

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 NNUH
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:

	<ul style="list-style-type: none"> • NOTED the requirement to declare any interests relating to the agenda; • NOTED the Declaration of Interests Register and the requirement to inspect their entry and advise the Board Secretary of any changes; • NOTED the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
1.3	Minutes of the NCL ICB Board of Members Meetings on 7 February and 28 March 2023
1.3.1	The Board of Members APPROVED the 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 the 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	<p>Frances O'Callaghan provided an overview of the report, highlighting the following points:</p> <ul style="list-style-type: none"> • 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	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • 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.

<p>1.7.3</p> <p>1.7.4</p>	<ul style="list-style-type: none"> • 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. <p>The Board of Members NOTED the Report.</p> <p>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.</p>
<p>2.</p>	<p>STRATEGY AND BUSINESS</p>
<p>2.1</p>	<p>ICS People Strategy</p>
<p>2.1.1</p>	<p>Liz Sayce and Sarah Morgan introduced the paper, which built on an earlier Board Seminar discussion. She highlighted the following points:</p> <ul style="list-style-type: none"> • 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.
<p>2.1.2</p>	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • 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	<p>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.</p>
2.1.4	<p>The Board of Members APPROVED the People Strategy, subject to their feedback being taken forward as part of the implementation.</p>
2.2	ICB Priorities 2023/24
2.2.1	<p>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:</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • 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 <i>Narrow health inequalities in access, outcomes and experience including mental health services</i> and more 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	<p>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.</p>
2.2.4	<p>The Board of Members NOTED the organisational priorities for 2023/24.</p>
3.	<p>OVERVIEW REPORTS</p>
3.1	<p>Integrated Performance and Quality Escalation Report</p>

3.1.1	<p>Chris Caldwell and Richard Dale introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> • 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 NCUH, 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	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • 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

<p>3.1.2</p> <p>3.1.3</p>	<ul style="list-style-type: none"> • 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. <p>The Board of Members NOTED the key issues set out in the paper for escalation and the actions in place to support improvement.</p> <p>Action: Sarah Morgan to provide an update on the discussion at the People Board on making NCL a more attractive place to work.</p>
<p>3.2</p>	<p>2023/24 Financial Planning Update</p>
<p>3.2.1</p> <p>3.2.2</p>	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>The Board of Members</p> <ul style="list-style-type: none"> • NOTED the financial planning update and • NOTED that the London Shared Services balance sheet has been closed down in 2022/23.
<p>3.3</p>	<p>Board Assurance Framework (BAF)</p>
<p>3.3.1</p>	<p>Ian Porter introduced the paper, highlighting the following points:</p>

	<ul style="list-style-type: none"> • 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: <i>Failure to recruit into CHC and CIC Learning Difficulties core roles on a permanent basis impacting on team effectiveness and service delivery</i> and <i>Failure to Deliver Referral-To-Treatment Waiting Time Standard</i> • 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.