassion and wellbeing	Complete Health and Wellbeing survey and revise, promote and deliver health and wellbeing offer to respond to survey and in line with national guidance and aligned with system arrangements	Corporate	Q2
	Align health and wellbeing offer to revised Occupational Health service	Corporate	Q4
	Ensure all staff are aware, have easy access to time allowed for health and wellbeing activities and support	Directorate/Service and Team	Ongoing
	Review and revise HR policies in line with A Fair Experience for All and Just and Restorative principles and practice	Corporate	Ongoing
	Review communication channels and access to support for staff to raise concerns	Corporate/Directorates	Q2
	Review Flexible Working Policies and guidance in line with national and regional frameworks	Corporate	Q4
	Ensure all staff have the opportunity to request flexibility and wherever possible be offered flexible working	Directorate/Service and Team	Ongoing
	Further develop, embed and promote the role of the Wellbeing and Inclusion Guardian	Corporate and Directorate	Ongoing

Key Priority	Priority Actions	Lead	Completion date
Equity and Inclusion	Embed and maintain EQIA approach, best practice and learning	Corporate	Q2
	Review support and development of Staff Networks including formal links into ICB governance arrangements	Corporate	Q2
	Ensure staff network chairs have dedicated time allocated to support the networks	Directorate/Services and teams	Q2
	Implement an inclusive recruitment process, practice and guidance to support the change programme	Corporate	Q2
	Scope and assess the requirements for implementing a programme to enable the ICB to be an anti-racist organisation and to tackle inequality	Corporate (with networks)	Q3
	Establish targets and monitor and report on to Board improvements in leadership representation (model employer goals) and disparity ratios	Corporate	Q4
	Further promote and embed the NCL Workplace Adjustment Passport and guidance for managers	Corporate	Q4
	Deliver and continuously improve the support and development of networks	Corporate	Q4
	Design and launch a programme to enable the ICB to be an anti-racist organisation and to tackle inequality	Corporate (with networks)	Q3
	Review management and oversight of local investigation and disciplinary procedures in line with the 7 recommendations outlined in a Fair Experience for All	Corporate	Q4
Team and System Working	Deliver change and transition sessions for teams and staff	Corporate and Directorate	Q3
	Agree methodology for high performing teams	Corporate	Q3
	Deliver high performing team development programme	Directorate	Q4
	Deliver Board Development programme (subject to outcome of the Board effectiveness review)	Corporate	Q4
	Develop and implement Good Practice Guide for effective team communication, knowledge and information sharing.	Corporate and Directorate	Q4

NHS
North Central London
Integrated Care Board

2022 Staff Survey Results

March 2023

Executive Summary

North Central London
Integrated Care Board

This report provides a high-level overview of the 2022 national staff survey results for the ICB.

The most positive result is the improvement on support for staff who require reasonable adjustments which has improved by **13%.** The number of staff recommending the organisation as a place to work has improved by **5%** on the 2021 score, from 52% to 57% which although not back to 2020 levels (58%), it is positive given the amount of change staff have experienced over the past year.

Where we do need to focus is wellbeing, which has considerably worsened with an **8% reduction** in staff feeling we take positive action; providing the right access to learning and development has slightly declined from last year with 17% below ICB national average, acting fairly regarding career progression which has worsened and also acting on concerns that are raised.

The results have been grouped into the ***People Promise*** **themes** and our results show that the 2022 results for each theme are broadly comparable to last year with no significant changes.

Whilst the ICB's results are just below the national ICB average against all the People Promise themes, the ICB is broadly comparable/fairs slightly more positively in several areas in comparison to other London ICBs.

There are clear differences in the results by Directorate with hot spots that have been identified that will require further discussion, actions and interventions at a Directorate level.

An important aim of our Organisational Change Programme is to create a thriving and re-energised culture, supported by new ways of working. We have drawn on the feedback in the Staff Survey to create an organisational development plan which will enable the changes and improvements staff need and want to see.

Contents

North Central London
Integrated Care Board

Background and context to the 2022 staff survey

This report represents the first results following the establishment of the ICB in July 2022 and includes responses from eligible staff that transferred to the ICB from both NCL CCG and London Shared Services (LSS).

Response Rate: 667 employees (those on permanent and fixed term contracts) were eligible and invited to complete the survey. 442 staff completed the staff survey, representing a **response rate of 66%.** Whilst this response rate is lower than the 2021 response rate of 73%, it should be noted that the number of staff that completed the staff survey in 2021 was lower in view of the size of the workforce in 2021 (317 staff).

National Staff Survey Questions: The staff survey questions were aligned to the People Promise and grouped into five themes: Your Job; Your Team; People in your organisation; Your Managers; Your Health, Wellbeing and Safety at Work; Your Personal Development and Your Organisation.

Staff Survey Results: Presented against the national People Promise themes

NHS
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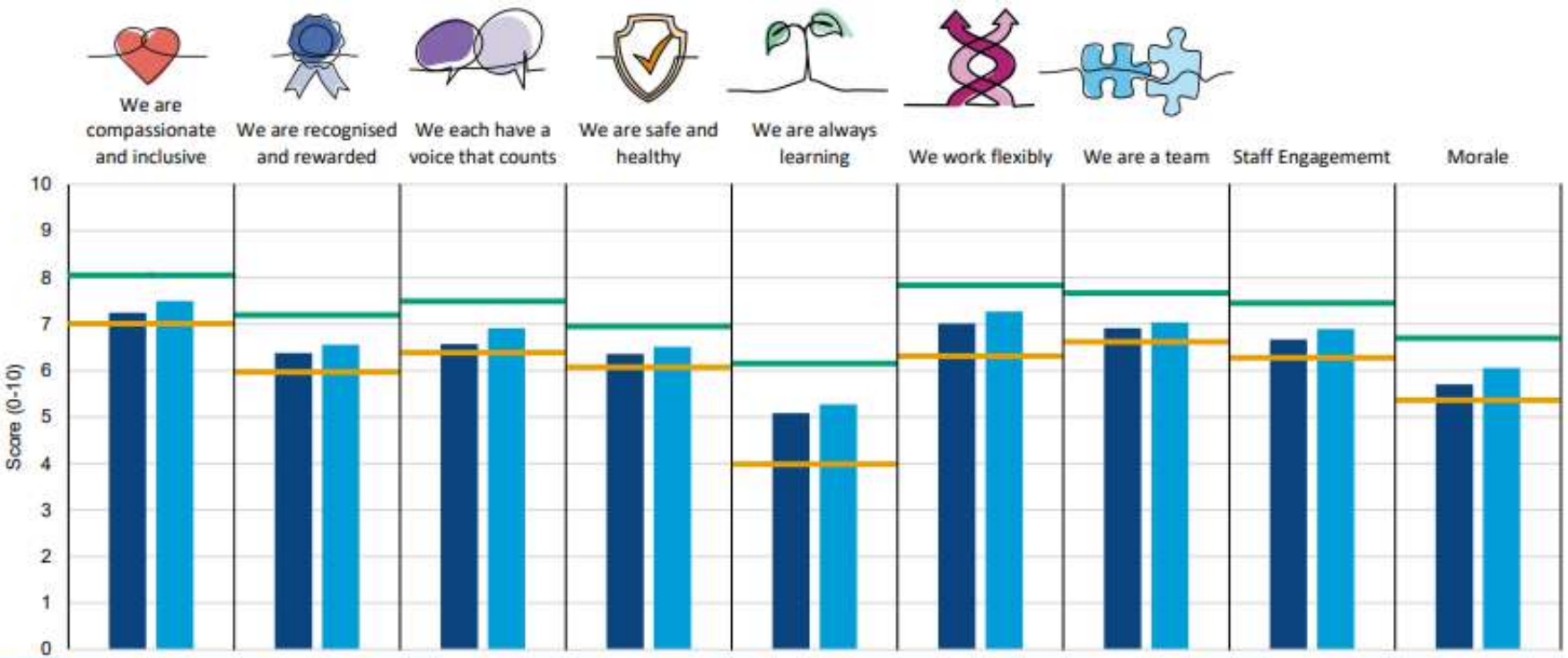
An overview of results against the People Promise themes

NCL ICB results and comparison against other ICBs

The following table provides a summary by themes against the national ICB average and both best and worst performing ICBs across the country. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together.

The ICB is just below average against all the themes and slightly more so regarding being compassionate and inclusive, having a staff voice, working flexibly and staff morale.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.2	6.4	6.6	6.4	5.1	7.0	6.9	6.7	5.7
Best	8.0	7.2	7.5	6.9	6.2	7.8	7.7	7.4	6.7
Average	7.5	6.6	6.9	6.5	5.3	7.3	7.0	6.9	6.1
Worst	7.0	6.0	6.4	6.1	4.0	6.3	6.6	6.3	5.4
Responses	441	440	440	441	425	439	441	442	442

Comparison of 2022 results against the 2021 results

The following table shows a comparison of the 2022 results against the 2021 results by each People Promise theme. The results show that the 2022 results for each theme are broadly comparable to last year with no significant changes.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.2	308	7.2	441	Not significant
We are recognised and rewarded	6.5	311	6.4	440	Not significant
We each have a voice that counts	6.8	307	6.6	440	Not significant
We are safe and healthy	6.3	307	6.4	441	Not significant
We are always learning	5.2	298	5.1	425	Not significant
We work flexibly	7.2	310	7.0	439	Not significant
We are a team	6.9	308	6.9	441	Not significant
Themes					
Staff Engagement	6.8	311	6.7	442	Not significant
Morale	5.6	311	5.7	442	Not significant

Top 5 areas of improvement/above ICB average and decline/below ICB average

North Central London
Integrated Care Board

Most improved scores since 2021

1. Disability: the organisation made reasonable adjustments to enable me to carry out work **(74% - 13% increase)**
2. Never/rarely feel burnt out because of work **(35% - 8% increase)**
3. Would recommend organisation as a place to work **(57% - 5% increase)**
4. Don't work additional unpaid hours per week for this organisation, over and above contracted hours **(22% - 5% increase)**
5. In the last 12 months, have not experienced MSK problems as a result of work activities **(71% - 5% increase)**

Top 5 scores against national ICB organisations average

1. Never/rarely frustrated by work **(24% - 6% above average)**
2. Received appraisal in the past 12 months **(80%- 5% above average)**
3. Team members understand each other's roles – **(63%- 2% above average)**
4. Teams within the organisation work well together to achieve objectives **(46% - 2% above average)**
5. Last experience of harassment/bullying/abuse reported **(43% - 2% above average)**

Most declined scores since 2021

- Organisation acts on concerns raised by patients/service users **(60% - 10% decline)**
- Organisation takes positive action on health and well-being **(61% - 8% decline)**
- Would feel confident that organisation would address concerns about unsafe clinical practice **(56% - 7% decline)**
- Satisfied with opportunities for flexible working **(74% - 7% decline)**
- Often/always enthusiastic about my job **(57% - 7% decline)**

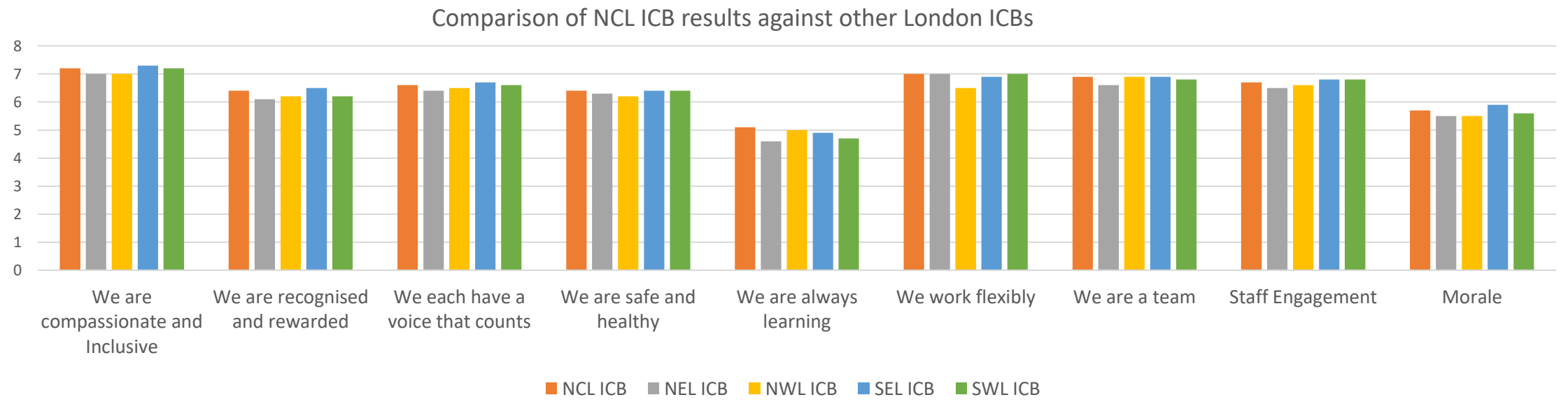
Bottom 5 scores against national ICB organisations average

- Able to access the right learning and development **(36% - 17% below average)**
- Organisation acts fairly with regard to career progression **(42% - 12% below average)**
- Have a choice in deciding how to do my work **(63% - 9% below average)**
- Feel supported to develop my potential **(49% - 8% below average)**
- Unlikely to look for a job at a new organisation in the next 12 months **(37% - 8% below average)**

Comparison of results against London ICBs

The following table provides a summary of the People Promise themes against the London ICBs. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together.

Similar to NCL, the other London ICBs are just below the national ICB average against all the People Promise themes. NCL fairs the same or slightly better in the areas of learning, working as part of a team, staff feeling safe and healthy.



	We are compassionate and Inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
NCL ICB	7.2	6.4	6.6	6.4	5.1	7	6.9	6.7	5.7
NEL ICB	7	6.1	6.4	6.3	4.6	7	6.6	6.5	5.5
NWL ICB	7	6.2	6.5	6.2	5	6.5	6.9	6.6	5.5
SEL ICB	7.3	6.5	6.7	6.4	4.9	6.9	6.9	6.8	5.9
SWL ICB	7.2	6.2	6.6	6.4	4.7	7	6.8	6.8	5.6

NHS
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What the results tell us

Key themes: staff survey comments

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A number of **free text comments** were received from staff that completed the staff survey. The themes of the negative experiences are also consistent with themes raised by staff during Ask EMT, the staff event, Meet the Chief People Officer event, trade unions and our workforce performance data. Some of the key themes relating to ways of working, capacity issues, work base and HCAS will be addressed as part of the organisational change programme and organisational development plan that will support the implementation of the new structure.

☹ There were 94 comments associated with negative experiences that are grouped into the following key themes:

- Lack of visibility and interaction from senior management
- Concerns about management capability
- Challenges with having a work/life balance and impact of work on health
- Disparity in sizes of teams, roles and bandings
- Lack of personal/career development opportunities
- Concerns about fair recruitment practices
- Work base and application of high-cost area supplements (HCAS)
- Capacity issues, lack of clarity about role and duplication of work
- Organisational culture: bullying, discrimination and micro-aggressions
- Constant change and impact of change
- Lack of support and advice from the HR Team

☺ There were 17 comments about positive experiences of working in the ICB that are grouped into the following key themes:

- Support from line manager
- Support and working with team
- Hybrid working arrangements
- Support and visibility from some Directors/Executive Directors

What the results tell us (1/4)

North Central London
Integrated Care Board

We are compassionate and inclusive

Recommending the ICB as a place to work - There has been just over a 5% increase in staff recommending the ICB as a place to work which is positive and is contrary to the national position which has a decline.

Line manager support - The support that ICB staff receive from their manager has seen an increase of around 2% in areas such as listening, caring, support with problem solving – whilst a small increase, this is in contrast to the national trend in these areas.

Career progression – There has been a slight decline in staff feeling the ICB acts fairly with regard to career progression in comparison to last year (just under 2%), and importantly this is an area in which the ICB is just over 13% below the national average.

Discrimination – There has been a slight (1%) decline in ICB staff feeling discriminated by their manager (12%), however, we are around 5% below the national ICB average. The ICB is broadly the same as last year with regard to staff feeling the ICB respects individual differences (69%) but again the ICB is around 5% below the national ICB average. There has been a slight decline in how staff treat each other with regards to kindness and respect. In contrast we have seen a small increase in staff feeling more valued (71%) and a sense of personal attachment to their team (61.2%).

Patient Care - The results show that there has been a decline in staff feeling that their role makes a difference to patients, care being a top priority of the ICB and just over 9% decline in staff feeling the ICB acts on concerns raised by patients. These results also correlate to the national average ICB decline in these areas.

We are recognised and rewarded

In accordance with the national trend, the ICB has seen a decline in satisfaction with various aspects of their role around recognition, valuing work and level of pay. However, there has been a small increase in staff feeling their immediate manager values their work (80.6%) and the highest score in this area since 2020.

What the results tell us (2/4)

North Central London
Integrated Care Board

We each have a voice that counts

Autonomy and control – in line with the national trend, the ICB has seen a decline in the majority of the areas relating to autonomy and control, particularly regarding knowing what the work responsibilities are, ability to show initiative, make suggestions for improvements and deciding how to work which has seen a decline in nearly 5% since 2021 but still slightly higher than the 2020 results.

Raising concerns – There has been a decline both nationally and at an NCL ICB level with regards to staff feeling safe to raise concerns and confident the organisation would address concerns. The ICB has received the lowest score since 2020 with regard to staff feeling safe to speak up about anything (55.3%) and nearly 10% below the national ICB average.

We are safe and healthy

Health and safety climate – in contrast to the national trend, the ICB has seen a slight increase in staff being able to meet conflicting demands at work (45.4%) which is also just above the national ICB average of 43.9%. In line with the national trend, the ICB has seen a downward trend of 7.6% regarding feeling the organisation takes positive action on health and wellbeing (61%) .

Violence at work - No staff have reported experiencing violence at work.

Bullying and harassment – There has been a slight downward trend of staff feeling bullied/harassed from patients/service users (6.6%), managers (13.9%) and other colleagues (14.8%), however, the latter two areas are still below the national average. The number of staff reporting bullying and harassment is broadly the same as last year (43%) and is comparable to the national average.

Burnout – In contrast to the national trend, the ICB has seen small declines in staff feeling emotionally exhausted (28%), burnt out (26%), frustrated with work (36%) in comparison to the 2021 results.

What the results tell us (3/4)

North Central London
Integrated Care Board

We work flexibly

Around 60% of staff feel that they have a good balance of work and home life which is slightly below (4%) the national average. Around 79% of staff feel they can approach their manager to discuss flexible working and this is comparable to last year. There has been a decline in staff satisfaction with flexible working patterns (74%) – down 6% from last year.

We are always learning

Appraisals – whilst there has been a slight decline in staff reporting they had an appraisal (80%) in comparison to last year, there ahs been a slight increase in staff reporting that it helped them do their job and had clear objectives suggesting that the quality of appraisal discussions has improved.

Career progression and opportunities – There has been a downward trend in staff having career development opportunities and is 7% below the national average.

Access to the right learning and development opportunities – This is an area that has been a decline for the ICB (down by 3% to 36%) but nearly 20% below the national average (54%).

We are a team

Team working - Whilst there has been a slight decline since last year in areas regarding the team having a shared set of values, discussing the effectiveness of the team and getting respect from colleagues, there has been slight improvements in staff enjoying working with colleagues in their team, understanding each others role and having freedom to work and dealing with team disagreements constructively.

Line managers – In contrast to the national trend, staff feel that they are getting more encouragement from their immediate manager (78%), clear feedback (70%) and a positive interest in their health and wellbeing (76.4%).

What the results tell us (4/4)

North Central London
Integrated Care Board

Staff Engagement

Nationally, there has been a decline in staff engagement across the NHS and the ICB results mirror this position.

The key stressors that indicate lower staff morale include staff looking forward to going to work, feeling enthusiastic, time passing quickly when working, opportunities to make an improvement, show initiative – all of which has seen a decline in the ICB scores in comparison to last year.

The areas that have seen a slight increase are around recommending the organisation as a place to work.

Staff Morale

The key areas regarding staff morale that the ICB has improved relate to a decline in staff thinking about leaving the organisation (down by 7% to 33.6%); looking for a new job in the next 12 months (down by 4% to 34%) ; encouragement by immediate manager.

However, this is masked by poorer experiences in morale stressors regarding unrealistic time pressures (increase by 4% to 23.8%); knowing what the work responsibilities are (69.5); having a choice of how to do work (down by nearly 5% to 62%) and having strained relationships at work and decline in receiving respect from colleagues, all of which are below the national ICB average.

North Central London
Integrated Care Board

Next steps to address and improve

Next steps to address and improve

North Central London
Integrated Care Board

Implementation of the NCL ICB Organisational Development Plan (see associated Board papers)

As a newly formed organisation moving into a new organisational form and operating model, it is the right time to start to implement a three-year organisational development plan to build the culture, capability and capacity required to both deliver on our Population Health and Integration Strategy whilst also ensuring we improve the staff experience and our WRES and WDES scores.

The organisational development plan will focus on six key areas and will be implemented from Q2 2023/24 through to 2026:

Vision and Values - an inspiring and shared vision and values that sets a clear direction and expectations; creating a strong identity and thriving culture that fosters pride and positivity.

Goals and Performance - clear priorities and objectives at every level and intelligent data informing all about performance. Recognising and rewarding good work and ensuring resources are available and used well.

Learning and innovation - investing in opportunities for people to nurture, grow and improve how work gets done, ensuring fair and equitable access to learning, development, innovation and career progression.

Support Compassion and wellbeing - nurturing a compassionate and psychologically safe culture, where staff feel cared for, valued and respected and feel confident to raise concerns knowing they will be addressed.

Equity and Inclusion - equity, positive diversity, and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected.

Team and system working - effectively functioning team and inter-team working with role clarity, shared objectives, and cooperation; working collaboratively across organisations and systems.

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	Integrated Performance and Quality Report	**Date of report**	10 July 2023	**Agenda Item**	3.1
Lead Director / Manager	Richard Dale, Executive Director of Performance and Transformation Dr Chris Caldwell, Chief Nursing Officer	**Email / Tel**		richard.dale@nhs.net Chris.caldwell@nhs.net	
Board Member Sponsor	Richard Dale, Executive Director of Performance and Transformation Dr Chris Caldwell, Chief Nursing Officer				
Report Author	Deirdre Malone, Director for Quality (Interim) Ed Nkrumah, Director of Performance	**Email / Tel**		Deirdre.malone@nhs.net edmund.nkrumah@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** The report does not set out specific financial requests, but some of the improvement programmes do have financial implications. Within the System Oversight Framework, finance is a key aspect of oversight. The detail of this is contained in the separate finance report.			
Report Summary	The NCL ICB Integrated Performance and Quality Report presents the latest analyses of key system operational performance and quality indicators against national and locally agreed targets relating to acute, mental health, community and primary care services. Areas of progress: • Primary Care continues deliver appointment numbers at higher than 2021/22 levels although there is variation month-on-month in overall numbers. Both the ICB and primary care providers are focusing their attention on responding to the requirements of the national GP Access Recovery Plan. This will require a system response to maximising digital and infrastructure offers for practices, and ensuring the right pathways				

	are in place with community services and local pharmacies. Primary Care Networks (PCNs) are currently developing their local Capacity and Access improvement plans, which will focus on improving patient experience, demand and capacity management, and ensuring accurate recording of activity. • NCL are seeing steady improvements in patient flow and the reduction of the number of inappropriately placed mental health out of area patients (OAP). There are a number of programmes underway, such as the use of integrated discharge teams, that are reducing reliance on this bed provision. The latest data for April 2023 shows 218 OAPs recorded, which is a significant reduction on the December 2022 value of 942. • NCL has made significant progress towards eliminating the number of long-waiting patients on our elective care waiting lists, with a 58% reduction of 78-week waiters since January 2023, to 300 as at the beginning of June 2023. Further reductions are expected in the coming months albeit at a slightly slower pace due to the adverse impact of recent industrial action. The ICB continues to lead a collaborative approach to recovering this patient backlog as quickly as possible. • The proportion of patients waiting over 6 weeks (backlog) for a diagnostic test has improved and now stabilised in recent months, the net impact of increasing capacity, improving productivity, and stable demand. NCL successfully delivered the objective of the national 'Optimisation Month' initiative with a 12% reduction in diagnostic long waits between December 2022 and March 2023, in line with the National NHS initiative. Further work is underway to ensure the system remains on track to achieve the national backlog ceiling of 5% by March 2025. Ongoing challenges and further work: • The ICB is undertaking an analysis to understand the medium to long term impact of ongoing industrial action. The report highlights a significant proportion of planned appointments (inpatient, outpatient, and day cases) were postponed for safety and capacity reasons. Providers are working at pace to rebook all cases in clinical priority order to mitigate risks recover against operational plans where possible. • Access to community mental health services for Children & Young People (CYP) in NCL fell short of the March 2023 target (>23,000) by 30% due to staff shortages in services. With 2023/24 investment in community services including plans to recruit additional staff, improvements in performance are expected during the year. • Performance against the A&E 4-hour has been relatively stable in recent months and stands at 70.6% for May 2023. The number of patients spending more than 12 hours in EDs remains high, reflecting high occupancy and constraints relating to patient flows through hospitals. Demand for social and community care beds and resources continue to exceed supply, resulting in delayed discharges. The system is prioritising interventions that support improvements in this area such as effective use of SDEC and in some cases redesigning the capacity and use of the 'hot floor' at our most challenged sites. Significant efforts have been made over recent months to provide step-down bed capacity in community settings. Virtual ward capacity is increasing with senior medical cover from acute hospitals. Further work is still required to deliver the step change towards the national performance ambition of 76.0% of patients seen within 4 hours in ED, by March 2024.

Recommendation	The Board of Members is asked to **NOTE** the key issues set out in the paper for escalation and the actions in place to support improvement.
Identified Risks and Risk Management Actions	Key risks identified are detailed in the BAF and listed below: • STR9: Failure to Deliver the 2023/24 ICB CIP (Cost Improvement Plan including elements of Transformation Programmes) (Threat). • PERF8: Failure to Deliver Referral-To-Treatment ('RTT') Waiting Time Standard (Threat). • PERF29: Failure to deliver timely urgent and emergency care for the residents of NCL (Threat). • PERF7: Failure to manage patient flow during heightened periods of pressure, including winter, Easter and other Bank Holidays (Threat).
Conflicts of Interest	Not applicable.
Resource Implications	The report does not set out specific resource requests, but some of the improvement programmes do have resourcing implications.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable – although quality processes do take account of equity when reviewing specific incidents.
Report History and Key Decisions	This report is underpinned by the Quality Report to the Quality and Safety Committee and the Performance Report shared across the organisation and system.
Next Steps	The report will continue to iterate based on board and stakeholder feedback, as well as develop once the work on the NCL Outcomes Framework is complete.
Appendices	Full dashboards for performance measures, and a glossary of terms used in this report are set out in the appendix for reference.

North Central London
Integrated Care Board

NCL ICB Integrated Performance & Quality Report

July 2023

Authors:

NCL ICB Performance and Quality Teams

Executive Summary

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

The report focusses on the following key areas:

- NCL system response to industrial action (slides 3 and 4)
- Primary Care (slide 5)
- Mental Health Services (slide 6)
- Community Health Services (slide 7)
- Urgent and Emergency Care (UEC) (slide 8)
- Planned Care – Electives & Diagnostics (slide 9), Cancer Services (slide 10)

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

- Royal Free London (slide 11)
- North Middlesex Hospital (slide 11)
- Tavistock and Portman (slide 12)

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

The report incorporates aspects of the 2023/24 NHS Priorities and Operational Plan, which was submitted to NHSE in May 2023. NCL ICB are monitoring activity against the trajectories set in this plan, and in addition to the risks posed by ongoing industrial action, further work is required alongside providers to deliver compliance against elective activity targets, improve bed capacity to secure A&E performance improvement trajectories, and the efficient use of mental health beds to reduce the reliance on out of area beds.

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

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

NCL System Response to Industrial Action (1/2)

North Central London
Integrated Care Board

Overview

In June 2023, junior doctors across the NHS carried out a further 3 consecutive days of industrial action, following the strikes in March and April 2023. As with previous strike action, this event encompassed a full stoppage inclusive of night shifts and on-call duties, with the only scenarios excluded from the action being a potential major incident or a mass casualty event. Junior doctors in GP training practices were also part of the industrial action, although GPs were expected to maintain patient access on strike days. Significant disruption was expected, resulting in the decision to postpone some elective activity in order of clinical priority.

Key NCL System & Provider Actions

The approach to preparing for the strikes remained the same, with NCL CEOs leading the system response, including collective consideration of mitigations for hospital sites with the highest risk of gaps in rotas for critical areas. Where required, routine elective appointments and procedures were also postponed using a two-stage cancellation process (1st – notification, 2nd letters to patients). London Ambulance Service supported EDs and UTCs with key support requirements focussing on resus and cardiac arrest teams, and increased the presence of Hospital Ambulance Liaison Officers (HALO) on site. Multi Agency Discharge Events (MADE) continued in the lead up to the strike action, focusing on reducing occupancy and facilitating discharges with the overall aim of halving the number of beds occupied by medically optimised patients. ICU transfer services remained, but heralded bookings from NHS 111 to EDs were suspended.

Across NCL, 99% of medical rotas were filled ahead of the strike, and any exceptions were managed appropriately. Advanced life support and basic life support training was provided at each NCL site to Multi-Disciplinary Team members who were designated to support the effort. In addition, all providers undertook a review of their emergency pathways including medical and surgical units to assess the potential available capacity to run these services. The provision of critical services including EDs was prioritised in accordance with the available medical staffing. Providers also operated incident coordination centres to support the delivery of services, with command-and-control structures, inclusive of executive oversight, to manage proceedings and any escalations. This was supported by a system operations coordination centre as part of the real time management of services through this period, which was overseen by an ICB Director and Executive lead in-hours and out-of-hours. Furthermore, daily touchpoints at Bronze, Silver and Gold level were set up across the ICS, with the NCL Clinical Advisory Group (CAG) also being set up to advise on any emerging clinical service change or closure that may have been necessary. During this strike period, it was not necessary to escalate any issues to CAG.

NCL ICB continues to support providers with demand and capacity analysis to identify service level pressures where mutual aid and demand smoothing can be implemented to mitigate the loss in elective capacity, alongside oversight of the impact on patients waiting longer than 65 weeks for treatment. The NCL system total referral to treatment time backlog has increased by 5% since the first industrial strike action held in March 2023, but this is below the London average growth rate during the same period.

NCL System Response to Industrial Action (2/2)

North Central London
Integrated Care Board

Mental Health Providers
The provision of critical services was prioritised, and this covered crisis services, places of safety and A&E psychiatric liaison support in EDs. Consultants covered gaps where necessary, and services minimised outpatients and community appointments to release capacity. Additional community support was provided to bed management meetings alongside engagement with Local Authorities, to enable escalation and support for the rapid approval of placements.

Primary Care/NHS 111
Meetings were held with GP staff, providers and operational staff to agree the support available to practices and NHS 111. Mitigating actions involved the increased flexibility of acute respiratory hubs for practices and 111 bookings, alongside an increased focus on extended hub provision to provide additional capacity where possible in each NCL borough. Practices focused on same day urgent care activity, while there was also increased NHS111 call handler and GP out of hours capacity laid on.

Community Providers
Providers reduced consultant cover in the anticipation that they would be recalled to support acute providers. Clinical directors supported wards including undertaking follow ups from ward rounds, while bed occupancy was reviewed with consultant led decisions on acuity to ensure the timely release of bed capacity. Providers also bolstered urgent community response capacity, including additional support for Silver Triage services alongside the maximisation of virtual ward capacity.

Impact of Industrial Action on Quality
Providers worked extremely hard to ensure essential services ran safely. Whilst quality has been impacted (in particular, patient and staff experience) there have not been any major incidents identified, and providers were able to maintain safety. Harm and other quality issues might not become apparent until further in the future, so the quality team will continue to monitor this. The quality team undertook a review of the impact and note the following:

- There were no serious incidents reported during the period of industrial action to date, that have identified industrial action as either a cause or contributory factor (the quality team reviewed 104 serious incident notification reports, and where completed, investigation reports).
- Providers report a significant impact on elective activity and outpatient activity, finance, staff experience and patient experience.
- A number of trusts noted the impact of industrial action on other quality and service improvement activity, due to resources being redirected to manage the strikes.
- Providers and ICB leads reported an impact on key quality and safeguarding processes due to the redeployment of clinical staff.

Overview of Primary Care

Overall appointment numbers in primary care have been maintained at higher than 2021/22 levels although there is variation month-on-month in overall numbers.

Levels of face to face and same day appointments remain steady. There is no defined optimal blend of appointment type alongside virtual contacts, as this is tailored to the needs of local populations. NCL ICB is supporting General Practice to seek sustainable ways to meet this demand without risking workforce burnout. The ICB continues to explore ways to improve the depth and timeliness of broader primary care quality and activity reporting to make visible the work that primary care in NCL does on behalf of residents. This is being overseen by the Primary Care Contracting Committee (please see box to the right).

Both the ICB and primary care providers are focusing their attention on responding to the requirements of the national GP Access Recovery Plan. This will require a system response to maximising digital and infrastructure offers for practices, and ensuring the right pathways are in place with community services and local pharmacies. Primary Care Networks (PCNs) are currently developing their local Capacity and Access improvement plans, which will focus on improving patient experience, demand and capacity management, and ensuring accurate recording of activity.

Outside core hours, a mix of urgent and planned primary care activity is provided by PCNs on weekday evenings and Saturdays. NCL ICB continues to commission borough-based hubs to deliver urgent appointments on Saturday evenings, Sundays and Bank Holidays, and to ringfence appointments for NHS 111 on weekday evenings and Saturday daytime.

Work continues on the preparation for mobilisation of a consistent locally commissioned service focused on the identification and management of long-term conditions, with an emphasis on personalised care planning and continuity of care for those who will most benefit. This service will launch in October 2023, and significant preparatory work is underway with practices. This new service will ensure that the focus on access to General Practice is balanced by a commitment to protecting capacity for planned work, and proactive care for people with long term conditions to help them stay well.

	Feb '23	Mar '23	Apr '23
Core primary care appointments	620,268	706,475	537,308
% face to face appointments	65%	65%	64%
% same day appointments	49%	49%	52%

Primary care quality reporting

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

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

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

Overview of Mental Health Services

North Central London
Integrated Care Board

With regards to access for **Talking Therapies (IAPT),** 33,715 people accessed services in NCL for 2022/23, against a target of 42,600. Key drivers of under-performance were workforce recruitment and retention, coupled with a reduced number of trainees allocated to services. Providers will continue their recruitment and staff wellbeing campaigns, commissioning capacity from VCS and digital providers, as well as increasing outreach to BAME and other protected groups, to improve performance. Early April 2023 data shows the IAPT recovery rate at 48% (target 50%), 6-week wait performance at 85% (target 75%), with 18 weeks wait achievement at 99% (target 95%).

NCL met the Q4 2022/23 target for **Out of Area Placements (OAP)**. The impact of focussed interventions to reduce occupied bed delays for patients who are clinically ready for discharge, has seen a steady reduction in recent weeks. Other improvement actions aim to improve patient flow and discharges and reduce preventable admissions, through medicines optimisation reviews by mental health pharmacists, reducing clinical variation, enhanced infrastructure support for Multi Agency Discharge Events, rapid access to enablement pathways, alternative housing options for people who are 'fit for discharge', and enhanced crisis intervention plans for high intensity users.

Access rates for community mental health services for Children & Young People (CYP) in NCL fell short of the 2022/23 target. CAMHS vacancy and retention rates, support teams' functions in schools not meeting access metric definitions, and patient data capture, all contributed to underperformance. With 2023/24 investment in community CAMHS relating to access, data capture and recruitment, performance is expected to improve. Memory services in NCL are developing plans to ensure delivery against the **Dementia Diagnosis Rate** national ambition of 67%, is maintained throughout 2023/24. NCL data reporting is expected to resume during 2023/24.

NCL is on track to meet the Q1 2023/24 CYP target for the use of inpatient facilities for people with a **Learning Disability/Autism**. CYP performance improved due to achieving 100% in Care, Education and Treatment Reviews (CETR), compared to 40% in Q4 2022/23 - this has reduced average LOS from 11 months to under 5 months. Adult inpatients (ICB) has seen a 19% increase in admissions since Q4 2022/23, indicating increasing awareness and recognition of autism within NCL. Specialist Residential Services patients had legally required restrictions in place until Q4 2022/23, and this has impacted the average LOS and CETR compliance in NCL for ICB admissions.

	Feb '23	Mar '23	Apr '23
IAPT Access (YTD) *[22/23 Target: 42,600; 23/24 Target: 44,350]*	30,515	33,715	*2,963**
OAPs *[23/24 Target: 0]*	470	324	218
CYP MH Access (12MR) *[22/23 Target: 23,291; Q1 23/24 Target: 16,822]*	16,035	16,275	TBC
Dementia Rate *[Diagnosis Target: 67%]*	*NCL data publication will resume during 2023/24*		

	Q3 22/23	Q4 22/23	Q1 22/23
LD/Autism Inpatients (ICS) *[Q1 23/24 target: 23]*	24	21	25 (May)
LD/Autism Inpatients (NHSE) *[Q1 23/24 target: 17]*	17	18	18 (May)
LD/Autism Inpatients(<18yrs) *[Q1 23/24 target: 8]*	8	5	5 (May)

** Based on provisional data, subject to further validation, NB numbers reset to 0 at April*

Overview of Community Health Services

North Central London
Integrated Care Board

The percentage of **children and young people** (CYP) waiting 18 weeks or less improved to 70% in April 2023, however, the number of CYP waiting over 52 weeks has increased when compared to the previous month. It is recognised in the system that there are long waits for some areas of children's community health services. Work will continue in 2023/24 regarding targeted investment to areas in most need and ensure that there is equity of investment in CYP community services across NCL. Part of the challenge the system faces, will be to manage increased demand within the resources available to services.

Services have adapted models in response to an increase in demand, but in many areas, in particular the outer London boroughs, it is not possible to meet target waits for initial assessments without a significant change in resourcing. Therapy services (occupational therapy, physiotherapy and speech and language therapy) contribute to 51% of the total CYP waiting list. Additional recurrent investment into the universal therapies offer of £723k, is allocated for 2023/24, while there is also additional recurrent investment planned for 'Children Looked After' staffing (£407k), asthma nursing (£140k), and bladder and bowel services (£165k). This investment for 2023/24 will work towards reducing the NCL waiting list position.

The number of CYP waiting for formal autism assessments continues to increase in Barnet and Islington. The Royal Free which provides services for Barnet, has seen an increase in the autism waiting list due to recruitment issues, while at Whittington Hospital, the increase in the waiting list for Islington patients, is due to an increase in referrals received. At Barnet Enfield and Haringey Mental Health Trust, work is underway to resolve autism data quality issues, in respect of recording patient flow for Enfield residents. The total number of NCL CYP waiting over 52 weeks has gone up from 134 to 211 in April 2023.

In April 2023, the 18-week waiting time compliance for **adult community services** was 86%* from a referral, however physiotherapy data for Camden (approximately 1,200 referrals) is missing due to technical issues with the EMIS system, so the compliance is subject to change once the data is refreshed. The longest waits are currently reported within musculoskeletal, podiatry, diabetes and physiotherapy services, which equates to 75% of the total waiting list. All patients have been offered access to virtual classes and supported self-education but have made a choice to be seen face-face. Through waiting list validation, prioritisation of resources, and mutual aid, NCL community service providers plan to reduce waiting times.

	Feb '23	Mar '23	Apr '23
Waiting Times % <18 weeks (CYP)	67%	68%	70%
Waiting Times >52 weeks (Numbers of CYP)	81	127	137
Waiting Times % <18 weeks (Adults)	84%	85%	*86%
Waiting Times >52 weeks (Adults)	68	58	*41

** Camden (CNWL) adult physiotherapy data is missing in April 2023 submission, equating to approximately 1,200. This is due to technical issues with the EMIS information system, which is being rectified. Due to this, adult waiting list numbers may be underreported by around 1,200. Waiting time <18-week compliance for the adult list may be subject to change once the data is refreshed.*

Overview of Urgent & Emergency Care Services

NCL 4-hour A&E performance has improved in recent months, although there is still volatility across NCL sites day to day. The variation is driven by attendance patterns and volumes, staff shift fill, and discharges, each a core influence on bed flo. The number of patients waiting 12 hours or longer in ED remains high. The ICB is undertaking an analyses of the data with Trusts, to inform system discussions regarding improvement actions in this area. All providers continue to work towards achieving their Operational Plan trajectories to meet the national ambition of 76% 4-hour performance by March 2024.

Where department capacity allows, the services are making use of Same Day Emergency Care pathways in order to improve flow. Changes have also been made to improve 'hot floor' capacity and reduce ambulance handover delays, with areas to assess and hold patients. The additional step-down beds in community and virtual wards have created capacity to assist with patient flow, to counter delays to discharge due to patients with high acuity and complexity. As a result, NCL providers continue to report long lengths of stay and delayed discharges. Ambulance handover delays have improved through the collaborative action of cohorted patient bays at the busiest times.

In 111 services, the variable demand and call centre staff shortages have led to inconsistent call answering and abandonment performance, both below target. Aside from bi-weekly regional demand and capacity meetings to review workforce needs, there are also local plans to increase staff further, with additional recruitment and retention plans. 111 calls are an excellent opportunity to divert patients into a more appropriate service such as community pharmacy, primary care and dental services.

Initiatives to support patients at home without admission, and also access to the Mental Health Crisis Assessment Service has provided additional pathways for patients who may have previously experienced delays in ED. Presentations for mental health conditions in ED that result in admission, do however still wait disproportionately longer in EDs than patients with physical conditions - as alternative pathways become embedded during 2023/24, performance here is expected to improve. The number of 12-hour ED delays for patients with mental health needs remains at approximately 200 per month, and this is mainly due to a lack of available suitable beds further work is being undertaken to develop initiatives to improve this.

	Mar '23	Apr '23	May '23
A&E 4-hour Waits *[23/24 national target – 76%]*	68.4%	71.3%	70.6%
A&E 12 Hours in Department [From time of arrival at ED]	1,563	1,054	1,614
Ambulance Handover Delays (>60 minutes) *[Occasions over 60 mins]*	889	589	753
NHS 111 – Calls Abandoned *[National target <5%]*	24.3%	17.8%	TBC
Long Lengths of Stay (>21 days) *[23/24 Target – 455]*	577	591	579

Overview of Elective & Diagnostics Services

NCL made significant progress towards eliminating the number of patients waiting more than 78 weeks from Referral to Treatment (RTT), reducing cases by 58% since January 2023, to 300 as at the beginning of June 2023. Industrial action has adversely impacted plans to provide treatment to 78-week waiters and reduce the waiting list size. NCL is forecasting that 138 patients will be waiting longer than 78 weeks at the end of June 2023. The ICB continues to lead a collaborative approach to recovering this patient backlog as quickly as possible. Further industrial action is scheduled to take place in July 2023 across the junior doctor and consultant workforce, which will result in a further reduction to elective capacity and the prioritisation of urgent and cancer patient recovery. It is estimated that NCL had a reduction of 3,800 elective cases and 38,000 outpatient appointments due to the previous round of industrial action, equating to around a 30% reduction in activity on each day.

The NCL provider aggregate for elective activity continues to exceed the 2019/20 baseline. Key NCL System interventions to reduce waiting times remain in Q1 of 2023/24, and cover:

- **Referral optimisation** – GP referrals to be managed appropriately first time
- **Improving productivity** – theatre utilisation, outpatient clinics, and adopting clinical best practice pathways
- **Increasing capacity** – additional sessions to deliver more appointments and procedures
- **Outpatient transformation** – innovative delivery including digital and patient-initiated follow-ups (PIFU) with a significant emphasis on reducing outpatient follow-ups in line with national guidance
- **Mutual aid** – reducing inequity in access through sharing of resources and redistribution of demand

Regarding diagnostics, the proportion of patients waiting more than 6 weeks (backlog) remains unchanged at 12%, largely due to recent bank holidays and industrial action. NCL ICB is the second best performing ICB nationally against this metric. Recovery plans are being implemented by providers with support from the ICB and ICS Diagnostic Programme aimed at transforming services and increasing capacity including the establishment of Community Diagnostic Centres. The system remains on track to achieve the national ambition of no more than 5% of patients waiting more than 6 weeks by March 2025.

	Apr '23	May '23	Jun '23
RTT Waiting List *[23/24 Target – 259,133]*	262,516	*271,799**	*276,345**
RTT 65ww *[23/24 Target – 0]*	1,250	*1,500**	*1,644**
RTT 52ww *[23/24 Target – 3,088]*	6,710	*7,717**	*7,804**
Electives YTD *[Inpatients + Day Cases – **NCL ICB**]*	*Data currently under review*		
Outpatient FU YTD *(excluding OPPROC)* *[23/24 Target – 75% - **NCL ICB**]*	*Data currently under review*		
Diagnostic Waits > 6 weeks	11.5%	*11.9%**	*12.0%**
Diagnostic Activity *(% of 2019/20)*	116%	*121%**	*TBC*

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

Overview of Cancer Services

North Central London
Integrated Care Board

Performance of cancer services remains variable. The number of first cancer treatments delivered up to March 2023 exceeded plan. First treatments were at the lowest level since January 2022 due to the impact of bank holidays and industrial action. Challenges in the diagnostic phase of cancer pathways, had adversely impacted on the number of patients waiting 62 days or longer (backlog), but this has now shown signs of recovery standing at 723 patients across NCL as of the end of June 2023. This represents an adverse variance of 22 to plan. Across NCL, the backlog position is driven by urological (261) and lower GI (163) patients, with the majority listed with the Royal Free. The Faster Diagnosis Standard (FDS) achievement is challenged across NCL as of April 2023, with only UCLH, Moorfields and North Middlesex currently meeting their trajectory. All NCL providers have workstreams in place to deliver the national ambition of 75% FDS achievement by March 2024.

The NCL Cancer Alliance is leading a transformation programme aimed at optimising capacity through the development of an alternative pathway for breast pain. NCL Trusts have been awarded capacity funding, for waiting list initiatives to support the recovery of gynaecology services, with an estimated 2,810 appointments to be delivered during 2023/24. Options to streamline access, such as one stop clinics and sonography training to reduce repeat scans, are also being considered. Work is also underway to implement Teledermatology services within suspected skin cancer services, in line with national guidance, to optimise the limited capacity within dermatology services in NCL. This will build on the roll-out of Teledermatology for non-urgent referrals which commenced in NCL in November 2019.

Individual Trusts also have plans in place to increase capacity (breast radiologist, dermatologist and endoscopy) to deliver improvements on a sustainable basis. To tackle the recurring administrative workforce shortages which adversely impact on waiting list management, providers are undertaking detailed analyses of their establishment to improve their understanding of any potential gaps.

NCL ICB, working in conjunction with the regulator, has enhanced oversight arrangements in place for the Royal Free (SOF3 for cancer) and North Middlesex (SOF3 and Tier 1 for cancer). These arrangements are accompanied by additional resources provided by the NCL Cancer Alliance and NHSE. Of note, North Middlesex has made good progress in recent months in reducing their backlog, with further work required to build on this and embed the gains made.

	Apr '23	May '23	Jun '23
Cancer Waits 62-Day Backlog *[23/24 Target - 515]*	752	742	723
Cancer Diagnosis Standard (FDS) *[23/24 Target – 75%]*	70%	67%	TBC *Data is reported 6 weeks in arrears*

NCL Providers (as of June 2023)	**Cancer Backlog as % of Waiting List (Target 6.4%)**
Royal Free London	8.9%
University College London	8.3%
North Middlesex	8.2%
Whittington Health	6.1%
Royal National Orthopaedic	1.7%
England Average	**8.0%**

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

North Central London Integrated Care Board

Royal Free London (RFL)

Exit criteria are now agreed and in place for 2023/24 to support RFL's exit from Segment 3 of the national framework. These will continue to be monitored through regular formal meetings with a focus on improvements in UEC and cancer services - both categories will be aligned to 2023/24 Operational Plan trajectories where applicable.

In relation to RTT, RFL made significant and sustained progress during 2022/23, delivering material reductions in the number of long waiting patients in line with agreed trajectories. As a result, RFL are now not subject to any RTT related exit criteria for 2023/24.

The Trust is reporting steady improvements against the agreed criteria metrics for cancer for 2023/24 - 62-day waits, and 104-day waits, and the 28-day Faster Diagnosis Standard (FDS). Supported by the NCL Cancer Alliance, RFL is working on plans to increase capacity to tackle backlogs in gynaecology services (relating to staffing) and prostate pathway (relating to biopsy capacity). System-wide discussions are underway regarding the impact of staff shortages on access to radiotherapy.

Plans to improve UEC performance are in place although performance remains challenged. Efforts are being focused on delivering the 4-hour waits in ED target of 76% by March 2024, an increase in the percentage of ambulance handovers to ED in less than 30 minutes, and a reduction in the number of patients waiting for 12 hours or more in ED. 4- hour wait targets have been met for April and May of 2023, while the latest ambulance handover data for May 2023 shows near-compliant performance. RFL are focussing on improving data capture within the Emergency Care Data Set in respect of 12-hour waits. Site specific issues have been identified and these will be worked through with NCL colleagues to ensure accurate and complete reporting against trajectory for 2023/24.

North Middlesex University Hospital (NMUH)

Similar SOF arrangements are in place at NMUH. This includes a quarterly joint oversight meeting for both Trusts chaired by the ICB CEO, partly in recognition of the existing partnership between the two organisations. NMUH exit criteria for 2023/24 have been agreed across UEC and cancer and will mirror the areas established for RFL trajectories.

For cancer, NMUH is in Tier 1 (national oversight) in addition to the SOF Segment 3. NMUH is in receipt of additional funding from NCL Cancer Alliance to support sustainable recovery in backlogs (62-day and 104-day waits), and the FDS performance with a focusing on diagnostic capacity (MRI, CT, histology, and endoscopy). The Trust met its exit criteria trajectories for April and May 2023, and expects to remain on track throughout the year.

NMUH met the 4-hour ED waiting time targets in April and May 2023. Work is underway to incorporate a primary care front-of-house model to support further improvements required to the year-end target of 76%. Delayed discharges of medically optimised patients continue to impact on delivery - NMUH are working with community service providers and local authorities to improve patient flow through ED.

Delivery on the ambulance handover target has been challenging so far, due to physical capacity constraints, and periods of high demand on ED. NMUH are conducting a review of the available space on site to consider expanding capacity available for the ambulance hub and resus. For 12-hour waits in ED, NMUH have a trajectory to get to 3% compliance by March 2024. As with RFL, data completion and accuracy will be a key focus to ensure accurate reporting in year.

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

Tavistock & Portman (T&P)

The SOF process in place at T&P is focussed on the development of plans for workstreams aligned to exit criteria alongside agreed milestones. These domains are set out below. The oversight mechanisms includes a monthly executive group focussed on performance and Improvement chaired by the ICB Executive Director of Performance and Transformation and an Oversight board chaired by NHS England.

The monthly T&P SOF Performance and Improvement meetings will work alongside the SOF Oversight Board arrangements and provide regular updates. T&P aspects relating to longer-term are to be overseen by the SOF Oversight Board.

Finance – delivery of the 2023/24 planned deficit of £2.5m is key and will be reliant on the identification and delivery of recurrent cost improvement programmes (CIPs) to achieve balance. A clear approach to deliver CIPs will be required alongside a plan to address potential improvements in financial governance, previously highlighted by Internal Audit.

Service Performance – this will focus on achievement against wating time requirements, that will be supported by service improvement plans. This domain will also cover work on the Gender Identity Development Service (GIDS), with oversight of T&P work to manage clinical and operational challenges whilst it remains within its control, and then the support for the transfer of services to the new service model. Improvement of the Gender Identity Clinic (GIC) productivity through pathway redesign will also feature within this domain, and focus on the mitigation of clinical risk within the service.

Care Quality – CQC recommendations will sit within this domain, alongside the updated T&P quality framework.

Leadership and Governance – the new T&P Exec team now in place will look to demonstrate strengthened leadership and governance at Board level and throughout the organisation, alongside strengthened governance processes across the Trust. CQC 'Well-led' recommendations are to be implemented and monitored.

As part of the SOF 3 process, NCL ICB is working closely with partners across NCL to mobilise peer support across the other areas of the SOF exit criteria.

NHS
North Central London
Integrated Care Board

Appendices

Appendix 1 – NCL Mental Health Dashboard (1/2)

North Central London
Integrated Care Board

North Central London ICS - Mental Health LTP/ICS Trajectories (Monthly)		TARGET 22/23 - Q2	2022/23			TARGET 22/23 - Q3	2022/23			TARGET 22/23 - Q4	2022/23			TARGET 23/24 - Q1	2023/24
			July	August	September		October	November	December		January	February	March		April
Summary of Monthly Measures	IAPT access	21,300	11,635	14,405	16,900	31,950	19,590	22,570	24,805	42,600	27,740	30,515	33,715	11,088	2,963
	IAPT recovery rate	50.0%	48.0%	48.0%	49.0%	50.0%	53.0%	52.0%	51.0%	50.0%	50.0%	52.4%	52.0%	50.0%	47.8%
	IAPT first treatment 6 weeks finished course rate	75.0%	84.5%	84.7%	85.0%	75.0%	83.0%	83.0%	83.0%	75.0%	84.0%	83.0%	84.0%	75.0%	85.3%
	IAPT first treatment 18 weeks finished course rate	95.0%	97.9%	98.1%	98.0%	95.0%	97.0%	97.0%	97.0%	95.0%	98.0%	98.2%	98.0%	95.0%	98.5%
	CYP access - One contact	17,474	15,875	15,845	15,695	19,221	15,645	15,570	15,570	23,291	15,755	16,035	16,275	16,822	TBC
	Dementia diagnosis rate 65+	70.0%	68.8%	68.3%	68.4%	71.0%	TBC	TBC	TBC	73.0%	TBC	TBC	TBC	67.0%	TBC
	EIP entering treatment - treatment received <2wks	60.0%	66.7%	71.0%	79.0%	60.0%	84.0%	80.0%	83.0%	60.0%	75.0%	74.0%	72.0%	60.0%	TBC
	Number of inappropriate OAP days (YTD by quarter)	323	410	668	1,198	822	294	905	1,847	2,270	762	1,232	1,556	578	218
	1 hour response time %	95.0%	95.6%	95.9% (BEH)	96.1% (BEH)	95.0%	89.5% (BEH)	86.5% (BEH)	90.7% (BEH)	95.0%	88.0% (BEH)	91.1% (BEH)	93.0% (BEH)	95.0%	95.7% (BEH)
	24 hour response time %	95.0%	96.0%	98.2% (BEH)	96.5% (BEH)	95.0%	91.3% (BEH)	90.6% (BEH)	96.6% (BEH)	95.0%	92.9% (BEH)	92.6% (BEH)	96.1% (BEH)	95.0%	97.2% (BEH)
	Women accessing perinatal mental health (PMH)	2,002	1,075	1,015	930	2,002	905	865	830	2,002	775	820	750	275	TBC

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

Appendix 2 – NCL Mental Health Dashboard (2/2)

North Central London
Integrated Care Board

North Central London ICS - Mental Health LTP/ICS Trajectories (Quarterly)		2022/23							
		TARGET 22/23 - Q1	Q1	TARGET 22/23 - Q2	Q2	TARGET 22/23 - Q3	Q3	TARGET 22/23 - Q4	Q4
Summary of Quarterly Measures	Children and young people (CYP) eating disorders - urgent	95%	43.6%	95%	54.1%	95%	57.1%	95%	75.0%
	Children and young people (CYP) eating disorders - routine	95%	25.4%	95%	27.2%	95%	28.1%	95%	34.0%
	People accessing individual placement and support (IPS)	285	308	570	400	855	494	1,141	767
	Severe mental illness - physical health check (SMI-PHC)	10,142	8,567	10,909	8,949	11,677	10,342	12,445	13,322
	Adult Community Access	16,795	15,200	17,825	14,985	18,555	14,945	19,887	14,805
	Learning disabilities - annual health checks	12.4%	17.0%	29.4%	37.4%	49.2%	59.5%	75%	90.3%
	Learning disabilities - adult inpatients (ICS Commissioned)	26	27	24	26	22	24	22	21
	Learning disabilities - adult inpatients (NHSE Commissioned)	19	16	19	18	16	17	16	18
	Learning disabilities - CYP inpatients	5	6	5	8	5	8	5	5

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

Appendix 3 – NCL Acute Dashboard

North Central London
Integrated Care Board

NHS NCL ICB - Selected Acute Services		2022/23											2023/24
		May	June	July	August	September	October	November	December	January	February	March	April
Urgent care	A&E attendances	75,335	73,557	71,282	62,094	65,515	72,863	72,837	72,462	64,079	63,453	71,507	64,722
	4 hour performance	71%	69%	68%	71%	69%	66%	67%	62%	70%	68%	68%	71%
	12 hour waits	818	972	1,168	956	1,309	1,722	1,484	2,003	2,031	1,653	1,586	1,054
	LAS Conveyances	7,555	6,897	6,979	6,913	6,877	6,658	6,914	6,270	6,815	6,425	7,455	7,375
	Ambulance handovers 30 min+	2,379	2,493	2,758	2,339	2,392	2,453	2,259	2,441	2,272	2,011	2,542	2,183
	Ambulance handovers 60 min+	608	753	979	681	783	1,008	866	1,251	837	720	889	589
RTT	*New RTT Pathways (Clockstarts) plan*	*59,540*	*57,426*	*59,902*	*56,792*	*57,639*	*57,788*	*58,686*	*49,012*	*55,305*	*54,398*	*54,751*	*52,262*
	New RTT Pathways (Clockstarts)	62,373	57,711	58,046	58,134	58,004	61,870	63,712	50,549	61,568	59,707	69,287	55,756
	RTT incompletes plan	*250,657*	*250,487*	*250,380*	*249,372*	*249,050*	*248,613*	*247,659*	*248,886*	*248,766*	*248,614*	*247,754*	*259,555*
	RTT incompletes	245,881	248,104	251,048	248,362	248,517	251,186	252,172	254,630	251,934	255,892	259,535	262,516
	52+ waits plan	*7,285*	*7,085*	*7,049*	*5,787*	*5,454*	*5,462*	*6,729*	*6,468*	*7,311*	*7,580*	*7,186*	*5,962*
	52+ waits	7,888	8,099	7,984	7,650	7,285	7,090	7,095	6,699	6,152	6,162	6,289	6,710
	65+ waits plan	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*2,379*
	65+ waits	2,936	2,915	2,658	2,514	2,350	2,205	1,985	2,026	1,798	1,593	1,231	1,250
Diagnostics	*Imaging plan*	*54,018*	*52,447*	*54,811*	*54,436*	*56,591*	*57,123*	*58,799*	*53,323*	*58,371*	*55,206*	*57,740*	*48,306*
	Imaging activity	63,695	59,121	59,776	60,500	62,108	60,390	64,524	54,979	63,316	61,216	68,236	57,313
	Endoscopy plan	*4,433*	*4,265*	*4,469*	*4,196*	*4,298*	*4,277*	*4,437*	*3,911*	*4,210*	*4,215*	*3,966*	*4,004*
	Endoscopy activity	3,572	3,200	3,694	3,487	3,784	3,416	3,939	2,976	3,757	3,647	4,651	3,889
	Total Diagnostic 6+ weeks	6,141	6,084	5,531	5,756	4,857	3,473	3,366	4,237	4,754	3,232	3,503	4,596
	Total Diagnostic 6+ weeks Achievement	86%	86%	87%	85%	88%	91%	92%	89%	88%	92%	91%	89%
Cancer	*63+ backlog plan*	*670*	*607*	*580*	*558*	*518*	*769*	*702*	*636*	*563*	*521*	*488*	*748*
	63+ backlog	952	928	907	879	866	915	753	884	782	656	665	752
	Total 62 GP ref	313	335	352	392	337	339	416	332	308	301	362	303
	Cancer 62 days	56%	55%	47%	49%	61%	60%	56%	54%	44%	48%	52%	51%
	28-day faster diagnosis	68%	67%	68%	69%	72%	70%	70%	70%	65%	73%	73%	70%
Beds	Average G&A bed occupancy %	94%	94%	94%	94%	95%	95%	95%	94%	95%	95%	95%	92%
	Average Adult CC bed occupancy %	75%	73%	77%	78%	76%	79%	82%	83%	83%	79%	81%	79%

Appendix 4 – Glossary of Terms and Abbreviations

North Central London Integrated Care Board

Serious Incident	Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff for organisations are so significant or the potential for learning is so great, that a heightened level of response is justified
Never Event	Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers
VTE Risk Assessment	Venous Thromboembolism Risk Assessment completion rate
HCAI	Healthcare Acquired Infection
CDiff	Clostridium difficile infection
MRSA	Methicillin-resistant Staphylococcus Aureus
FFT	Friends and Family Test – the FFT asks people if they would recommend the services they have used and offers a range of responses
SHMI	Summary Hospital-level Mortality Indicator - The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there
12 Hour Breach	The number of patient attendances to the Emergency Department spending over 12 hours from arrival to being transferred, admitted or discharged
Mixed Sex Accommodation	The number of occurrences of unjustified mixing in relation to sleeping accommodation
SOF	System Oversight Framework
Out of Area Placement (OAP)	An inappropriate OAP occurs where patients are sent out of area because no bed is available for them locally
RTT	Referral to Treatment – the length of time (in weeks) that a patient is waiting from referral for a non-emergency consultant-led treatment, to start of treatment.
UTC	Urgent Treatment Centre - GP led centres that offer appointments booked via NHS 111 or through a GP referral, which are an alternative to A&E for common/minor ailments.
MADE	Multi Agency Discharge Event – brings together resource to support patient flow, unblock delays, and simplify complex discharge processes.
ED	Emergency Department
PCN	Primary Care Network - GP practices working with local community, mental health, social care, pharmacy, hospital and voluntary services in groups
CQC	Care Quality Commission - independent regulator of health and social care in England
VCS	Voluntary and community sector
PTL	Patient Tracking List - a list of patients who need to be treated by given dates in order to start treatment within specified waiting times set out in NHS guidance.
SDEC	Same Day Emergency Care

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Report Title	Month 2 Finance Board Report	**Date of report**	4 July 2023	**Agenda Item**	3.2
Lead Director / Manager	Phill Wells, Chief Finance Officer	**Email / Tel**		phill.wells@nhs.net	
Board Member Sponsor	Dr Usman Khan				
Report Author	Becky Booker, Director of Financial Management	**Email / Tel**		r.booker@nhs.net	
Name of Authorising Finance Lead	Phill Wells, Chief Finance Officer	**Summary of Financial Implications** NCL ICS is reporting a £39.3m deficit at Month 2 representing an adverse variance of £7.6m against the YTD plan. The ICB reports a forecast break-even position against plan at Month 2, and a year to date (YTD) surplus position of £4.5m driven by Elective Recovery Fund (ERF) clawback.			
Report Summary	The System submitted a final 2023/24 balanced plan on 17th May. As part of this the ICB submitted a surplus plan of £10.6m. The reported surplus position was required to ensure the overall System was able to report a breakeven position. However, the ICB plan is subject to the achievement of a number of challenging targets including full achievement of the ICB's efficiency target, £25.6m and additional pay vacancy and non-pay running cost efficiencies of £4.5m and £0.7m respectively. The plan also assumed full mitigation of a substantial risk profile, currently £44.5m as at Month 2. For Month 2 (May'23) the ICB reports a forecast break-even position against plan. The year to date (YTD) surplus position of £4.5m is driven by Elective Recovery Fund (ERF) clawback. National ERF targets are expected to be achieved by the end of the year and therefore reported as breakeven in the forecast for the ICB. Actual ERF payments will be based on the NHSE assessment of performance. From the 1st of April NHS England delegated to the ICB responsibility of Primary Care Dental, Ophthalmic & Pharmacy budgets. The total budget is £153m and as at Month 2 reports a breakeven position. Currently no financial risks have been identified as part of the transfer.				

Recommendation	The Board of Members is asked to **NOTE** the contents of this report.
Identified Risks and Risk Management Actions	NCL ICS is reporting a net system risk of £148.4m at Month 2. This is unchanged from the 23/24 plan submitted on 17th May and mostly relates to efficiency and income risk. The ICB reports risks totalling c£44.5m as at Month 2. The ICB reports a balanced position, with £44.5m of mitigations in place. The mitigations centre around the use of non-recurrent support and the creation and implementation of an in year financial recovery plan. There will need to be an on-going review of the non-recurrent support available to ensure current and emerging risks are provided for.
Conflicts of Interest	This paper was written in accordance with the Conflicts of Interest Policy.
Resource Implications	The ICB has identified mitigations to offset potential risks. These mitigations are non-recurrent, if non-recurrent measures are used to mitigate recurrent spend, this will impact the ICB's underlying position and the opening plan for 2023/24.
Engagement	This report is presented to the Board.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The report will be presented to the Board on a quarterly basis.
Next Steps	This report is to be reviewed by the Board.
Appendices	None.

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Month 2 Finance Board Report

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NCL ICS Financial Position 23/24 – Month 2 (May'23)

NCL ICS Month 2 Financial Position

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NCL ICS is reporting a £39.3m deficit at Month 2 representing an adverse variance of £7.6m against the YTD plan.

Month 2 Financial Position Overview - Revenue

Year to date

- NCL ICS is reporting a YTD deficit of £39.3m at M2 which is worse than plan by £7.6m.
- Providers - The M2 YTD variance for providers is £12.1m adverse and this is shown in the table below.

NCL Provider M2 adverse variance drivers £'m	
Industrial Action	(7.0)
ERF Under-performance not impacted by IA	(0.5)
CIP programme shortfall	(9.2)
Other benefits	4.6
Total	**(12.1)**

	M2 Year to date			M2 Forecast Outturn			Straight-line Run Rate		Memo
Organisation	YTD Plan (17th May submission)	YTD Actual	YTD Variance	Annual Plan (17th May submission)	Forecast Outturn	FOT Variance	23/24 M2 Straight-line Run Rate	22/23 M2 Straight-line Run rate	M2 ERF Variance
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Trust Total	(33.5)	(45.6)	(12.1)	(10.6)	(10.6)	-	(273.5)	(279.5)	(4.5)
NCL ICB	1.8	1.8	-	10.6	10.6	-	10.6	-	-
System ERF Offset	-	4.5	4.5	-	-	-	26.9	-	4.5
System Total	**(31.7)**	**(39.3)**	**(7.6)**	**0.0**	**0.0**	**-**	**(236.0)**	**(279.5)**	**-**

- There is a £4.5m System ERF Offset for M2 which is a favourable adjustment to offset the provider ERF underperformance.
- The ICB position is in line with the YTD plan at M2. This is explored in further detail in the next section of this report.

Forecast outturn

- The NCL system FOT remains in line with plan with all organisations within NCL reporting a forecast outturn unchanged from plan.

23/24 Run rate position

- The M2 YTD position if extrapolated (straight-line) would give a £235.9m deficit for 23/24. For reference, the M2 position in 22/23, when extrapolated on the same basis, resulted in a £279.5m deficit for 22/23.

Risk at Month 2

- NCL is reporting a net system risk of £148.4m at M2. This is unchanged from the 23/24 plan submitted on 17th May and mostly relates to efficiency and income risk.

NCL ICS Month 2 Financial Position (cont.)

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Month 2 Financial Position Overview (cont.)

Month 2 Capital position

- Providers are reporting YTD overspends of £5.3m across the NCL capital programme at M2. The adverse variance is mainly driven by delays in deliveries due in 22/23 and phasing of the 23/24 plan.
- On national programmes, providers are reporting underspends of £5.1m driven mainly by the St Pancras transformation and delays in digital diagnostic programmes.
- FOT for both the ICS and National programmes are set at plan.

Provider efficiency savings

- The 23/24 plan for NCL providers assumes delivery of £23.6m of efficiency savings by M2.
- As of M2, providers were reporting YTD savings of £13.3m which is behind plan by £10.3m and represents delivery of 10.3% of the total savings requirement for 23/24 which is 43.7% behind the M2 YTD plan.
- All providers, except for T&P are currently behind on CIP delivery at M2.
- All providers in NCL are forecasting full delivery of their respective savings programmes for 23/24.

Provider agency

- Agency usage has exceeded the plan position at M2 by £2m.
- A straight-line extrapolation of the M2 usage comes to £113.1m which would exceed the £104.1m system target.

	M2 ICS Capital Programme					
	YTD Plan M2	YTD Actual M2	YTD Variance M2	Annual Plan 23/24	FOT 23/24	Variance 23/24
Organisation	£'m	£'m	£'m	£'m	£'m	£'m
ICS Capital Programme	13.0	18.2	(5.3)	195.7	195.7	-
National Funding	21.8	16.7	5.1	108.3	108.3	-

	M2 Efficiency Savings							
	Efficiencies YTD				Efficiencies FOT			
Organisation	M2 Plan YTD	M2 Actual YTD	M2 Variance YTD	M2 Variance YTD	M2 Annual Plan FOT	M2 Actual FOT	M2 Variance FOT	M2 Variance FOT
	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Total provider efficiencies	23.6	13.3	(10.3)	(43.7%)	229.5	229.5	-	0.0%

	M2 Agency								
	M2 Year to date				M2 FOT				
Provider Agency Cap	YTD Plan £'m	YTD Actual £'m	Variance £'m	Variance %	YTD Plan £'m	YTD Actual £'m	Variance £'m	Variance %	23/24 M2 Straight-line Run rate £'000
Total Provider Agency Spend	16.8	18.9	(2.1)	(12.5%)	93.6	89.6	4.0	4.3%	113.1
System level agency cap					104.1				

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NCL ICB Financial Position 23/24 – Month 2 (May'23)

Month 2 Summary Position

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Month 2 Summary Position

Background

The System submitted a final 2023/24 balanced plan on 17th May. As part of this the ICB submitted a surplus plan of £10.6m. The reported surplus position was required to ensure the overall System was able to report a breakeven position.

However, the ICB plan is subject to the achievement of a number of challenging targets including full achievement of the ICB's efficiency target, £25.6m and additional pay vacancy and non-pay running cost efficiencies of £4.5m and £0.7m respectively. The plan also assumed full mitigation of a substantial risk profile, currently £44.5m as at Month 2.

Month 2 (May 2023)

For Month 2 (May'23) the ICB reports a forecast break-even position against plan. The year to date (YTD) surplus position of £4.5m is driven by Elective Recovery Fund (ERF) clawback. National ERF targets are expected to be achieved by the end of the year and therefore reported as breakeven in the forecast for the ICB. Actual ERF payments will be based on the NHSE assessment of performance.

Summary financial position (£m)

	YTD			Full Year		
	Bud	Actual	Var	Bud	FOT	Var
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	**575.5**	**575.5**	**0.0**	**3,378.9**	**3,378.9**	**0.0**
Acute	282.8	278.4	4.5	1,630.4	1,630.4	0.0
Non-Acute	266.9	266.9	(0.0)	1,594.1	1,594.2	(0.1)
Other Pgrm Services	12.8	12.6	0.2	76.7	76.6	0.1
Running Costs	4.3	4.5	(0.2)	25.7	25.7	0.0
COVID-19 Costs	6.9	6.9	0.0	41.4	41.4	0.0
Total Operational	**573.7**	**569.2**	**4.5**	**3,368.2**	**3,368.2**	**0.0**
Reserves & Contingency	0.0	0.0	0.0	0.0	0.0	0.0
Total Non Operational	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Total Expenditure	**573.7**	**569.2**	**4.5**	**3,368.2**	**3,368.2**	**0.0**
Surplus / (Deficit)	**1.8**	**6.2**	**4.5**	**10.6**	**10.6**	**0.0**

Month 2 Summary Position (cont.)

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Month 2 Summary Position

Overall Summary

The **YTD** favourable variance of c£4.5m is mainly driven by ERF clawback. However National ERF targets are expected to be achieved by the end of the year and therefore reports a breakeven position for the full year.

Currently the ICB reports a **Forecast** breakeven position against plan, which is a surplus of £10.6m. This assumes management/mitigation of risks and delivery of the 23/24 efficiency targets.

From the 1st of April NHS England delegated to the ICB responsibility of Primary Care Dental, Ophthalmic & Pharmacy budgets. The total budget is £153m and as at Month 2 reports a breakeven position. Currently no financial risks have been identified as part of the transfer.

Efficiencies

To deliver the 2023/24 financial plan the ICB is required to deliver £25.6m of recurrent efficiencies. As at Month 2, The ICB forecasts efficiencies of £25.3m against this target, an under-delivery of £0.3m. This under-delivery is forecast to be offset by releasing non-recurrent funding.

Use of Non-Recurrent Funds

Included within the financial plan is £15m of non-recurrent funding. This reflects the planned non-recurrent funding required in year to enable the ICB to deliver a balanced financial plan. As at Month 2 the ICB is on track to deliver these actions through use of non-recurrent support. The £15m impacts adversely on the ICBs underlying position, which will affect future years.

Risks & Mitigations

Reported outside of the financial position are risks totalling c£44.5m as at Month 2. The ICB reports a balanced position, with £44.5m of mitigations in place. The mitigations centre around the use of non-recurrent support and the creation and implementation of an in year financial recovery plan. There will need to be an on-going review of the non-recurrent support available to ensure current and emerging risks are provided for.

ICB Month 2 Year to Date Financial Performance

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The table below provides commentary on variances by service area

YTD Financial Performance (£m)

Service	Year to Date			Key Variances
	Budget	Actual	Variance	
	£m	£m	£m	
Allocations				
In year allocations	575.5	575.5	0.0	
Total Allocations	**575.5**	**575.5**	**0.0**	
Expenditure				
Acute	288.9	284.4	4.5	**Favourable Variance:** Due to System ERF clawback, expected to breakeven for the full year
Non-Acute				
Mental Health & LD	71.5	71.6	(0.0)	
Delegated Commissioning	49.1	49.1	0.0	
Community Services	56.3	56.4	(0.0)	
Primary Care	7.7	7.7	0.0	
Primary Care - Prescribing	33.1	33.1	0.0	
Primary Care - Dental, Opthalmic & Pharmacy	26.0	26.0	0.0	
Continuing Care	23.2	23.1	0.0	
Total	**266.9**	**266.9**	**(0.0)**	
Other Programme Services & Running Costs				
Other Programme Services	13.6	13.4	0.2	**Favourable Variance:** An increase in the release of non-recurrent benefits required to ensure the ICB reports a breakeven position for the full financial year
Running Costs	4.3	4.5	(0.2)	**Adverse Variance:** Due to a delay in CIP delivery, which is expected to deliver in full by the end of the financial year
Total	**17.9**	**17.9**	**0.0**	
Total Expenditure	**573.7**	**569.2**	**(4.5)**	
Surplus / (Deficit)	**1.8**	**6.2**	**4.5**	

Risks & Mitigations

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The ICB has identified c£44.5m of risks reported outside of the financial position. All risks have been fully mitigated at Month 2

Risks and Mitigations (£m)

Risks	Month 2 £m	
Acute Services	(7.0)	Risk relating to Winter Pressures, High Cost Drugs & Devices and spend within Independent Sector
Primary Care - Prescribing	(4.8)	Inflationary pressures
Continuing Care	(9.2)	Inflationary pressures and activity growth
Other Programme Services	(8.1)	Risk of additional costs arising from the Change Programme (£3.5m), and the remaining £4.6m mainly relating to risks associated within activity based services such as Gynaecology and Audiology
Efficiencies	(15.5)	Risk that that ICB's efficiency target is not met
TOTAL RISKS	**(44.5)**	

Mitigations	Month 2 £m	
Recovery actions	44.5	Identified non recurrent support
TOTAL MITIGATIONS	**44.5**	
REPORTED NET POSITION	**0.0**	

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Financial Accounts

Appendices

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

Appendix 1 - Income & Expenditure

	2023/24 In-Month AP2 - MAY 23			2023/24 Year to Date AP2 - MAY 23			2023/24 Annual Forecast			2022/23 Outturn		
	Admin	Prog	Total	Admin	Prog	Total	Admin	Prog	Total	Admin	Prog	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Operating Revenue												
Prescription fees and charges	0	(2,257)	(2,257)	0	(2,257)	(2,257)	0	(13,545)	(13,545)	0	0	0
Non-patient care services to other bodies	0	(11,742)	(11,742)	0	(3,413)	(3,413)	0	(20,374)	(20,374)	(60)	(18,898)	(18,958)
Other Contract income	0	1,970	1,970	0	(280)	(280)	0	(196)	(196)	(1,062)	(3,977)	(5,040)
Other non contract revenue	0	(2,969)	(2,969)	0	(2,969)	(2,969)	0	(17,814)	(17,814)	0	0	0
Total Operating revenue	**0**	**(14,998)**	**(14,998)**	**0**	**(8,919)**	**(8,919)**	**0**	**(51,929)**	**(51,929)**	**(1,122)**	**(22,875)**	**(23,997)**
Operating Expenses	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Expenses												
Perm E/ees - Salaries and Wages	3,146	1,623	4,769	2,687	3,948	6,635	19,841	35,722	55,563	13,841	16,299	30,139
Perm E/ees - Social Security Costs	165	241	406	330	482	812	0	0	0	1,552	2,162	3,714
Perm E/ees - Em/er Contribs to NHS Pension	176	315	491	354	639	994	0	0	0	3,274	2,634	5,908
Perm E/ees - Apprenticeship Levy	17	0	17	50	0	50	173	0	173	135	0	135
Perm E/ees - Termination benefits	0	0	0	0	0	0	0	0	0	387	0	387
Other E/ees - Salaries and Wages	743	1,414	2,156	405	1,159	1,564	668	3,155	3,824	2,027	4,281	6,307
Total Gross employee expenses	**4,246**	**3,592**	**7,839**	**3,826**	**6,228**	**10,055**	**20,683**	**38,877**	**59,559**	**21,215**	**25,375**	**46,590**
Other Operating Expenses												
Services from other CCGs and NHS England	44	375	419	11	(85)	(73)	26	26	52	40	15	55
Services from foundation trusts	0	207,761	207,761	0	204,751	204,751	0	1,232,500	1,232,500	0	946,446	946,446
Services from other NHS trusts	0	(12,622)	(12,622)	0	178,174	178,174	0	1,064,817	1,064,817	0	817,952	817,952
Purchase of healthcare from non-NHS bodies	(31)	149,232	149,201	8	69,984	69,992	0	348,294	348,294	0	296,026	296,026
Purchase of social care	0	2,874	2,874	0	1,156	1,156	0	6,939	6,939	0	5,131	5,131
Chair and Non Executive Members	25	0	25	50	0	50	0	0	0	188	88	276
Supplies and services – clinical	0	271	271	0	264	264	0	1,584	1,584	0	1,194	1,194
Supplies and services – general	1,251	30,715	31,966	54	3,690	3,744	2,021	50,206	52,227	2,625	17,371	19,996
Consultancy services	(76)	993	917	0	0	0	0	0	0	0	1,230	1,230
Establishment	65	1,979	2,044	51	615	666	554	3,978	4,532	567	2,926	3,493
Transport	0	(0)	(0)	0	(0)	(0)	0	0	0	1	1	3
Premises	40	721	761	40	626	666	428	3,977	4,405	343	2,503	2,846
Depreciation	84	0	84	168	0	168	819	0	819	726	0	726
Audit fees	264	0	264	40	0	40	240	0	240	224	0	224
· Internal audit services	30	0	30	40	0	40	240	0	240	129	0	129
· Other services	5	0	5	0	0	0	0	0	0	26	0	26
Prescribing costs	0	46,675	46,675	0	33,122	33,122	0	198,731	198,731	0	156,184	156,184
Pharmaceutical services	0	7,361	7,361	0	7,361	7,361	0	44,166	44,166	0	0	0
GPMS/APMS and PCTMS	0	78,273	78,273	0	49,994	49,994	0	295,418	295,418	0	224,113	224,113
Other professional fees excl. audit	66	127	193	28	264	292	68	0	68	177	1,911	2,088
Legal Fees	43	(36)	7	22	11	33	234	0	234	124	76	199
Education and training	(470)	1,242	772	136	258	394	322	1,450	1,772	244	1,373	1,617
Other expenditure	2	17,256	17,259	5	17,257	17,261	35	103,538	103,573	22	23	45
Total other costs	**1,344**	**533,196**	**534,540**	**653**	**567,442**	**568,095**	**4,986**	**3,355,625**	**3,360,610**	**5,437**	**2,474,561**	**2,479,998**
Net Operating Expenditure	**5,590**	**536,789**	**542,379**	**4,480**	**573,670**	**578,150**	**25,668**	**3,394,501**	**3,420,169**	**26,652**	**2,499,936**	**2,526,588**
Net Expenditure	**5,590**	**521,790**	**527,381**	**4,480**	**564,751**	**569,230**	**25,668**	**3,342,573**	**3,368,241**	**25,530**	**2,477,061**	**2,502,591**
Revenue Resource Limit	**4,278**	**569,432**	**573,710**	**4,278**	**569,432**	**573,710**	**25,668**	**3,342,573**	**3,368,241**	**30,629**	**3,311,758**	**3,342,387**
Surplus / (Deficit) from Operations	**(1,312)**	**47,642**	**46,329**	**(202)**	**4,681**	**4,479**	**0**	**0**	**0**	**5,099**	**834,697**	**839,796**

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Appendix 2 - Cash Flow Statement

	AP1 - APR 23	AP2 - MAY 23	AP3 - JUN 23	AP4 - JUL 23	AP5 - AUG 23	AP6 - SEP 23	AP7 - OCT 23	AP8 - NOV 23	AP9 - DEC 23	AP10 - JAN 24	AP11 - FEB 24	AP12 - MAR 24	Total
	Actual	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast	F/Cast
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Balance bfwd	950	2,716	2,018	149	761	920	502	766	802	868	467	494	950
RECEIPTS													
Main Cash Drawdown	260,000	261,500	264,000	256,500	255,000	258,000	257,000	254,000	251,000	257,500	257,500	254,000	3,086,000
Supplementary Drawdown	26,500	0	0	0	0	0	0	0	0	0	0	0	26,500
Other	4,779	4,244	0	0	0	0	0	0	0	0	0	0	9,024
VAT	676	453	300	300	300	300	300	300	300	300	300	300	4,129
Total Receipts	291,955	266,198	264,300	256,800	255,300	258,300	257,300	254,300	251,300	257,800	257,800	254,300	3,125,653
PAYMENTS													
NHS Payables	194,865	198,285	198,199	193,557	193,014	193,091	193,276	193,222	193,207	193,017	193,145	193,187	2,330,065
Non NHS Payables	90,874	64,162	61,349	57,131	57,382	60,882	59,016	56,297	53,283	60,438	59,883	55,965	736,661
Salaries & Wages (inc Tax, NI & Pension)	4,451	4,449	6,620	5,500	4,745	4,745	4,745	4,745	4,745	4,745	4,745	4,745	58,979
Total Payments	290,189	266,896	266,168	256,188	255,141	258,718	257,036	254,264	251,234	258,200	257,773	253,896	3,125,705
BALANCE CFWD	2,716	2,018	149	761	920	502	766	802	868	467	494	898	898

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Board of Members Meeting
25 July 2023

Report Title	Board Assurance Framework ('BAF') Report	**Date of report**	3 July 2023	**Agenda Item**	3.3
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Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** The BAF report assists the ICB in managing its most significant financial risks.			

Report Summary

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

Quality Risks

The ICB's Quality risks are currently under review and as a result were not presented at the 23 May Quality and Safety Committee meeting. However, while the risks are under review the risks remain on the Corporate Risk Register and are overseen by the relevant Executive Directors.

Board Assurance Framework ('BAF')

The risk updates contained in this report relate to the period up to 24 June 2023.

There are 12 risks on the BAF comprising of 10 system risks and 2 ICB only risks. The threshold for inclusion on the BAF is a Current Risk Score of 15 or higher.

Since the last meeting of the Board of Members in May 2023, 2 new system risks have been added, 2 risks has fallen below the BAF threshold and 2 risks have been closed. The ratings of the remaining risks are unchanged.

Full BAF Risk Register

The full version of the BAF risk register, including the details of each risk including the risk descriptions, risk owners, controls, actions, updates and scores is here.

Key Highlights:

New System BAF Risks

	Since the last meeting of the Board of Members, the following risks have been added to the BAF: **PERF29:** *Failure to deliver timely urgent and emergency care for the residents of NCL (Threat).* **Oversight Committee:** Strategy and Development Committee **Current Risk Rating:** 16. This is a new Urgent and Emergency Care risk, arising from the closed risks PERF25 and COMM14 (see closed risks section below). NCL providers have submitted initial plans that show how the 76% standard will be met by March 2024. Performance has improved steadily over the last 6 months with the current position (w/e 18 June 2023) reported at 72%. All sites are using the new regional 45 minutes ambulance handover clinical escalation standard and have the facility to implement patient 'cohorting' in conjunction with London Ambulance Service ('LAS'). North Middlesex University Hospital and LAS are planning to pilot a revised 'firmer' 45 minute hospital handover protocol from 4 July. Working closely with hospital staff, the protocol sets out a series of actions that ambulance crews will take on arrival and 15 minutes/30 minutes post arrival to ensure safe handover and rapid ambulance release. Increased virtual ward ('VW') capacity is in place, particularly in the North Middlesex and Barnet Hospital systems, in line with population demographics and levels of acute demand with plans in place to increase utilisation. **QUAL69:** *Failure to conduct timely Deprivation of Liberty Assessments ('DoLS') on our NCL ICB-funded clients (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 20. This is a new risk. The ICB will continue to focus on Deprivation of Liberty ('DoLS') Reviews, for which we have a responsibility. A Business Case is in development for undertaking assessments of high-risk/high-cost cases and reconciling against our existing DoLS information. Those with Learning Disability will be a priority. We have identified all of the individuals that require DoLS assessments across the five boroughs and processes are in place to undertake highest risk DoLS. The LPS Task & Finish Group is refocused on DoLS and Mental Capacity Act ('MCA') with training for Best Interest Assessors delivered. ICB MCA Leads training programme is to be developed. It has been announced that the Liberty Protection Safeguards ('LPS') transition from local authorities to the ICB, as the responsible body, will not be implemented in this parliament with delay until at least after the next election to recommence. <u>Continuing System Risks</u> **PERF7:** *Failure to manage patient flow during heightened periods of pressure, including winter, Easter and other Bank Holidays (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 16 (unchanged).

	Across NCL, work continues to embed the main actions and strategies outlined in 'Going Further For Winter' to improve operational resilience and put NCL in a stronger position to manage system pressures. In addition, the NCL System Control Centre ('SCC') provides supplementary support for winter and ongoing pressures, taking a concerted and proactive to resolving key systemic and emerging issues impacting clinical and operational performance. Furthermore, it is recognised that there is a need to realign work the ICS is doing to specifically propel towards the A&E 76% standard. This will involve the ICS considering interventions that are seasonally specific including learnings from the series of industrial actions that have taken place. This work will also link in with the review of key urgent care services which took place in May 2023. Therefore, a session to kick start this work via Flow Oversight Group ('FOG') was planned for 27 June 2023. This first exercise included a review of winter 2022/23 including high impact learning from the strikes, identifying the immediate actions needed to support the system from now until Autumn and any longer-term initiatives needed to make the system more resilient in periods of extreme pressures. Moreover, the System Oversight Framework ('SOF') Segment 3 covers providers where significant delivery challenges have been identified, requiring coordinated actions across the system. Royal Free London Hospital ('RFL') and North Middlesex University Hospital ('NMUH') are in SOF 3 in respect of A&E Performance. NCL ICB leads a monthly provider performance review meeting where the focus is on the collaborative actions required to deliver sustainable performance improvements against agreed exit criteria and measures. These will enable progress out of SOF3. The provider performance review meetings are supporting the joint Quarterly Oversight meetings, which will oversee plans in place to address performance challenges, and the associated risks. SOF3 exit criteria will need to be adjusted to reflect the 2023/24 operational plan priorities. Both providers have submitted their trajectories against the revised A&E 4-hour standard, demonstrating incremental improvements that are sustainable. **PERF8:** *Failure to Deliver Referral-To-Treatment ('RTT') Waiting Time Standard (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 16 (unchanged). NCL is delivering additional capacity to reduce waiting list sizes and the number of long waiters. Further work is underway to fully operationalise surgical hubs. As part of the Mutual Aid programme, NCL has developed a Demand Smoothing Initiative. This aims to reduce variation in waiting times across the system, by focussing on enabling equity of access to address patient need through temporary re-alignment of capacity to meet demand and reduce inequity of access. This is most effective at the front end of the pathway with a focus on the non-admitted pathways. However, it can also be applied to evaluate admitted pathway pressures. A data driven approach and framework has been developed to identify capacity opportunities and raise alerts for demand pressures as a signal to act. NCL's approach has been clinically led, with Clinical Networks using the data for informed decision making. Due to the ongoing recovery of the long waits position, the major focus is on those waiting 78 weeks+, and those patients waiting longer than 65 weeks who do not have a treatment date scheduled. Key areas of focus: • The elimination of waits over 78+ weeks as efficiently as possible across Quarter 1 2023/24. The latest June 2023 data shows that Great Ormond Street Hospital ('GOSH') and Royal Free London ('RFL') have material

volumes of patients in this cohort, that are likely to be waiting 78+ weeks at the end of June 2023. The GOSH drivers behind this are capacity and staffing pressures across paediatric dentistry, spinal & orthopaedics and Ear, Nose and Throat ('ENT'). RFL have been impacted by the recent strike action, but with day case and elective activity scheduled to the end of June, the position is expected to be somewhat mitigated;

- Allocation of treatment / to come in ('TCI') dates to all patients currently waiting longer than 68 weeks who will breach 78 weeks in June if remaining unscheduled;
- A reduction in 65+ week waits to zero by year end 2023/24;
- A reduction in 52+ week waits where possible throughout 2023/24; Constituted Diagnostic backlog recovery across imaging and endoscopy in line with provider trajectories.

British Medical Association ('BMA') Industrial strike action during Quarter 1 2023, has had a significant and direct impact on elective capacity and long waiting patient recovery. Following the national impact on long waiting patient backlogs, NHSE has altered the national delivery target for the treatment of patients waiting longer than 78 weeks. Integrated care systems were asked to provide month end projection for June 2023, with an aim to reduce this longest waiting patient cohort as efficiently as possible across Quarter 1 of 2023/24.

System Oversight Framework ('SOF') Segment 3 covers providers where significant delivery challenges have been identified, requiring coordinated actions across the system. Royal Free London Hospital ('RFL') was in SOF 3 for 2022/23 in respect of RTT performance, so attend monthly provider performance review meetings led by NCL ICB, where the focus is on the collaborative actions required to deliver sustainable performance improvements against agreed exit criteria and measures that will enable progress out of SOF3. The provider performance review meetings are supporting the joint Quarterly Oversight meetings, which will oversee plans in place to address performance challenges, and the associated risks. RFL made significant progress in 2022/23 in reducing the number of long waiting patients – 104-, 78-, and 52-week waiters in line with the agreed Exit Criteria. NCL ICB is therefore supporting the Trust's request for RTT to be removed from its SOF 3 exit criteria, and this currently being considered by NHSE.

PERF18: *Failure to effectively develop the primary care workforce (Threat).*
Oversight Committee: Primary Care Contracting Committee.
Current Risk Rating: 16 (unchanged).

This risk highlights the importance of Primary Care workforce development, and the ongoing challenges with recruitment and retention.

A range of national and local schemes are in place to mitigate the risk. These include the national Primary Care Network ('PCN') additional roles reimbursement scheme ('ARRS'). 2022/23 was year 4 of the 5 year scheme which enabled PCNs to access national funding to recruit into a range of 15 different roles. PCNs continue to recruit to these roles and are supported by Training Hubs with induction and professional development. There is an expectation that ICBs and systems will explore different ways of supporting PCNs to recruit.

Given the high demand on the Primary Care workforce, the ICB will have to monitor the impact on wellbeing and fatigue.

COMM26: *Failure to make changes to support the shift of resources / investment into prevention & proactive care from crisis & acute management of care (Threat).*
Oversight Committee: Strategy and Development Committee.

	Current Risk Rating: 16 (unchanged). The NCL Population Health and Integrated Care Strategy, in relation to public health and improvement ('PH&I') outlines principles which will guide our new ways of working, including with our residents and communities, and where we prioritise our resources and efforts. We are working as a system to reconfigure so that we can deliver the NCL Population Health and Integrated Care Strategy in a sustainable way and have identified levers for change which will help the ICS create the right conditions for sustainable delivery and improved outcomes. Each of these levers consists of system-wide deliverables which will set our system up for long-term success. Work is now ongoing to oversee transition into delivery of the strategy in the form of the NCL delivery plan, which will take the deliverables of the strategy and ensure appropriate sequencing and milestones are in place for delivery. Linked to the NCL delivery plan, work is ongoing to ensure a timely submission of the Joint Forward Plan document to NHS England as part of the planning process. We recognise the operational challenges, financial constraints and ongoing change both within and across organisations in the ICS (such as the ICB change programme) that makes delivery of our ambitions in the PH&I Strategy extremely challenging. Work has also progressed on Childhood Immunisation after it was identified by the ICP as the first of five priorities for the whole system to test and learn about population health approach, and working through borough partnerships to drive hyper-local delivery. The Childhood Immunisation approach was presented and endorsed at the ICP Board on 18 April 2023. The mental health core offer programme has included focus on prevention as a key criteria of prioritisation for allocation of funding new investments into mental health across Adults and CAMHS in 2023/24. This includes investment, in line with System Development Funding ('SDF') and Mental Health Investment Standard ('MHIS') requirements, to support Adult Community Transformation (including a wellbeing pathway to support early intervention and prevention in Barnet, and Focusing on High Intensity Users into the CORE offer; resilience in the community and preventing admissions in Enfield), crisis alternatives funding (including Haringey Rapid Response Pilot will test the national concept making significant impact on preventing crisis escalations and inpatient admissions). **PC3:** *Strikes by NHS staff (Threat).* **Oversight Committee:** NCL People Board **Current Risk Rating:** 20 (unchanged). This risk has emerged from national industrial action taken by unions and NHS staff regarding pay and working conditions disputes. Within NCL ICS the strikes are impacting providers as follows: • NCL ICB, Great Ormond Steet Hospital ('GOSH'), Tavistock and Portman ('T&P') and University College London Hospital ('UCLH') in the next round of Royal College of Nursing ('RCN') strikes; • Unite and GMB have no mandate in London; Unison only have a mandate in London Ambulance Service; • The Chartered Society of Physiotherapists has announced that they have a mandate for industrial action until June 2023.

	Sector and pan-London Management, to keep minimal services running and protect the Urgent and Emergency Care pathway, is co-ordinated through the Flow Oversight Group, System Management Board and Clinical Advisory Group. Further junior doctor industrial action took place from 14 17 June 2023 with all Trusts with junior doctors affected. There are further plans for 3 days per month. The junior doctor mandate is until the end of July 2023 however all BMA junior doctor members are currently being re-balloted to extend the mandate. The RCN ballot was open from 23 May to 23 June 2023 and the BMA Consultant member ballot closes on 27 June 2023. However, the did not receive the support required from their members for further strike action. **FIN3:** *Long Term Financial Sustainability (Threat).* **Oversight Committee:** Finance Committee. **Current Risk Rating:** 20 (unchanged). NCL delivered a £0.3m surplus for the 2022/23 financial year. Throughout the 2022/23 financial year, a number of NCL providers have experienced challenges to their financial plans which arise largely from inflationary pressures outside of their control – most notably on the cost of utilities. Offsetting this, some have benefited from changes to the interest rate payable on cash holdings with the Government Banking Service as well as successfully controlling costs. It is therefore crucial to note that this is underpinned by a significant level of non-recurrent benefit which will not be available in 2023/24 and that continued improvement to the underlying position of the system as whole is required. Our control processes have remained strong and collaboration, mutual support and a culture of financial transparency has been a key part of delivering this level of financial performance in 2022/23. Operational and Financial Planning Guidance for 2023/24 was issued on 23 December 2022 and indicates the re-introduction of a variable payment for most elective activity in 2023/24 as part of a flat-real financial allocation. Some of the main planning pressures arose from, excess inflation on utilities and other CPI-driven contracts above funding levels of c£54m, the costs of Grafton Way elective capacity of c£40m for which we have agreed with NHSE a non-recurrent solution for £20m and Covid funding moving from a provider to population funded basis, causing a net pressure of £27m. The draft operating plan financial planning return submitted on 4 May showed a net system deficit of £48m. Further work with NHSE and providers after the submission, resulted in an improvement of £19m in Trusts positions and £29m of additional funding that enabled the ICB to submit a breakeven system plan for 2023/24 on 17 May 2023. The 2023/24 plan will be very challenging to deliver with an ambitious cost reduction programme of 5.6% and not all risks currently have mitigations. At month 2, the system is reporting that the year-to-date position is £7.6m adverse to plan. **QUAL64:** *Failure to undertake timely Continuing Healthcare assessments and reviews within 28 days (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 16 (unchanged). Significant collaborative work is underway with Local Authority ('LA') partners for allocation of Social Workers, via Task and Finish Groups, Weekly Borough Local

	Authority Meeting, weekly escalation to the executive team and the Social Workers Delays Tracker activity analysis. Focused discussions are on-going with LAs on specific patients where delays persist. The ICB and LA are under a statutory duty to undertake patient assessments within 28 days of positive referral for Continuing Healthcare ('CHC') (referred via 'Discharge to Assess', Community, Local Health, GPs, and Fast Track patient with a material change in need who subsequently require an assessment for CHC). The formulation of Multi-Disciplinary Teams from the ICB and other stakeholders poses a significant workforce resourcing challenge in meeting this measure and the ICB continues to keep NHSE apprised of situation through bi-monthly assurance meetings. For Quarter 1 2023/24, NCL ICB completed 32% of CHC assessments within 28-days – which meets the national target range of 30% - 39.9%. The agreed 2023/24 Targets are: Q1 30-39.9%, Q2 30-39.9%, Q3 30-39.9%, Q4 40-49.9% The overall percentage of Social Worker referral delays remains at 60%, however, the total number of delayed referrals have reduced overall and there has been an overall improvement in Social Worker allocation across the boroughs. Interim staff have been secured until September 2023. **QUAL68:** *Failure to recruit into CHC and CIC Learning Difficulties core roles on a permanent basis impacting on team effectiveness and service delivery (Threat).* **Oversight Committee:** Quality and Safety Committee. **Current Risk Rating:** 16 (unchanged). As the ICBs are the statutory bodies with responsibility for NHS Continuing Healthcare, it is our duty to deliver a person-centred approach to the most vulnerable of our population who are entitled to such care. There have been some delays in the recruitment process for the substantive Continuing Health Care ('CHC')/ Complex Individualised Commissioning ('CIC') workforce which may have a significant impact on the ICB not meeting its statutory obligations to deliver on patient outcomes and experience and NHS targets. Additionally, this may impact on the ICB's ability to fully deliver against the NHS Long Term Plan priority of improving services for people with a learning disability and autistic people by ensuring that they have annual health checks and reduce their reliance on inpatient care. Should there be a gap in resources, the delays in assessments/reviews may lead to significant concerns around patient care, given that the care is insufficient/non-existent. There may also be an increase in appeals and complaints, financial burden on patients and their families and system pressures due to increased admissions and complexity of case to enable discharge. Establishment Control Process ('ECP') forms have been completed for the permanent vacant posts and approved by the Director/Budget Holder and are awaiting ECP Panel approval. Core vacant posts will be covered by interims until September 2023. <u>Continuing ICB Only Risks</u>

	STR9: *Failure to Deliver the 2023/24 ICB CIP (Cost Improvement Plan including elements of Transformation Programmes) (Threat).* **Oversight Committee:** Finance Committee. **Current Risk Rating:** 16 (unchanged). The ICB Cost Improvement Plan ('CIP') process for the 2023/24 financial year has identified 90% of the required efficiency savings through efficiency schemes. Work continues to identify additional opportunities with schemes leads. The portfolio continues to be built with input from all Directorates to support the financial recovery plan as well as system transformational programmes. Meetings are held jointly by Finance and System Efficiency Plans ('SEP') teams via the Efficiency and Productivity Group ('EPG') and the CIP Assurance Meeting to produce a CIP portfolio, listing the efficiencies to be made, and monitor progress on a monthly basis to ensure CIP is on track for delivery. As it stands, the portfolio will include the efficiencies to be made across all directorates with key efficiencies across Continuing Health Care ('CHC')/ Complex Individualised Commissioning ('CIC'), Primary Care Prescribing and the Development and Population Health Directorate. The organisational change process is underway and will form part of this programme in due course. In addition, all efficiencies from system wide transformation programmes will be captured and co-ordinated. These schemes will be monitored on a monthly basis via an Assurance Process which is chaired by Executive Director of Performance and Transformation and the Chief Finance Officer. This oversight group will monitor scheme delivery progress and benefits against plan including examining the risks and mitigations to deliver these schemes. A progress update will be shared with the Finance Committee on a bi-monthly basis. **FIN15:** *Failure to Deliver 2023/24 Statutory and Other Financial Requirements set by NHS England (Threat).* **Oversight Committee:** Finance Committee. **Current Risk Rating:** 20 (unchanged). This risk has been developed to address the in-year financial risk for 2023/24. The 2023/24 ICB draft financial plan is reporting a break-even position for the ICB. This plan was presented to the Finance Committee on 21 March 2023 and was approved by the Board on 28 March 2023. As at Month 2, May 2023, to achieve a balanced position the 2023/24 plan assumes c.£44m of efficiencies and non-recurrent actions will be achieved in full. In addition, there is an estimated c.£74m of risk which, if it emerges, is assumed will be fully mitigated in year. The finance position is being monitored through Executive Management Team and the Finance Committee. <u>Decreasing Risks</u> Since the last meeting of the Board of Members, the following risks' rating have reduced to below the BAF threshold. These risks will continue to be overseen by the relevant Executive Director: **PERF24:** *Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry and Pharmacy Services from April 2023 onwards (Threat).* **Oversight Committee:** Strategy and Development Committee. **Current Risk Rating:** 12 (previously 16).

	The NCL ICB Board of Members received a report following the due diligence process and confirmed support to sign National Delegation Agreement (March 2023). National Delegation Agreement and Memorandum of Understanding is now signed. Delegation of Dental, Optometry and Pharmacy Services ('DOP') commissioning responsibilities was enacted 1 April 2023. Delegation of Primary Care Complaints responsibilities was enacted on 1 July 2023. The team has joined NEL ICB from NHS England. The London DOP Oversight Group is in place and led by NEL ICB. Within NCL, detailed analysis of budgets for dentistry, optometry and community pharmacy is underway. Activity data is also being gathered and understood. The commissioning levers available to us to support improvement and alignment to our strategy are being investigated for each of the three areas. We expect to produce an overview of the first 6 months and our priorities in each area for the ICB Board (Quarter 3/Quarter 4). Capacity in the face of the ICB change programme and limited commissioning levers (community pharmacy in particular) may impact on the ICB's ability to positively impact commissioned services but there is strong executive leadership, director leadership and forward planning to help us realise the potential benefits of delegation of these services. Given the arrangements now in place, as outlined above, this risk's rating has reduced from 16 to 12. **COMM22:** *Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution in 2024/25, impacting on the delivery of population health improvements (Threat).* **Oversight Committee:** Strategy and Development Committee. **Current Risk Rating:** 9 (previously 16). The risk has been restructured and refocused as we now move into the transition year prior to devolution. Significant progress has been made in identifying priorities for transformation and improved outcomes in Sickle Cell and we are commencing our work to establish similar improvements in health outcomes for both Renal and Liver pathways. We are discussing changes to how we manage devolution successfully at an NCL, North London and London level and drawing in input to these discussions from our most important Regional partners outside of London (East of England and South East Region). Following the NCL Steering Group in June 2023 we are now progressing with a proposal to identify trust level points of contact and an expanded Programme Team that has the support of our provider partners. This will better place us to take on the leadership of the Staffing Hub should this be available for ICBs to lead upon. We continue to progress work with NHSE and other partners on core activities such as our clinical priorities (Renal, Liver, Sickle Cell and Adult Critical Care), our work on tackling outstanding issues with services and preparing for the Simulation Event planned for late June to help flesh out how the National SOPs will function. The Simulation Event is planned for the 28 June and NCL will be fielding a mixed senior team from across the ICS. Aligned to this is work on-going with NHSE via the Delegation, Planning and Commissioning Committee and the Future Operating Model meetings as well as regular catchups with NHSE to discuss the outstanding issues with services.

	This risk's rating has reduced due to the on-going work undertaken over the last 12 months to analyse data, identify outstanding issues and put in place actions to address them. We are also clearer about the effectiveness of the actions we are still to introduce and this increasing level of clarity gives us more confidence about the reduction in risk. Closed Risks Since the last meeting of the Board of Members, the following risks have been closed: **PERF25:** *Failure to ensure ambulance patients are handed over to emergency departments in a timely manner (Threat).* **Oversight Committee:** Quality and Safety Committee. This risk was merged with COMM14 into risk PERF29 and is therefore now closed. **COMM14:** *Failure to Achieve NHS Constitutional Targets - Urgent and Emergency Care (Threat).* **Oversight Committee:** Strategy and Development Committee. This risk was merged with PERF25 into risk PERF29 and is therefore now closed. **Organisational Change Programme Risk** A risk has been developed regarding the ICB's Organisational Change Programme. It is currently rated at 12 and does not meet the threshold to be included in the BAF risk report. This risk will be presented to the Strategy and Development Committee on 5 July 2023. **Looking Forward** The ICB's approach to risk management continues to evolve with oversight by the Audit Committee. A report on the development of system risk management is presented at each Audit Committee meeting. This includes a 'snapshot' of current key risks. This provides the Audit Committee with a high-level overview of the ICB's key risks that are overseen by the ICB's Board of Members and its committees. A discussion on risk management took place at the Executive Management Team Meeting on 8 June 2023. We are working with Executive Directors to continue to develop the risks within their portfolios. Strong foundations are in place for NCL's approach to continue to develop, and it will be important to maintain organisational focus on current key risks including through increased focus at each of the ICB Committees. It will similarly be important to maintain a broader overview of the risk portfolio, considering new areas of risk including opportunity-risks.
Recommendation	The Board of Members is asked to: • **NOTE** the report and provide feedback on the risks and • **IDENTIFY** any strategic gaps within the Board's remit, and propose any areas where further investigative work may support further risk mitigation.
Identified Risks and Risk Management Actions	The BAF is a risk management document which highlights the most significant risks to the achievement of the ICB's strategic objectives.
Conflicts of Interest	Conflicts of interest are managed robustly and in accordance with the ICB's Conflict of Interest Policy.

Resource Implications	Updating of the BAF is the responsibility of each risk owner and their respective directorates. The Governance and Risk Team helps to support this by providing monitoring, guidance and advice.
Engagement	The BAF report is presented to each Board of Members meeting. The Board of Members includes clinicians, Non-Executive Members, Partner Members and other key stakeholders.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The Board Assurance Framework report is presented to each Board of Members meeting. Risks are kept under review by the risk owners and by the committees of the Board of Members.

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

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

North Central London ICB BAF Risks - Overview Report

Risk ID	Risk Title	Risk Owner	Risk description	2022-2023 Current Risk Score DEC	FEB	MAY	JULY	Movement From Last Report	Target Risk Score
New BAF System Risks									
PERF29	Failure to deliver timely urgent and emergency care for the residents of NCL (Threat).	Sarah Mansuralli - Chief Development and Population Health Officer	**CAUSE:** If NCL ICB fails to ensure provider delivery of commissioned capacity to meet emergency care demand within the system, **EFFECT:** there is a risk that the ICB will fail to achieve urgent and emergency care national performance standards. Pressures may result in patients being located in the wrong part of the system, which may have an adverse effect on their health outcome. **IMPACT:** This may result in the ICB missing the national standards expected for all patients, increasing patient waiting times in the Emergency Department ('ED') and potential risk of harm and negative patient experience.				16	→	12
QUAL69	Failure to conduct timely Deprivation of Liberty Assessments ('DoLS') on our NCL ICB-funded clients (Threat).	Chis Caldwell - Chief Nursing Officer	**CAUSE:** If the ICB fails to conduct our Depravation of Liberty ('DoLS') Assessments for NCL ICB-funded clients within the scheduled assessment period, **EFFECT:** There is a risk that individuals in receipt of ICB funding may unlawfully be deprived of their liberty, and that the ICB will fail to comply with its statutory responsibility under the Mental Capacity Act 2005. **IMPACT:** This may result in the ICB failing to ensure patients who are under high levels of care and supervision, but lack the mental capacity to consent to those arrangements for their care, are safeguarded. The ICB is also at risk of reputational damage and may incur financial penalties.				20	→	8
Continuing System Risks									
PERF7	Failure to manage patient flow during heightened periods of pressure, including winter, Easter and other Bank Holidays (Threat).	Richard Dale - Executive Director of Performance and Transformation	**CAUSE:** If NCL ICS Providers fail to manage non-elective flows within planned hospital and community capacity to meet surges during periods of heightened pressure, **EFFECT:** there is a risk that patients may receive sub-optimal care and long waiting times. Patients may also remain in inpatient placements longer than anticipated. There may be an impact on capacity for elective pathways **IMPACT:** This may result in the local system being unable to deliver against the priority areas as set out in the UEC Recovery Plan and improvement trajectories not being met.	16	16	16	16	→	9
PERF8	Failure to Deliver Referral-To-Treatment ('RTT') Waiting Time Standard (Threat).	Richard Dale - Executive Director of Performance and Transformation	**CAUSE:** If there is a lack of adequate capacity and operational resilience to effectively manage waiting times. Year end pressure and industrial action impacts on capacity and adds further challenge and risk to operational delivery and elective waiting list management. Low volume, high complexity long waiting patients within specialised services requiring treatment remain on acute/tertiary waiting lists. **EFFECT:** There is a risk that the system will not meet the national ambitions around RTT or the system level plans agreed with NHSE, resulting in poor experience and outcomes for patients. **IMPACT:** This may result in the ICB missing the national expectations for long waits and adversely impact on SOF segmentation.	12	12	16	16	→	12
PERF18	Failure to effectively develop the primary care workforce (Threat).	Sarah McDonnell-Davies - Executive Director of Places	**CAUSE:** If the ICB is ineffective in developing the primary care workforce **EFFECT:** There is a risk that it will not deliver the primary care strategy **IMPACT:** This could mean that, for example, patients with long term conditions are not fully supported in primary care and require more frequent hospital care.	16	16	16	16	→	9
COMM26	Failure to make changes to support the shift of resources / investment into prevention & proactive care from crisis & acute management of care (Threat).	Sarah Mansuralli - Chief Development and Population Health Officer	**CAUSE:** If the ICB / ICS does not develop the necessary strategies, develop funding / investment models and alter culture / ways of thinking or alternatively has unaffordable contracts. **EFFECT:** There is a risk that the necessary changes to allow resources / funding to be redeployed to drive prevention & proactive care will not materialise (and will stay reactive / crisis / acute focused). This will slow the ability of the system to improve outcomes and potentially increase cost pressures and demand in acute care even further. **IMPACT:** This may result in the improvement in population health outcomes and reduction in health and care inequalities not being delivered as resources will not be deployed according to need and increasing acute care costs and activity further.	16	16	16	16	→	9

PC3	Strikes by NHS staff (Threat).	Sarah Morgan - Chief People Officer	**CAUSE**: If industrial action taken by various Unions within healthcare, due to pay and working conditions disputes, continues without resolution **EFFECT:** There is a risk that services will face significant reduction, cancellations of elective activity, and a reduced ability for London Ambulance Service ('LAS') to respond to non-life and limb patients during the time of industrial action. **IMPACT**: This may result in an increase in negative patient experience and negative patient outcomes, and a reduction in the quality of service delivered and capacity. This may also result in a disengaged workforce, and may exacerbate exiting system-wide workforce challenges.		15	20	20		→	15
FIN3	Long Term Financial Sustainability (Threat).	Phill Wells - Chief Finance Officer	**CAUSE:** If there are unavoidable cost pressures for commissioners and providers, under-delivery of QIPP activity and population growth exceeding funding levels, staffing shortages and recruitment difficulties, **EFFECT:** There is a risk of failure to maintain long term financial sustainability. **IMPACT:** This may result in reputational damage, inability to invest as desired to improve patient care and a threat to existing services.	20	20	20	20		→	16
QUAL64	Failure to undertake timely Continuing Healthcare assessments and reviews within 28 days (Threat).	Chis Caldwell - Chief Nursing Officer	CAUSE: If the ICB fails to undertake patient assessment within the statutory target of 28 days, as well as patient package of care reviews **EFFECT:** There is a risk that patients will not be in receipt of the appropriate package of care in the most appropriate setting and patients/families will be left not knowing who will fund their care, and/or increase expectation for continuation of interim funding under Discharge to Assess ('D2A') due to delays **IMPACT:** This may result in a increase in negative patient experience (linked to increase in complaints and appeals). It has also negatively impacted patient choice for patients awaiting assessment whilst in interim funded placement. It may also result in significant increased cost to the ICB as well as reputational damage, and an increase in complaints and appeals. It may also impact the ICB's ability to meet future NHSE targets.	20	16	16	16		→	12
QUAL68	Failure to recruit into CHC and CIC Learning Difficulties core roles on a permanent basis impacting on team effectiveness and service delivery (Threat).	Dr Chris Caldwell - Chief Nursing Officer	**CAUSE:** If the ICB fails to approve recruitment of permanent candidates to key CHC & CIC LD posts which are vacant and held by interim staff **EFFECT:** There is a risk that CHC & CIC LD will have gap in resources, place additional pressure on current staff and may be reliant on costly interims. **IMPACT:** This may result in a failure to meet our statutory duties in patient assessments/reviews and outcomes, low staff morale, high staff turnover, a significant increased financial burden, system-wide pressures and reputational damage. It may also impact the ICB's ability to meet its NHSE targets.			16	16		→	9
Continuing ICB Only Risks										
STR9	Failure to Deliver the 2023/24 ICB CIP (Cost Improvement Plan including elements of Transformation Programmes) (Threat).	Richard Dale - Executive Director of Transition	**CAUSE:** If the Integrated Care Board (ICB) fails to deliver the 2023/24 Cost Improvement Plan **EFFECT:** There is a risk that the ICB will not achieve a balanced budget and control total, and will be unable to release sufficient funds to invest in services and deliver the quality improvements to patient care. **IMPACT:** This may result in a negative impact on patient care and financial sustainability.			16	16		→	12
FIN15	Failure to Deliver 2023/24 Statutory and Other Financial Requirements set by NHS England (Threat).	Phill Wells - Chief Finance Officer	**CAUSE:** If the Integrated Care Board ('ICB') fails to meet the 2023/24 financial plan due to the impact of material 2023/24 cost pressures and the deficit underlying financial position, **EFFECT:** There is a risk of significant overspend, that NHS England may take action against the ICB and there may be a lack of funds to invest in strategic priorities. **IMPACT:** This may result in the ICB being placed in legal directions and under a requirement to reduce or cease some services, negatively impacting on patient care.			20	20		→	12
Risks dropping below BAF threshold										
PERF24	Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry and Pharmacy Services from April 2023 onwards (Threat).	Sarah Mansuralli - Chief Development and Population Health Officer with Sarah McDonnell-Davies - Executive Director of Places	**CAUSE:** If the Integrated Care Board ('ICB') fails to manage the transfer of Dental, Optometry, and Community Pharmacy ('DOP') Services from April 2023 effectively **EFFECT:** There is a risk that the ICB faces financial, staffing, and reputational damage, **IMPACT:** This may result in a negative impact on the ICB's ability to commission services as well as give rise to the need to divert budgets and management effort to address. This may also impact the ICB's ability to realise the potential benefits of delegation of these services e.g. improve quality and transform service in line with population health vision, as well as, have a negative impact on the reputation and function of the ICB, and in the worse case may result in NHS England intervention.	16	16	16	12		↓	12
COMM22	Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution in 2024/25, impacting on the delivery of population health improvements (Threat).	Sarah Mansuralli - Chief Development and Population Health Officer	**CAUSE:** If the ICB fails to effectively manage the devolution of many specialist services to the ICB, and the opportunity to integrate pathways and tackle the underlying population health issues that are causing the growth in specialist activity and spend is lost, **EFFECT:** There is a risk that the expected improved health outcomes are lost and that provider services are destabilised and expertise is lost. There is also a risk that services are lost, particularly fragile services including Highly Specialised Services which, whilst not being devolved, could be destabilised if other related services experience issues. Changes to services and changes to the funding formula for specialised services could also lead to further provider and/or individual service pressures and resulting impacts on outcomes and performance. **IMPACT:** This may result in a negative impact on quality and equity of access, as well as, loss of workforce, increasing waiting times, significant cost pressures and the lost opportunity to improve outcomes.	16	16	16	9		↓	6
Closed Risks										

PERF25	Failure to ensure ambulance patients are handed over to emergency departments in a timely manner (Threat).	Richard Dale - Executive Director of Performance and Transformation	**CAUSE:** If the ICB does not adequately support the management of high bed occupancy, constraints to flow through hospitals and delays to discharge, **EFFECT:** There is a risk that there will be continued delays in ambulance handovers and delays to admit patients. **IMPACT:** This may result in a negative impact on patient experience and quality of care.	20	20	20	_			9
COMM14	Failure To Achieve NHS Constitutional Targets - Urgent and Emergency Care (Threat).	Sarah Mansuralli - Chief Development and Population Health Officer	**CAUSE:** If NCL ICB fails to ensure Provider delivery of commissioned capacity to meet emergency care demand within the system, **EFFECT:** there is a risk that the ICB will fail to achieve urgent and emergency care national performance standards. Pressures may result in patients being located in the wrong part of the system, which may have an adverse effect on their health outcome. **IMPACT:** This may result in the ICB missing the national standards expected for all patients, increasing patient waiting times in the Emergency Department ('ED') and potential risk of harm.	16	16	16	_			12

Risk Key

Risk Improving ↓

Risk Worsening ↑

Risk neither improving nor worsening but working towards target →

Risk Scoring Key

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

1. Overall Strength of Controls in Place

There are four levels of effectiveness:

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

2. Risk Scoring

This is separated into Consequence and Likelihood.

Consequence Scale:

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

Likelihood Scale:

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

3. Level of Risk and Priority Chart

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

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

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

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
25 July 2023

Report Title	Governance Review	**Date of report**	17 July 2023	**Agenda Item**	4.1
Lead Director / Manager	Ian Porter, Executive Director of Corporate Services	**Email / Tel**		Ian.porter3@nhs.net	
Board Member Sponsor	Mike Cooke, ICB Chair Frances O'Callaghan, ICB Chief Executive Officer				
Report Author	Andrew Spicer, Head of Governance and Risk Steve Beeho, Senior Board Secretary	**Email / Tel**		andrew.spicer1@nhs.net s.beeho@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** This report supports the governance arrangements for the ICB and therefore the mechanisms through which organisational spend is agreed.			
Report Summary	**Introduction** North Central London Integrated Care Board ('ICB') was established on 1 July 2022. At the point of this first anniversary work has been undertaken to review: a) Committee effectiveness to help inform future ways of working; and b) Elements of the ICB governance arrangements - taking into account the evolving landscape and to strengthen our approach based on learning from the first 12 months of the ICB. The following report summarises the Committees' reflections on the first year in operation and also details proposed changes to ICB governance arrangements.				
Recommendation	The Board of Members is asked to: • **NOTE** the review of Committee effectiveness • **APPROVE** the revised Constitution • **APPROVE** the revised Scheme of Reservation and Delegation • **APPROVE** the NCL People Board Terms of Reference • **APPROVE**: o The Local Care Infrastructure Delivery Board Terms of Reference; o The amendments to section 18.1 of the Strategy and Development Committee's Terms of Reference; o The amendment to the ICB's Functions and Decisions Map; o The change of name of the Primary Care Contracting Committee to the Primary Care Committee and to reflect this change in all of the ICB governance documentation;				

	• **NOTE** the arrangements for Integrated Medicines Optimisation Committee and the Clinical Reference Group.
Identified Risks and Risk Management Actions	This paper supports the ICB to have oversight of its key risks and ensure there are robust corporate governance and clear decision-making processes in place.
Conflicts of Interest	This report has been written in accordance with the organisation's Conflicts of Interest Policy.
Resource Implications	This report assists the ICB in the effective use of its resources.
Engagement	This report is presented to the Board of Members which includes clinicians, Non-Executive Members and Partner Members.
Equality Impact Analysis	This report was written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The ICB's Constitution was approved by NHS England on 1 June 2022. The SORD was approved by the Board of Members on 4 July 2022. The NCL People Board Terms of Reference was approved by the Board of Members on 29 November 2022.
Next Steps	If each of the recommendations are approved the next steps are: • Constitution - to submit to NHS England for approval; • Scheme of Reservation and Delegation - to publish on the ICB's website; • NCL People Board - to operationalise the new membership; • Local Care Infrastructure Delivery Board - to operationalise the sub-committee.
Appendices	• Appendix 1: Committee Chairs' summaries of members' reflections. • Appendix 2: Scheme of Reservation and Delegation; • Appendix 3: NCL People Board Terms of Reference; • Appendix 4: Local Care Infrastructure Delivery Board Terms of Reference.

Governance Review

1. Review of Board and Committee effectiveness

1.1 The NHS North Central London Integrated Care Board (NCL ICB) was established on 1 July 2022. The Board of Members has met both formally and informally throughout the ICB's first year of operation and is now well established and providing strong strategic direction and oversight.

1.2 The first year of the ICB has nevertheless been challenging, particularly in terms of managing winter pressures, tackling the backlog caused by the COVID-19 pandemic, system financial planning, mitigating the impact of industrial action and the recent launch of the ICB organisational change programme. Despite these challenges, the Board has overseen a number of key developments including in relation to developing the ICB's ambitions in relation to Population Health (with the NCL Population Health and Integrated Care Strategy now approved by the NCL Integrated Care Partnership), the Start Well programme, the delegation of Dentistry, Optometry and Pharmacy (DOP) from NHS England, the agreement of key strategies in relation to working with communities and with the Voluntary Community and Social Enterprise (VCSE) sector, and the investment approach for both Community and Mental Health Services.

1.3 One year on, the Board decided to review its progress in two ways: the Chair has undertaken a series of feedback meetings with Board members and secondly Board Committees have been carrying out self assessments.

1.4 Turning to the feedback about the full Board, from Board members, there were some clear themes emerging from what were valuable and insightful discussions. These main themes were:

- 12 months ago at the outset of the ICB, Board members had been unsure as to what to expect and how the Board would develop. The consensus appears to be that the Board and its arrangements have developed well albeit they need to continue to mature;
- The evolution towards the collective leadership of NCL as a health and care system was described as impressive by a number of Board members. This has been tested by the particularly difficult financial planning round, with the considerable constraints the ICB had to contend with, during the spring of this year. It is also fair to say that relations between the ICB and our local authorities have also had some challenges. Standing back, it is the case that partnership working and system leadership of this significance is likely to involve challenges that will need continuous attention and effort to prevent and/ or overcome;
- Partner Board members have a particularly challenging role in that whilst they are Board members in their own right, it is important and helpful that they reflect the views of the partner grouping they are drawn from. Overall the feedback from Board members was that a balanced approach has been achieved well during the year;
- The intent and ambition for a shift in emphasis of effort and resources towards prevention and early intervention and a whole population based approach was felt to be shared and embedded although it is apparent that the board will need to

formulate a firmer way forward to shift the balance of resourcing The wider partnership appears rooted in the same shared values and ambitions;

- Some discussions reflected on the ambiguity between roles, purpose and functions. The North Central London Integrated Care System ('ICS') is a particularly complex system including because it has a high number of provider organisations and high levels of specialist care. Having developed and evolved its role during the last 12 months, some Board members expressed the view that the ICB should concentrate its efforts on out of hospital care and prevention and early intervention and avoid duplicating the work of providers. Clearly there is a tension between the statutory role of the ICB which involves a degree of oversight of the whole system and the ambition for further delegation and focussing of efforts;
- Some Board members commented that a clearer line of sight between the ICB and the Integrated Care Partnership ('ICP') would be helpful in order to further the population health strategy. We should also note that the specifying and agreeing across the wider partnership what activities should take place at what level including how the borough partnerships and neighbourhood working will develop remains work in progress;
- Mental health services and the mental health needs of residents have been raised and discussed organically and also specifically around the Board table but there is still work to do to ensure a mental health lens is applied to the range of issues that are discussed;
- There was a recognition from some that the clinical model is changing and evolving and that this is a complex process; it was welcomed as an important step forward;
- There was a clear consensus now that a population health strategy has been agreed and that the Board has settled into a routine, Board members would like to see more rapid progress to deliver improved population health outcomes and that the next 12 months there should be a clear focus on delivery. For some Board members, it has felt that sometimes during the last 12 months we have had "plans for plans" rather than a delivery plan. On the other hand, feedback from Executive Board members included a reference to the fact that perhaps at times they have not fully explained to Non-Executive Members how complex and sizeable some of the programmes of work are, which affects delivery timescales;
- There was some concern expressed that the ICB may be trying to achieve too much across too broad a range of issues. An alternative approach would be to prioritise more determinedly and the Board would have a crucial role to play in forcing this to happen. The comment was also made that the prioritisation should be based on data and evidence;
- There were frequent comments in the feedback that the ICB's communication about its work and its significance needs to be a focus in the next 12 months to help citizens understand that there is an improvement pathway for our local health and care system;
- Board meetings were thought to work as well as can be expected for a large public meeting, with high levels of participation. It was also widely thought that we should make better use of Board seminars to enable deeper level debate and discussions;
- There was some feedback that sometimes it has felt that the act of bringing challenge to issues under discussion has not been welcomed and that it is hoped

that responsiveness to challenge, including a preparedness to re-think approaches will be a feature of the next 12 months;

- There was some frustration expressed with some of the practical Board arrangements, including with papers sometimes being too long, Teams connections not always working well, and that the forward plan does not yet appear to be a pivot for the Board, the Committees and the organisation.

1.5 In addition to the review of the full Board, members of the individual Board Committees carried out self-assessments where they reflected on how the respective Committees had operated and progressed over their first, their strengths and weaknesses and any learning that could be applied to improve their future effectiveness as well as broader issues pertaining to specific Committees. The Committee Chairs' summaries of the feedback is available in Appendix 1.

1.6 The reviews have broadly continued the themes from the full Board feedback, namely that the ICB has laid strong foundations following its transition from the CCG against a challenging backdrop, while also acknowledging that further progress needs to be made to strengthen governance arrangements.

1.7 In summary, the appendices show that Members generally agreed that meetings are well-chaired, inclusive, engaged and collaborative. The range of perspectives brought to bear was welcomed, while also noting that more could be done to strengthen the public voice in certain Committees. The quality of papers was commended while also highlighting that there is room for improvement in their length. The timeliness publication remains an issue on occasions. Further attention is also required to the rhythm of reporting and the scheduling of meetings, which has proved challenging for a number of Committees. The Strategy and Development Committee particularly has had time to develop a rhythm and indeed to come up to full membership: this is significant because in some ways it has created a gap with some other committees filling in; on some occasions some reports have been considered by more than one committee which should probably happen only on a very exceptional basis. In the next 12 months having a settled Strategy and Development committee should ensure that the right strategic focus is given to key items at the right time and also help make the workload of the other committees more manageable. More consideration needs to be given to the distinction required between ICB and system-wide matters and the related responsibilities for the Board Committees. It was recognised that the Committees' approach to risk management will continue to evolve over the next 12 months.

1.8 Chairs and executive leads will work through the implications of the detailed feedback for each Committee. In the meantime, the reviews have identified a number of over-arching issues for further strengthening:

- Committee reports to be more succinct and tighter adherence to Committee deadlines to ensure timely publishing of meeting papers;
- Whilst all Committees now have forward plans in place - work needs to be undertaken, as part of strengthened strategic planning, to populate them further over the medium-term. This in-turn will make it easier to map appropriate governance routes and thereby streamline decision-making;

- It will be helpful for the ICB to put clearer boundaries in place between the different Committees to improve alignment and avoid unnecessary duplication;
- Continue to progress plans to recruit a small number of Community Participants to provide patient / resident perspective to the work of a number of the ICB Committees, whilst endeavouring to ensure that the ICB has wider and broader routes to achieve meaningful citizen engagement;
- It will be helpful to invest time and capacity in development of the Board – aligned to the key priorities facing both the ICB and the system.

1.9 The Board of Members is asked to **NOTE** the review of Committee effectiveness.

1.10 Individual Committee Chairs will be asked to lead a discussion, at the next meeting of respective Committees, on related feedback provided by Committee Members.

2. Proposed Changes to Governance Arrangements

2.1 A two stage approach is being taken to review the ICB's corporate governance arrangements to reflect the evolving landscape through the first year of the ICB and associated areas to further strengthen. An initial set of changes are proposed below – with a further report expected to be presented to the Board in the autumn / winter including to reflect changes to the Standing Financial Instructions following finalisation of the ICB's new operating structure.

2.2 Constitution

2.2.1 It is proposed that a fourth Non-Executive Member on the ICB Board is included in the Constitution to provide additional and differing perspective and capacity, in particular to support the ICB's ambitions in relation to Population Health. Given the changes to the strategic operating landscape within North Central London Integrated Care System ('ICS') and the changing role of the UCL Health Alliance it is also proposed that the role of the UCL Health Alliance Board Member is removed from the Constitution, bearing in mind that the UCL Health Alliance continues to have a voice through other provider ICB members.

2.2.2 These amendments will have the effect of maintaining the ICB's Board of Members ('Board') at its current size, increase the levels of independent oversight and scrutiny whilst maintaining a high level of Partner Member (and therefore sector) inclusion in the Board's deliberations.

2.2.3 The Constitution has also been amended to remove the UCL Health Alliance's role in the nomination process for Partner Member- NHS Trusts and Foundation Trusts. The Constitution maintains the ability to ask one of the NHS Trusts and Foundation Trusts in our ICS to support the ICB in the nominations process.

2.2.4 The proposed Constitution is here.

2.2.5 The Constitution must be approved by both the Board and NHS England before it has final approval. Therefore, if the Board approves the Constitution the next step is to present it to NHS England for its approval.

2.2.6 The Board of Members is asked to **APPROVE** the revised Constitution.

2.3 Scheme of Reservation and Delegation ('SORD')

2.3.1 The SORD was developed in preparation for the ICB. Having moved through the first year of operation it is proposed that some amendments are made to the SORD including to help further facilitate the smooth conduct of the ICB's business and to provide greater clarity for some areas of decision making.

2.3.2 Key highlights of the proposed amendments are:

a) Approval of the ICB's vision and strategic objectives to be reserved to the Board of Members with approval of the ICB's short term operational priorities and values that flow from the ICB's vision and strategic objectives being delegated to the Chief Executive Officer, exercising the delegated authority at Executive Management Team meetings;
b) Clarifying the SORD wording to make it clear that the Board of Members approves ICS estates strategies on behalf of the ICB;
c) Including a new line that the Board of Members approves the NCL People Strategy on behalf of the ICB;
d) Including a new line that the Board of Members approves of all other ICS strategies on behalf of the ICB unless otherwise delegated. This excluded the statutory Integrated Care Strategy. Approval of this is with the Integrated Care Partnership as per the Health and Care Act 2022;
e) Clarifying that approval of NCL system plans on behalf of the ICB is with the Board of Members unless otherwise delegated as per the committee structure and governance framework;
f) Including a new line that the Chief Executive Officer approves the ICB's operational corporate IT policies.

2.3.3 The revised SORD is included in Appendix 2.

2.3.4 The Board of Members is asked to **APPROVE** the revised SORD.

2.4 North Central London ICS People Board ('NCL People Board')

2.4.1 It is proposed that the membership of the NCL People Board is revised to:

a) Expand the membership beyond being ICB only;
b) Have the membership be more inclusive of our wider system partners;
c) Give effect to our ambition for the NCL People Board to operate as a strategic system Board with representation and buy in from our ICS partners.

2.4.2 To account for the revised membership it is also proposed that the quorum requirements change to 30% of voting members including the Chair and one ICB officer member.

2.4.3 The draft Terms of Reference for the NCL People Board is included in Appendix 3. The amendments are to sections 4.1 (membership), 8.1 (quorum) and the membership list in Schedule 1.

2.4.4 The Board of Members is asked to **APPROVE** the NCL People Board Terms of Reference.

2.5 Estates Governance

2.5.1 The ICB has reviewed its current estates governance and recognises that strengthened arrangements need to be established to ensure appropriate and proper oversight, scrutiny and decision making for this key area.

2.5.2 It is proposed that a new sub-committee of the Strategy and Development Committee is established which oversees the Estates function. The new sub-committee is named the Local Care Infrastructure Delivery Board and its proposed Terms of Reference is set out in Appendix 4. It will take its strategic direction from the Strategy and Development Committee, and will focus on implementation, programme and project delivery and risk management. This helps to ensure that our strategic approach to, and oversight of, Estates has a key connection with our strategic approach to population health and integrated care across the ICS.

2.5.3 Given the role of the Local Care Infrastructure Delivery Board it is not proposed to have any delegated financial approval limits. All decisions on approval to business cases or commitment to other expenditure made at its meetings shall be made by, and on the approval of, the ICB's Chief Finance Officer and the ICB's Executive Director of Place using their delegated financial approval limits. Both are proposed members of the Local Care Infrastructure Delivery Board. These are set out in the ICB's Standing Financial Instructions ('SFIs'). All financial approvals outside of these limits shall be made in accordance with the ICB's SFIs.

2.5.4 To facilitate the establishment of the new sub-committee it will be necessary to:

- Approve the proposed Terms of Reference for the Local Care Infrastructure Delivery Board;
- Amend section 18.1 of the Terms of Reference of the Strategy and Development Committee to add the Local Care Infrastructure Delivery Board as a sub-committee of the Strategy and Development Committee;
- Amend the ICB's Functions and Decisions Map to include the Local Care Infrastructure Delivery Board and its purpose.

2.5.5 To support the strengthened arrangements the ICB is developing a handbook for the Estates governance arrangements – which will set out the different types of estates schemes and the proposed approval processes for each.

2.5.6 The Board of Members is asked to **APPROVE**:

- The Local Care Infrastructure Delivery Board Terms of Reference;
- The amendments to section 18.1 of the Strategy and Development Committee's Terms of Reference;
- The amendment to the ICB's Functions and Decisions Map.

2.6 Primary Care Contracting Committee

2.6.1 The role of the Primary Care Contracting Committee ('PCCC') is under review to help facilitate a wider remit. To support this direction of travel it is recommended that the PCCC changes its name to be the Primary Care Committee.

2.6.2 The Board of Members is asked to **APPROVE** the change of name of the Primary Care Contracting Committee to the Primary Care Committee and to reflect this change in all of the ICB's governance documentation.

2.7 Integrated Medicines Optimisation Committee ('IMOC')

2.7.1 To support the IMOC in its strategic system leadership role a Clinical Reference Group ('CRG') is being established. Three members of the IMOC (or their nominated deputies) will attend the CRG with delegated authority from the IMOC to make decisions on the IMOC's behalf on a range of operational matters agreed by IMOC. The CRG will include specialists who will act in an advisory capacity to those IMOC members in attendance. This will provide additional capacity for IMOC to undertake its key functions whilst ensuring robust governance arrangements. All decisions taken by IMOC members (or their deputies) at the CRG will be reported to the following IMOC meeting. These arrangements are in line with the provisions of the IMOC's Terms of Reference.

2.7.2 The Board of Members is asked to **NOTE** the arrangements for IMOC and the CRG.

3. Further Governance Review Paper

3.1 As mentioned above, a further Governance Review paper is expected to be presented to the Board of Members at its meeting in November 2023. The paper is expected to include:

- Updated Standing Financial Instructions – taking into account changes to the ICB's operating structure following re-organisation;
- Strengthened arrangements for oversight and decision making on ICB contracting;
- Evolving borough based governance proposals.

APPENDIX 1

FINANCE COMMITTEE

Summary

Membership – Consensus appears to be that membership of the Finance Committee is good with provider organisations in particular being regular attenders and contributors. This is particularly important given the Committee's role in the wider ICB and ICS governance systems.

Recommendations - None relating to membership of committee

Agenda – The agenda is in part required to track both ICB and system financial cycles with the point made to ensure that the Finance Committee is given time and space to fulfil its assurance and strategic oversight roles. More substantively there is the view that the agenda must be allowed to evolve to enable strategic thinking and decision making to take place such as that relating to a MTFS and that overall there should be increased focus on system over ICB issues. The suggestion was also made to give the Finance Committee a level of oversight of the robustness of planning undertaken by other committees e.g. Quality, Strategy and PCCC.

Recommendations – Chair and Executive Director ('ED') lead to work on integrating longer term strategic financial planning aligned to system objectives around population health.

Papers – Overall assessment that the quality of papers is good and that their presentation by ICB colleagues allows for scrutiny and assurance, noting that timing was important in giving adequate time for the Committee to be able to meaningfully respond. In the first year of the ICB's operation, Finance Committee papers have provided an anchor point for the delivery of both organisational and system financial goals although evidence of precise value add in relation to the achievement of these goals has been less clear. There has also been less of a focus on deep dives and/or options appraisal of resource shifting/prioritisation than Committee member would view to be ideal. There is also a sense that there should be more focus on system over ICB including the role financial planning will play in supporting the pivot towards population health goals.

Recommendations – Reinforcing the need for longer term strategic financial planning and options development and assessment with clear decision points and connection to parallel parts for the ICBs governance framework e.g. Strategy Committee and main Board.

Discussion – Committee Members appear to have been pleased with the openness of discussion and the breadth of comment from across the system. Discussion has been collegiate and as lead ED the Chief Finance Officer ('FD') has been honest and open about the challenges faced by the ICB and the system in delivering challenging financial goals.

Recommendations – The Committee should remain an open forum where strategic direction can be discussed alongside assurance on plans to execute cost savings and delivery against capital and other related plans.

Decision Making – There was limited feedback relating to decision making on the Finance Committee which is likely in part a reflection of the role it plays on strategy and assurance and its position with respect to main Board.

Recommendations – FD and Chair to review balance of information to decision papers, particularly where this relates to realisation of system/population health goals.

STRATEGY AND DEVELOPMENT COMMITTEE

Summary

The Chair's self-assessment is that this important committee has taken some time to get into a business rhythm and has only recently achieved its full membership. Initially it proved surprisingly challenging to secure a schedule of meetings. In its early stages the committee agendas were a mixture of service specific issues that needed committee consideration and truly strategic and developmental items.

Committee Members' have noted the importance of the Committee given the shift to strategic commissioning and the development of the population health strategy, with this committee being crucial to the development and the implementation of these. Members appreciated that its purpose and terms of reference were broad and appreciated how the population health strategy developed during the year including in response to committee feedback. Executives have responded well to the challenges that the committee has raised. Now that the committee is up and running the committee can now focus on key strategic issues and this should benefit other committees, especially with improved co-ordination of committee forward plans. Given the broad and developmental nature of some discussions it may be necessary to hold informal seminar style discussions between formal meetings.

AUDIT COMMITTEE

Summary

There was consensus that the Committee had safely transitioned from CCG arrangements and effectively covered the mandatory business and main areas of risk. The agendas are well-planned, well-chaired with discussions honest, inclusive, constructive and focused on key points. Committee members are seen by external members as knowledgeable and bringing a good range of experience and challenge.

Papers are adequate, though over-long and often late, making careful preparation more difficult. In future it would be helpful if the issues of greatest importance and the role of the Committee are foregrounded in the cover sheet to help focus discussions.

Agendas have been full, partly due to change in auditors and two year-end processes in one quarter due to the CCG/ICB transition timing. They have been delivered with effective chairing, though the volume of items has meant some issues have had a less full airing. It would be helpful if executive issues relating to audit ratings and outstanding actions were resolved before the meeting rather than being aired in it. Audit colleagues have noted questions submitted in advance have helped facilitate tight agendas elsewhere - this would require more timely papers to work in NCL. The dual focus on ICB and system risk has been welcomed. There is recognition this should continue to evolve, including codification of risk deep dives, even more clarity about the role of the other Committees and Board in risk management, and reflecting the system risk role in the Committee terms of reference. Given the broad range of risks a number of the issues raised fall outside the direct responsibility of the attending exec directors and so it may be beneficial for the CEO to attend on occasion.

Whilst generally the balance between strategy and assurance is seen as appropriate it may be valuable to have more wide-ranging systematic discussions about assurance mapping/gaps and considering the three lines of defence. This may also help internal audit to be considered more in the context of management control. Consideration should be given to the potential value of Committee development sessions given the sometimes technical and evolving nature of the Committee business.

INTEGRATED MEDICINES OPTIMISATION COMMITTEE

Summary

Members reflected that IMOC is an expert, multi-disciplinary committee, bringing rich perspectives and system-focused discussion. It has taken decisions based on high quality papers, including learning from within and beyond NCL; and has maintained a balanced focus on clinical effectiveness, safety and value for money. Areas for future development include establishment of sub-groups (like the planned Clinical Reference Group) based on a governance review already completed, to enable strategic discussion within IMOC. Deep dives into significant issues are also planned through seminars. Next steps also include strengthening the voice of residents, including the appointment of 2 community members, and developing the approach to risk management.

PEOPLE BOARD

Summary

Members' feedback reflected an engaged 'whole system' Board, who have worked collaboratively to create a shared direction and agreed strategy in relatively short time, backed by a 'People Picture' of data and analysis. They have ambitions for supply, development and transformation, including career pathways across organisations, support for local economic development (the 4th ICS aim) and opportunities for local people. Board members also learn from beyond NCL and disseminate learning through local networks. Next steps are to ensure tangible delivery (with 3 agreed sub-groups), address financial constraints/sources and staffing, and clarify Board membership/governance (including diversity profile).

PRIMARY CARE CONTRACTING COMMITTEE (PCCC)

Summary

Membership – The breadth and depth of the PCCC's membership is well valued and with public health, local authority and VCS (voluntary community sector) voices well represented and no sense of the GP voice having been lost or weakened. Whilst there could be further improvements the inclusion of the public voice is also now well integrated into PCCC meetings.

Recommendations - With an extension in the length of the Part One of the Meeting it will be possible to bring more voices in from around the table. Consideration should also be given to extending the range of voices to include community pharmacy.

Agenda – Reflection that the PCCC works to its current agenda well and that whilst having an operational focus it has begun to be more strategic. The committee has three distinct roles – contract related, assurance and strategy. Both Part One and Two feel pressured in covering

these areas in sufficient depth. There is also limited connection to other elements of governance.

Recommendations – Given that the current agenda is likely to be expanded to allow for more discussion of population health and estates amongst other issues it has been decided to extend PCCC meetings by 30 minutes and review how seminar sessions can best support the committee cycle. Consideration should also be given as to the overall governance of issues of strategic importance such as population health across committees including Finance and Strategy as well as main Board.

Papers – Overall assessment that the quality of papers is good and that their presentation by ICB colleagues allows for a good level of scrutiny and assurance. Areas to address were considered to be around connecting some of the performance data beyond primary care and giving space for strategic discussion including that focussed on population health.

Recommendations - A significant opportunity lies ahead in relation to the current review of primary care which is being undertaken at both an ICB and pan London level. Space will need to be given for relevant papers to be brought to PCCC, Strategy Committee and main Board.

Discussion – Assessment appears to be that discussion at board is open and well-focussed with decision making items dealt with appropriately and strategy and discussion items given wide airing. Current time allowance for Part One in particular does make effective chairing challenging.

Recommendations - No recommendations above the extension of the Part One meetings by 30 minutes.

Decision Making – Comments from Committee Members suggest efficient decision making in relation to the operational issues it is required to process. Broader strategic issues relating to future structure of primary care provision across NCL and the achievement of population health goals could be improved by clearer linking across the governance cycle.

Summary – There appears to be a broad level of satisfaction with the remit of PCCC and the manner in which it fulfils its responsibilities. Committee membership is wide ranging with strong participation from pivotal stakeholder groups including General Practice, local authorities and the VCS. Having made a credible transfer from the CCG it can further develop its role to that of a primary care committee which addresses contracting issues within a remit which includes strategic support for primary care in NCL and the achievement of systemwide population health goals.

Recommendations: The PCCC should continue to connect with as wide a range of voices as possible and to focus further on supporting a vision for sustainable and effective primary care in NCL.

PROCUREMENT OVERSIGHT GROUP

The Procurement Oversight Group has played an important role in ensuring that procurements are conducted in an appropriate and proportionate manner, supported by the high quality of papers presented and the diverse expertise of members and participants. A 12 -18 month commissioning forward view report would assist the Group in further scrutinising contracting activity, and consideration should be given as to whether the Group could have decision-making powers to ease other committees' capacity pressures. The Group, with the active

involvement of the Procurement Team, will have an important role in supporting the ICB transition to the expected Provider Selection Regime once in force.

QUALITY AND SAFETY COMMITTEE

Summary

Members' feedback reflected an engaged and action-focused committee, with an established pattern of assurance relating to the ICB's role with providers. Some questions have been raised as to where the focus of the committee should be given the strong quality and assurance committees within providers – the connection between providers and residents' experiences of the various pathways appear to be important areas to focus on, together with rich 'deep dive' discussion of quality improvement in relation to identified priority issues.

Key areas the Committee has deliberated over the last year include:

- Oversight of Trusts at System Oversight Framework (SOF) levels 3 and 4;
- Oversight of improvement work in priority areas such as:
    - Maternity services;
    - Physical health of people with learning disability and complex mental illness;
    - Restrictive practices in mental health care;
    - Child death oversight and end of life care;
    - Safeguarding children, adults and looked after children;
    - Medicines safety and infection prevention and control;
    - Implementation of operational systems addressing quality and safety, e.g. Patient Safety Incident Response Framework Toolkit (PSIRFT).

Next steps and work in progress are to:

- ensure alignment with other Committees;
- consider the added value areas of focus that avoids undue duplication; refresh terms of reference;
- implement clear, strong pathways for accountability and escalation;
- implement a reporting rhythm focused on both core and more systemic quality and safety issues;
- consider how to develop the patient and resident perspective and voice.

REMUNERATION COMMITTEE

Summary

The Committee works effectively with a clear remit and terms of reference. It receives papers containing strong analysis and data, including benchmarking, with options and recommendations enabling clear decision-making. The membership is appropriate. Members proposed future developments including a stronger forward plan and potentially some less formal time to reflect and advise on early draft papers.

NHS NORTH CENTRAL LONDON
INTEGRATED CARE BOARD
SCHEME OF RESERVATION AND DELEGATION

1 SCHEME OF RESERVATION AND DELEGATION

1.1 The Scheme of Reservation and Delegation ('SORD') sets out those decisions that are reserved for the Board of Members as a whole and those decisions that have been delegated.

1.2 The ICB remains accountable for all of its functions including those it has delegated.

1.3 The SORD must be adhered to.

1.4 Where authority has been delegated to a committee or sub-committee of the Board of Members the authority is delegated to the committee or sub-committee that oversees the substantive function and/or any successor committee and does not refer to the working title of any individual committee.

1.5 The Board of Members may decide to reserve authorities to itself. These may only be exercised by the Board of Members unless the Board of Members agree otherwise.

1.6 Where authority is delegated to the Chief Executive the Chief Executive may decide to further delegate the authority.

1.7 Where authority is delegated to the Chief Finance Officer the Chief Finance Officer may decide to further delegate the authority.

1.8 The Governance Team shall be notified in writing where authority is delegated in accordance with clauses 1.5 to 1.7 above.

1.9 The delegations are set out below:

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Strategy and Planning	Approval of the ICB's vision and strategic objectives	✓					
Strategy and Planning	Approval of the ICB's commissioning strategies	✓					
Strategy and Planning	Approval of: a) ICS Estates Strategy on behalf of the ICB and b) any other estates strategies	✓					
Strategy and Planning	Approval of the ICB's communications and engagement strategies	✓					
Strategy and Planning	Approval of the ICB's Digital strategies	✓					
Strategy and Planning	Approval of the ICB's Workforce strategies	✓					
Strategy and Planning	Approval of the NCL People Strategy on behalf of the ICB	✓					

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Regulation and Control	Approval of the ICB's Equality and Diversity Strategy	✓					
Regulation and Control	Approval of the ICB's strategic approach to clinical leadership	✓					
Strategy and Planning	Approval of all other ICB strategies unless otherwise delegated	✓					
Strategy and Planning	Approval of all other ICS strategies on behalf of the ICB unless otherwise delegated	✓ (Except for the statutory Integrated Care Strategy- approval of which is with the Integrated Care Partnership ('ICP'))					

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Strategy and Planning	Approval of the ICB's medium and long term financial plan	✓					
Strategy and Planning	Approval of NCL system plans on behalf of the ICB		✓ Board of Members unless otherwise delegated as per the Board of Members' committee structure and the ICB's governance framework				
Strategy and Planning	Approval of the ICB's commissioning plans		✓ Strategy and Development Committee				
Budgets	Approval of the ICB's organisational budgets	✓					

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Budgets	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the ICB's ability to achieve its agreed strategic objectives		✓ Finance Committee				
Budgets	Approval of managers' budgets from within the limits set in the organisational budgets					✓	
Functions	Approval of the commissioning of services (including care packages)		✓ Delegated as per the Board of Members' committee structure and the ICB's governance framework				

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Functions	Approval of MOUs with partner organisations		✓ Delegated as per the Board of Members' committee structure and the ICB's governance framework				
Functions	Decision making at System level strategic forums		✓ Delegated as per the Board of Members' committee structure and the ICB's governance framework				
Functions	Approval of the arrangements for individual funding requests		✓ Individual Funding Requests Panel				

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Functions	Approval of the arrangements for discharging the ICB's statutory financial duties		✓ Finance Committee				
Functions	Approval of the arrangement for discharging the ICB's statutory duties as an employer				✓		
Functions	Approval of the arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services		✓ Primary Care Contracting Committee				
Functions	Approval of the arrangements for discharging the ICB's statutory duties regarding medicines.		✓ Integrated Medicines Optimisation Committee				

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Functions	Approval of medicines investment decisions		✓ Delegated as per the Board of Members' committee structure and the ICB's governance framework				
Regulation and Control	Approval of the Constitution	✓					
Regulation and Control	Approval of the Standing Financial Instructions	✓					
Regulation and Control	Approval of the Scheme of Reservation and Delegation	✓					
Regulation and Control	Approval of the ICB's Risk Management arrangements		✓ Audit Committee				
Regulation and Control	Approval of the ICB's Equality and Diversity Policies				✓		

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
	other than HR policies						
Regulation and Control	Approval of the annual reports for Workforce Race Equality Standard and Workforce Disability Equality Standard	✓					
Regulation and Control	Approval of corporate governance and information governance policies		✓ Audit Committee				
Regulation and Control	Approval of quality, safety and clinical effectiveness policies		✓ Quality and Safety Committee				
Regulation and Control	Approval of finance policies		✓ Finance Committee				
Regulation and Control	Approval of Individual Funding Requests Policies		✓ Individual Funding Requests Panel				

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Regulation and Control	Approval of commissioning policies other than Individual Funding Requests and Primary Care.		✓ Strategy and Development Committee				
Regulation and Control	Approval of primary care policies		✓ Primary Care Contracting Committee				
Regulation and Control	Approval of the Board committee structure	✓					
Regulation and Control	Approval of all policies not referenced in this Scheme of Reservation and Delegation		✓ Delegated to the appropriate committee or sub-committee as per its Terms of Reference				
Regulation and Control	Approval of the Terms of Reference for committees and sub-committees of	✓					

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
	the Board of Members						
Regulation and Control	Approval of the ICB's counter fraud and security management arrangements		✓ Audit Committee				
Regulation and Control	Approval of the ICB's annual Information Governance Toolkit submission						✓ Delegated to the SIRO
Regulation and Control	Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the ICB		✓ Audit Committee				
Regulation and Control	Appointment of ICB's auditors		✓ Audit Committee				

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Regulation and Control	Approval of the ICB's annual audit plan		✓ Audit Committee				
Risk Sharing	Approval of the ICB's arrangements for risk sharing and or risk pooling with other organisations		✓ Finance Committee				
Human Resources	Approval of all HR policies except for pay policies				✓		
Human Resources	Approval of staff recruitment processes and policies				✓		
Human Resources	Approval of the ICB's staff and operational structures				✓		
Human Resources	Approval of the recruitment of staff and clinical leads from within establishment				✓		
Human Resources	Approval of the recruitment of staff				✓		

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
	and clinical leads outside of the establishment						
Human Resources	Approval of the arrangements for recruiting interim staff members				✓		
Human Resources	Approval of appraisal and disciplinary arrangements for the Chief Executive			✓			
Human Resources	Approval of the remuneration and pensions of ICB Members (except for ICB Chair), officers, clinical leads and employees at the VSM level		✓ Remuneration Committee				
Human Resources	Setting pay policies for employees below VSM level		✓ Remuneration Committee				
Human Resources	Approving pay, terms and conditions for staff and expenses below VSM level				✓		

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Human Resources	Approval of the appointment of ICB Members			✓			
Human Resources	Approve the arrangements for identifying and appointing the Chief Executive and Chief Finance Officer			✓			
Human Resources	Approve the arrangements for ICB succession planning			✓			
Annual Report And Accounts	Approval of the ICB's Annual Report and accounts		✓ Audit Committee				
Operations	Approval of the ICB's short term operational priorities and values that flow from the ICB's vision and strategic objectives.				✓ (Exercised at Executive Management Team meetings)		

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Operations	Approval of the ICB's arrangements for business continuity and emergency planning				✓		
Operations	Approval of legal claims and expense policies				✓		
Operations	Approval of legal action including but not limited to litigation and settlement of claims				✓		
Operations	Approval of Compromise Agreements, COT3 Agreements and other types of agreements for termination or loss of office or employment (HM Treasury/NHS England agreement must also be sought where guidance applies)- outside of				✓ Chief Executive and Chief Finance Officer must agree together	✓ Chief Executive and Chief Finance Officer must agree together	

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
	contract under £20,000						
Operations	Approval of Compromise Agreements, COT3 Agreements and other types of agreements for termination or loss of office or employment (HM Treasury/NHS England agreement must also be sought where guidance applies)- outside of contract for £20,000 and above		✓ Remuneration Committee				
Operations	Approval of the ICB's arrangements for managing complaints				✓		
Operations	Approval of the ICB's arrangements for dealing with media enquiries				✓		
Operations	Approval of the arrangements for commissioning support services				✓		

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Operations	Approval of the arrangements for corporate support services				✓		
Operations	Approval of the ICB's operational corporate Information Technology ('IT') policies				✓		
Operations	Approval of the operational arrangements to support partnership, joint and/or delegated commissioning arrangements with other organisations				✓		
Operations	Approval of the operational arrangements to support Integrated Care Systems and Place				✓		
Operations	Approval of the operational arrangements for handling and signing of Freedom				✓		

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
	Of Information requests						
Operations	Approval of planning submissions to NHS England				✓		
Operations	Passporting/transfer of external funds.				✓ Chief Executive and Chief Finance Officer must agree together	✓ Chief Executive and Chief Finance Officer must agree together	
Operations	Approval of ICBs accommodation arrangements					✓ Chief Finance Officer and Executive Director of Corporate Affairs must agree together	✓ Chief Finance Officer and Executive Director of Corporate Affairs must agree together

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Operations	Approval of all other operational arrangements				✓		
Joint and/or Delegated Exercise of Functions	Approval of the arrangements for any functions exercisable by the ICB to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body)	✓					

Function	Decision	Reserved to the Board of Members Only	Delegated to a Committee or Sub-Committee	Delegated to the Chair	Delegated to the Chief Executive	Delegated to the Chief Finance Officer	Delegated to other ICB Member or Employee
Partnership Working	Approval of the arrangements for partnership working with other organisations that do not require the formal delegation of functions				✓		
Partnership Working	Letters of support for provider reconfigurations and capital programmes.				✓ Chief Executive and Chief Finance Officer must agree together	✓ Chief Executive and Chief Finance Officer must agree together	
Better Care Fund	Approval of the arrangements for the Better Care Fund		✓ Strategy and Development Committee				

Appendix 3

North Central London ICS People Board
Terms of Reference

1. Introduction

1.1 The North Central London Integrated Care System People Board ('People Board') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a committee of the ICB's Board of Members which will oversee the development and delivery of the Integrated Care System's strategic approach to people.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the People Board.

2. Purpose

2.1 The purpose of the People Board is to:

a. Provide strategic leadership and oversight of the delivery against people priorities including those within NCL strategic transformation programmes;

b. Work together to co-design, promote and deliver the strategic vision for workforce across the ICS and amongst its member organisations and staff;

c. Agree key priorities, programmes, and projects for developing and improving the experience, recruitment, and retention of staff;

d. Optimise the current workforce and build the future workforce required within health and social care in NCL to continue to deliver sustainable high-quality care for the populations that NCL serve;

e. Ensure that NCL ICS leverages the research, education, data and technology assets within the sector to drive innovative and future-focussed workforce transformation;

f. Champion equality and diversity, and challenge inequalities;

g. Identify and mitigate against strategic and programme risks;

h. Ensure interdependencies with other programmes and projects are understood, managed and communicated;

i. Promote engagement in programmes, projects and initiatives and progress on people matters within the ICS;

j. Feedback and act on new priorities and challenges across the NCL workforce;

k. Utilise Board members' influence to champion the NCL workforce programme, acting as advocates for innovation and change;

l. Enhance and accelerate programme benefits and outcomes across the health and care sector;

m. Challenge NCL organisations and the ICS effectively and constructively;

n. Support NCL workforce programme delivery, ensuring quality and tracking of benefits and resource prioritisation;

o. Ensure effective utilisation of available resources and funding for people development to ensure effective deployment (recognising that statutory accountability may lie elsewhere);

p. Adhere to the NHS's 'people promise' and principles of public life (Nolan principles) and uphold the values of the NHS and public sector.

3. Role

3.1 The People Board will:

a. Oversee the development and delivery of the NCL ICS People Strategy and associated plan;

b. Recommend the NCL ICS People Strategy to the ICB's Board of Members for approval and ongoing reviews of the strategy;

c. Commit NCL to action, to deliver against the People Strategy;

d. Ensure the People Strategy is delivering against the objectives of the ICS;

e. Communicate and engage with NCL workforce, promoting NCL People Strategy, workforce programmes and priorities;

f. Identify and act on opportunities for cooperation and delivery of priorities;

g. Support retention and recruitment of staff across NCL, and act as enablers and champions of system change;

h. Agreeing reprioritisation of appropriate ICS People funds within existing budgets.

4. Membership

4.1 The People Board shall comprise of the following voting members:

<u>ICB</u>

a. Non-Executive Member, NCL ICB;
b. Chief Executive, NCL ICB;
c. Chief People Officer, NCL ICB;
d. Chief Nursing Officer, NCL ICB;
e. Partner Member, NCL ICB.

<u>Integrated Care System Partners</u>

a) The following sector members who bring sector experience and perspective to the People Board's deliberations:
    i. Three from HR/People;
    ii. Three from Nursing;
    iii. Two from Medical;
    iv. One from Pharmacy;
    v. Two from Higher Education institutions;
    vi. One from the NCL Training Hubs;
    vii. One from Adult Social Care;

viii. One from a Local Authority (non-Adult Social Care);

b) One representative from the North Central London GP Provider Alliance;
c) Two representatives from the North Central London Voluntary, Community and Social Enterprise ('VCSE') Alliance;
d) One representative from Skills for Care;
e) Two representatives from the Workforce, Training & Education Directorate of NHS England (previously Health Education England) one of whom shall be a Dean;
f) One ICS representative for Equality, Diversity and Inclusion;
g) One Academic Health Science Network representative;
h) Two representatives from the Allied Health Professionals Council or Faculty.

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 In accordance with the ICB's Constitution all voting members of the People Board must be approved by the ICB's Chair.

4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.5 Voting members may nominate deputies to represent them in their absence.

5. Participants and Observers

5.1 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.2 Participants at People Board meetings are non-voting.

5.3 The roles referred to in the list of standing participants describe the representation/roles and any equivalent successor representation / roles and not the individual title or titles.

5.4 Standing participants are not permitted to nominate deputies to represent them in their absence unless prior agreement is permitted by the People Board Chair.

5.5 The People Board may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.6 The People Board may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.7 The People Board may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The People Board Chair shall be an NCL ICB Non-Executive Member. The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working though difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.

7.2 Each voting member of the People Board shall have one vote with resolutions passing by simple majority. In the event of a tied vote the People Board Chair shall have the casting vote.

8. Quorum

8.1 The People Board will be considered quorate when at least 30% of the voting members are present including the Chair (or the Deputy Chair if the Chair is unable to attend or is excluded due to conflicts of interest) and one ICB officer member.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the People Board to satisfy the quorum requirements

8.3 If a meeting is not quorate the People Board Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

9.1 The Secretariat to the People Board shall be provided by the Corporate Affairs Directorate.

10. Frequency of People Board Meetings

10.1 People Board meetings will be held quarterly but may hold additional meetings as and when necessary. The People Board Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a People Board meeting shall be sent to all People Board members no less than 7 days in advance of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each People Board meeting an agenda setting out the business of the meeting will be sent to every People Board member no less than 7 days in advance of the meeting.

12.2 Before each People Board meeting the papers of the meeting will be sent to every People Board member no less than 7 days in advance of the meeting.

12.3 If a People Board member wishes to include an item on the agenda they must notify the People Board Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the People Board Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by Secretariat and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the Board of Members and will operate as one of its committees.

14.2 The People Board must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

15. Reporting Responsibilities

15.1 The People Board will report to the ICB Board of Members on all matters within its duties and responsibilities.

15.2 The People Board may make recommendations to the ICB Board of Members or any other forum across the Integrated Care System it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The People Board may agree to delegate its authority to a People Board member or members to make decisions on the People Board's behalf outside of a People Board meeting at its absolute discretion on a case by case basis.

17. Virtual Meetings and Decision Making

17.1 It is a principle of the People Board and an expectation that the People Board will meet in person. However, from time to time the People Board meetings may be held virtually if circumstances require.

17.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

18. Sub-Boards, Working Groups and Task and Finish Groups

18.1 The People Board may appoint sub-board, working groups and task and finish groups to advise the People Board and assist it in carrying out its duties. The People Board may not delegate any of its functions, powers or decision making authority to a sub-board, working group or a task and finish group.

19. Conflicts of Interest

19.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19.2 The People Board shall have a Conflicts of Interest Register that will be presented as a standing item on the People Board's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the People Board's agenda.

20. Gifts and Hospitality

20.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

20.2 The People Board shall have a Gifts and Hospitality Register and People Board members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the People Board's agenda

21. Standards of Business Conduct

21.1 People Board members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

21.1.1 The law of England and Wales;
21.2.2 The NHS Constitution;
21.1.3 The Nolan Principles;
21.1.4 The standards of behaviour set out in the ICB's Constitution;
21.1.5 The Standards of Business Conduct Policy;
21.1.6 The Conflicts of Interest Policy;
21.1.7 The Counter Fraud, Bribery and Corruption Policy;
21.1.8 Any additional regulations or codes of practice relevant to the People Board.

22 Review of Terms of Reference

22.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the People Board in fulfilling its functions and the wider experience of the ICB.

22.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the ICB's Board of Members.

Date Approved by the Board of Members:
Date of Next Review:

Schedule 1
List of Members

The voting members of the People Board are:

ICB Members

Position	Name
NCL ICB Chief Executive	
NCL ICB Chief People Officer	
NCL ICB Chief Nursing Officer	
NCL ICB Partner Member	

Integrated Care System Partners Members

Position	Name
Three sector members- HR/People	
Three sector members- Nursing	
Two sector members- Medical	
One sector member- Pharmacy	
Two sector members- Higher Education institutions	
One sector member- NCL Training Hubs	
One sector member- Adult Social Care	
One sector member- Local Authority (non-Adult Social Care)	
One representative from the North Central London GP Provider Alliance	
Two representatives from the North Central London VCSE Alliance	
One representative from Skills for Care	
One representative from the Workforce, Training & Education Directorate of NHS England one of whom shall be a Dean;	
One ICS representative for Equality, Diversity and Inclusion;	
One Academic Health Science Network representative.	
Two representatives from the Allied Health Professionals Council or Faculty.	

People Board Chair (voting member):

Position	Name
NCL ICB Non-Executive Member	

Appendix 4

NHS North Central London
Integrated Care Board
Local Care Infrastructure Delivery Board
Terms of Reference

1. Introduction

1.1 The Local Care Infrastructure Delivery Board ('Board') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a sub-committee of the Strategy and Development Committee.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Board.

2. Purpose

2.1 The purpose of the Board is to provide oversight, leadership and Governance for the delivery of the ICB's Local Care (Primary and Integrated Care) Estates programme.

2.2 The board will take its strategic direction from the Strategy and Development Committee and will focus on implementation, programme and project delivery and risk management.

3. Role

3.1 The Board shall:

a) Approve Primary and Integrated Care estates business cases in accordance with section 4.1 below;
b) Approve Primary and Integrated Care strategic estates investment pipeline, including evaluation criteria, with the involvement of Finance and Provider stakeholders;
c) Review the pipeline at least annually, to ensure it continues to reflect ICB priorities;
d) Oversee and ensure the strategic and operational delivery of the agreed priority Primary and Integrated Care estates pipeline, on time and budget. This programme will involve the reconfiguration of existing assets, investment into new facilities, and disposals. It will have a focus on enhancing the patient experience, access and health outcomes, reducing variation and tackling health inequalities;
e) Oversee and scrutinise the identification and securing of sources of capital or revenue funding, including the securing Section 106 and Community Infrastructure Levy funding, and build relationships with North Central London Local Authorities to promote estates development;
f) Scrutinise risks to estates development and support robust risk management in line with the ICB's Risk Management Strategy and Policy;
g) Align ICB strategy with that of the NHS London Estates and Infrastructure Board, London Estates Development Unit, London Primary Care Capital Panel and NHS England;
h) Communicate the need of estates within the ICB's response to the Fuller Stocktake, and ensure that the estate responds to the need of services.

4. Financial Approval Limits

4.1 The Board has no delegated financial approval limits. All decisions on approval to business cases or commitment to other expenditure made at Board meetings under section 3.1 above

shall be made by, and on the approval of, the ICB's Chief Finance Officer and the ICB's Executive Director of Place using their delegated financial limits. These are set out in the ICB's Standing Financial Instructions ('SFIs'). All financial approvals outside of these limits shall be made in accordance with the ICB's SFIs.

5. Membership

5.1 The Board shall comprise of the following voting members:

a) ICB Executive Director of Place;
b) ICB Director of Estates;
c) ICB Deputy Chief Clinical Officer, being the Clinical Estates Lead;
d) ICB Estates Finance Lead;
e) One Representative on behalf of the Community Providers:
f) One representative from NCL Councils;
g) One representative on behalf of Directors of Integration;
h) ICB Digital Programme Director & Deputy Chief Information Officer;

5.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.3 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.4 Voting members may nominate deputies to represent them in their absence.

6. Participants and Observers

6.1 The Board may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

6.2 The Board may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

6.3 The Board may call additional experts to attend meetings on a case by case basis to inform discussion.

7. Chair

7.1 The Board Chair shall be the Deputy Chief Clinical Officer**.** The Chair may nominate a deputy to represent them in their absence.

8. Voting

8.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working though difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 8.2 below.

8.2 Each voting member of the Board shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Board Chair shall have the casting vote.

9. Quorum

9.1 The Board will be considered quorate when at least six voting members are present, which must include:

a) The Chair;
b) One Finance representative;
c) One Estates representative;
d) One Provider representative; and,
e) One Commissioning representative.

9.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Board to satisfy the quorum requirements.

9.3 If a meeting is not quorate the Board Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

10. Secretariat

10.1 The Secretariat to the Board shall be provided by NCL Estates Team.

11. Frequency of Board Meetings

11.1 Board meetings will be held every two months but may hold additional meetings as and when necessary. The Board Chair may call additional meetings or cancel meetings as necessary.

12. Notice of Meetings

12.1 Notice of a Board meeting shall be sent to all Board members no fewer than 7 days in advance of the meeting.

12.2 The meeting shall contain the date, time and location of the meeting.

13. Agendas and Circulation of Papers

13.1 Before each Board meeting an agenda setting out the business of the meeting will be sent to every Board member no fewer than 7 days in advance of the meeting.

13.2 Before each Board meeting the papers of the meeting will be sent to every Board member no fewer than 7 days in advance of the meeting.

13.3 If a Board member wishes to include an item on the agenda they must notify the Board Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Board Chair.

14. Minutes of Meetings

14.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

15. Authority

15.1 The Board is accountable to the Strategy and Development Committee. The Board must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

16. Reporting Responsibilities

16.1 The Board will report to the Strategy and Development Committee and Primary Care Contracting Committee, as appropriate, on all matters within its duties and responsibilities.

16.2 The Board may make recommendations to the Strategy and Development Committee and Primary Care Contracting Committee, as appropriate, it considers appropriate on any area within its remit.

17. Delegated Authority

17.1 The Board may agree to delegate its authority to a Board member or members to make decisions on the Board's behalf outside of a Board meeting at its absolute discretion on a case by case basis.

18. Virtual Meetings and Decision Making

18.1 Board meetings may be held in person or virtually.

18.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

19. Sub-Boards

19.1 The Board may not appoint sub-committees but may appoint working groups to advise the Board and assist it in carrying out its duties. The Board may not delegate any of its functions, powers or decision making authority to a sub-committee or working group.

20. Conflicts of Interest

20.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

20.2 The Board shall have a Conflicts of Interest Register that will be presented as a standing item on the Board's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Board's agenda

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21.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

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22. Standards of Business Conduct

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- 22.1.2 The NHS Constitution;
- 22.1.3 The Nolan Principles;

22.1.4 The standards of behaviour set out in the ICB's Constitution;
22.1.5 The Standards of Business Conduct Policy;
22.1.6 The Conflicts of Interest Policy
22.1.7 The Counter Fraud, Bribery and Corruption Policy,
22.1.8 Any additional regulations or codes of practice relevant to the Board.

23. Review of Terms of Reference

23.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Board in fulfilling its functions and the wider experience of the ICB.

23.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the Strategy and Development Committee.

Date Approved by Board of Members: [JULY 2023]
Date of Next Review: [JULY 2024]

Schedule 1
List of Members

The voting members of the Board are:

Position	Name
ICB Deputy Chief Clinical Officer	Michelle Johnson
ICB Executive Director of Place	Sarah McDonnell-Davies
ICB Chief Finance Officer	Phill Wells
ICB Director of Estates	Nicola Theron
ICB Director of Primary Care	Sarah McIlwaine
ICB Director of Communities	Sarah D'Souza
ICB Digital Programme Director & Deputy Chief Information Officer	James Tyler
ICB Director of Primary Care Finance	Sarah Rothenberg
ICB Estates Finance Lead	Diane Macdonald
NHSE Strategic Estates Lead	Karla Damba
ICB Directors of Integration	TBC
ICB Borough Estates Leads	TBC
Community Providers representatives	TBC
NCL Councils representative	TBC

Board Chair:

Position	Name
Deputy Chief Clinical Officer	Michelle Johnson