

## Report to the NHS Somerset Integrated Care Board on 1 December 2022

<b>Title: Minutes of the ICB Board Meeting held on 29 September 2022</b>	<b>Enclosure B</b>
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Version Number / Status:	N/A
Executive Lead	Jonathan Higman, Chief Executive
Clinical Lead:	N/A
Author:	Kathy Palfrey, Executive Assistant to the ICB Board

### Summary and Purpose of Paper

The Minutes are a record of the meeting held on 29 September 2022. They are presented to the ICB Board and are published in the public domain through the NHS Somerset website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

### Recommendations and next steps

The NHS Somerset ICB Board is asked to **Approve** the Minutes of the meeting held on 29 September 2022 and to confirm that the Chairman may sign them as a true and correct record.

### Impact Assessments – key issues identified

<b>Equality</b>	N/A			
<b>Quality</b>	N/A			
<b>Safeguarding</b>	N/A			
<b>Privacy</b>	N/A			
<b>Engagement</b>	There is lay representation on the ICB Board			
<b>Financial / Resource</b>	N/A			
<b>Governance or Legal</b>	The Minutes are the formal record of the meeting held on 29 September 2022			
<b>Sustainability</b>	N/A			
<b>Risk Description</b>	N/A			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref

Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Frome Medical Centre, Enos Way, Frome, on **Thursday, 29 September 2022**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care and Direct Commissioning Committee)
	Dr Berge Balian Dr Victoria Downing-Burn Christopher Foster	Primary Care Partner Member Director of Workforce Strategy Non-Executive Director (Chair of Remuneration Committee; and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Safety and Quality Committee)
	Professor Trudi Grant Maria Heard Alison Henly	Director of Public Health Programme Director, Fit for my Future Chief Finance Officer and Director of Performance
	Jonathan Higman Mel Lock	Chief Executive Director of Adult Social Care, Somerset County Council (Partner Member)
	Grahame Paine	Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Alison Rowswell	Acting Director of Operations and Commissioning
Apologies:	Peter Lewis Shelagh Meldrum	Chief Executive, Somerset Foundation Trust (Trust Partner Member) Chief Nursing Officer
In Attendance:	Charlotte Callen Judith Goodchild Katherine Nolan Jade Renville	Director of Communications and Engagement Healthwatch (Participant) SPARK Somerset, VCSE sector (Participant) Director of Corporate Affairs
Secretariat:	Kathy Palfrey	Executive Assistant, ICB Board

**ICB 001/22 WELCOME AND APOLOGIES**

- 1.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB). Apologies were received as noted above.

**ICB 002/22 PUBLIC QUESTIONS**

- 2.1 Jonathan Higman responded to public questions which had been received in advance, as follows:

Q: Will the ICB perform a similar role to the CCG, being given the NHS budget for Somerset by NHS England and deciding how it should be spent?

A: The ICB (NHS Somerset) was established on 1 July 2022 and took on all of the statutory responsibilities of the CCG on that date. On 1 April 2023, the ICB will also take on the full range of pharmacy, optical and dentistry delegations from NHS England. However, the constitution and ethos of the ICB is different to that of the CCG and the ways of working will be

consequentially different, with a focus on developing partnerships and lasting collaboration. The four national aims of Integrated Care Systems are to:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**

Q: Will the ICB also have the budget for County Council controlled areas of healthcare such as:

- Public Health
- Adult Social Care
- Drugs and alcohol service

A: No. However, the ICB and County Council are increasingly working more closely and will be undertaking more joint planning and commissioning of services.

Q: Aside from holding and dispersing the budget, what else is it anticipated that the ICB will do?

A: NHS Somerset will take an increased focus on prevention and population health management. We will work closely with partners and the people of Somerset to develop and implement an integrated care strategy, ensuring people receive the care and support that they need, where they need it and that services are of high quality, efficient and fit for the future. NHS Somerset is also accountable via NHS England for ensuring the delivery of the best possible services, improving outcomes for the people of Somerset.

Q: How many full-time staff is the ICB planning to have when it goes live in April?

A: The ICB was established on 1 July 2022 with approximately 260 whole time equivalent (WTE) employees transferring from Somerset CCG.

## **ICB 003/22 REGISTER OF MEMBERS' INTERESTS**

3.1 The ICB Board received and noted the Register of Members' Interests. Interests for Dr Berge Balian had been submitted post publication of the Register. Dr Balian confirmed that none of his Interests related to items on today's agenda.

## **ICB 004/22 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

4.1 Under the ICB's arrangements for managing conflicts of interest, any member making a declaration of interest can participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by the Deputy Chair.

There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed.

## **ICB 005/22 CHAIR'S INTRODUCTION/REPORT**

- 5.1 Paul von der Heyde reported that the NHS continues to be under pressure, and all partners are working together to make sure the population receives all the help they can.
- 5.2 The ICB Board structure is different to that of the CCG and now has Members that are representative of different parts of the system, including Trusts and VCSE (voluntary, community and social enterprise).
- 5.3 Paul von der Heyde had met with many Chairs and Non-Executive Directors (NEDs) across different parts of the system and had attended regional and national meetings relating to ICB development and performance.

## **ICB 006/22 MINUTES OF THE MEETING HELD ON 1 JULY 2022**

- 6.1 The Minutes of the Meeting held on 1 July 2022 were approved as a true and correct record.

## **ICB 007/22 CHIEF EXECUTIVE'S REPORT**

- 7.1 The Meeting received the Chief Executive's report. Jonathan Higman and Trudi Grant highlighted the following:
- System priorities include ambulance response times; backlogs in patient waiting times; working with Adult Social Care to support hospital discharges; and GP services and access. Also winter resilience; population health management, and preventative work.
  - Arrangements for the establishment of the Integrated Care Partnership (ICP), which will be responsible for producing the system health and care strategy (refer also to Minute ICB 008/22).
  - Covid rates are beginning to rise nationally, with ONS figures showing a 1.5% prevalence. Although currently in a trough, it is expected that rates in the south west will also start to increase. Variant BA.5 is currently dominant but is likely to be overtaken by BA.4.6 which is more easily transmitted.
  - Nationally, approximately 3,500 cases of Monkey Pox have been reported, although none in Somerset. However, all services are primed and any suspected cases are being addressed.
  - The latest vaccination programme is now underway, and the current focus is on front-line staff, care homes, the housebound and people aged 50 years and above who are high risk.
- 7.2 Dr Caroline Gamlin asked if it would be possible to provide Covid and flu vaccinations at the same time, as this might encourage greater uptake: Trudi Grant confirmed that this is being encouraged where possible, although is dependent on vaccine availability.

## **ICB 008/22 ESTABLISHMENT OF THE INTEGRATED CARE PARTNERSHIP (ICP)**

- 8.1 The Meeting received a paper relating to the Establishment of the Integrated Care Partnership, including the proposed future arrangements for the Health and Wellbeing Board (HWB) and ICP. Jonathan Higman and Trudi Grant highlighted the following:

- The HWB had received the paper at their meeting on 26 September 2022, which had been attended by Paul von der Heyde, and a slightly revised version will be presented to the Full Council meeting on 5 October 2022.
- Compared to other areas, Somerset enjoys a 1:1 relationship with the Council (SCC). The proposal therefore seeks to take advantage of this simplicity and to bring the HWB and ICB together, reducing the potential for duplication and bureaucracy.
- Development of the health and care strategy will be key, and the paper sets out the transition arrangements, which link with the new arrangements for Somerset Council. Interim arrangements will be in place until April 2023, when SCC becomes established as a Unitary Council: during this time the membership of the HWB will be retained, plus the following additional voting members:
  - representative from the VCSE sector
  - the Chief Executive Officer of Somerset Foundation Trust
  - the Chief Medical Officer (CMO) of the ICB
  - representative from the Registered Care Providers Association
- A sub-group will be convened and tasked to create the strategy, which will be developed taking account of the views of the Somerset population. An interim strategy will be produced by December 2022 and will be informed by the Joint Strategic Needs Assessment (JSNA) data from Public Health.
- A five-year plan is required, to be published by March 2023, underpinned by a more detailed two-year plan. This describes in more detail how the strategy will be implemented.

- 8.2 Members discussed the importance of increased engagement. Judith Goodchild reminded the Board about the role of Healthwatch, which exists to engage with the general public, to find out their views, and to put those views to the relevant decision-making Boards.
- 8.3 In his capacity as Chair of SPARK, Grahame Paine reminded the Board that SPARK is a charity. Although SPARK is the representative of the VCSE sector on the ICB, there is no contract between SPARK and the NHS, and SPARK has no formal authority or mandate to represent the sector, although it will bring a perspective from the sector to the Board: a formal memorandum of understanding between the ICB and SPARK would be helpful.
- 8.4 Jonathan Higman and Katherine Nolan will be meeting to discuss this.
- 8.5 Jonathan Higman commented about the Health Population Management Board, which forms part of the ICS, and will be the driver for prioritising and improving population outcomes. Paul von der Heyde noted that the strategy will be informed by the JSNA and how asked the JSNA is produced:
- 8.5.1 Trudi Grant responded that the JSNA is a statutory responsibility of the Health and Wellbeing Board. A themed approach is usually taken, over a number of years, eg. climate change, with an overview every third or fourth year. Specific needs' assessments inform the overall JSNA, eg. SEND. If the ICP and HWB come together, the JSNA will need to be reviewed to see how best it can be progressed going forward. Maria Heard suggested it would be an annual process, which would be reviewed by the ICP. If anything has fundamentally

changed, the strategy would need to be updated and the annual plans refreshed. Decisions will need to be made around priorities.

#### 8.6 The ICB Board:

- approved the approach to align the Health and Wellbeing Board and the ICP
- endorsed the transition arrangements for the period October 2022 to March 2023, and endorsed work to continue the development of the Somerset Board from April 2023 onward
- approved the Terms of Reference for the ICP for the transition period
- noted the timescales associated with the Integrated Care Strategy

### **ICB 009/22 FINANCIAL POSITION**

#### 9.1 The report covers the period 1 April to 31 August 2022 and covers the full NHS Somerset financial position:

- The system submitted a balanced financial plan for 2022/23 both on an organisational and system basis. NHS Somerset is forecasting a balanced financial outturn for 2022/23. The Somerset Directors of Finance (DoFs) will be meeting on 30 September to test this position, taking account of the financial pressures being caused as a result of the need to ensure safe staffing levels due to increased levels of activity in our acute hospitals.
- The report highlights a variance of £0.3 million for the April to August period, relating to £100,000 at Somerset Foundation Trust in respect of profiling of CIP delivery, and £200,000 at Yeovil District Hospital due to cost pressures at Symphony Healthcare Services.
- The capital plan shows that all schemes are due to end the year in line with plan. Work is taking place to ensure this is delivered.
- The various risks and mitigations are being reviewed and will be updated following discussion at Somerset DoFs on 30 September.
- The report shows the spend against the figures in the 2022/23 plan for agency spend. The table shows an improved position for month 5 but a deterioration is anticipated in month 6 (September).

#### 9.2 Referring to agency costs, Grahame Paine asked if Somerset might follow the Cambridge system, which had increased training numbers to reduce reliance on agency staff:

9.2.1 Dr Bernie Marden advised that he, Victoria Downing-Burn and other members of the executive team would be working through what would make the most impact for specific needs. There is a redistribution of trainees across the country and Somerset could take advantage of this. A multi-professional approach towards training is required.

9.2.2 The Board continued to discuss agency costs, noting that the Workforce Strategy would need to include all such costs, eg. in primary care, social care, care homes etc. There is a need to be more innovative in recruiting and

retaining staff, for example, by offering help with accommodation, car parking etc.

9.3 Alison Rowswell commented that not all services run across seven-days, and this causes pressure particularly at the beginning and end of each week.

9.4 The Board approved the Finance Report for Month 5.

## **ICB 010/22 INTEGRATED BOARD ASSURANCE REPORT (IBAR)**

10.1 The Meeting received the IBAR Exception Report for the period 1 April to 31 July 2022. Alison Henly, Dr Bernie Marden and Alison Rowswell highlighted the following:

- The continuing significant demand for all urgent care services across the county, which has led to a deterioration in performance in the following areas:
  - NHS 111 call answer/clinician call-back
  - Ambulance handovers (although Somerset performs better compared to other south-west regions)
  - Ambulance category 1 and category 2 response times
  - Increase in the number of people attending A&E services
  - Longer stay emergency admissions due to the complexity of health needs being presented, resulting in pressure on hospital bed availability
  - GP Practices continue to struggle with operational pressures, with approximately 50% of GP Practices reporting an average OPEL 3 score, meaning that demand/staff absence is sufficiently high that daily workload cannot be managed even with additional resources. The practice can cope short-term but is likely to utilise other services more than usual
  - Referrals have increased, and cancer service demand has returned to pre-pandemic levels
- As at 31 July 2022, 452 patients have been waiting in excess of 78 weeks for treatment, and 32 patients have been waiting in excess of 104 weeks. These figures are a marginal improvement when compared to figures as at 30 June 2022.
- Somerset is one of the top-performing systems nationally for Improving Access to Psychological Therapy (IAPT) services. Although the six-week waiting time standard (75%) has not been met since January 2022, due to capacity issues and a short-term surge in demand, we are now seeing improvement in performance, from 46.9% in June to 51.8% in July
- Access for Children and Young People Mental Health services is currently below target but showing a steady increase. Recent additional investment across a number of providers will improve our access targets through recruitment and retention, and also through opportunities to learn from other systems

- both SFT and YDH have implemented the PeriPrem Care Bundle to improve outcomes for premature babies. Compliance continues to improve, with YDH identified as having particular success in implementation and development of a strong perinatal team culture
- Dementia diagnosis rates are being reviewed. National funding for GP Practices has been obtained and we are working with the VCSE to develop materials for how we can improve in this area
- Children Looked After (CLA) dental checks and health assessments: there are issues around general provision and additional resource and appointments are required.
- Work is taking place in maternity services to implement the recommendations of the Ockenden Report. During the pandemic, there was an increase in the number of non-accidental injuries to children under the age of two years. A risk summit will be held in October to review in more detail.
- A winter resilience room is being established to address the anticipated increase in demand and operational pressures over the winter months, and action plans have been formulated to support Somerset Trusts during this period
- A contract for a Somerset Ambulance Doctor Car has been procured and awarded, with 80% of patients now being treated in the community. Specialist paramedics are now attending patients who otherwise would have been conveyed to hospital.
- Social/domiciliary care: SCC has tendered for overseas staff, which will provide 1,000 hours of care. This forms part of the system plan for reducing the current levels of patients with 'no criteria to reside' in our hospitals. In addition, by November 2022, an additional 45 beds will be commissioned in residential nursing care homes. The impact of this on the level of 'delayed discharges' from hospital is being closely monitored. It was also noted that in parallel to this additional capacity being brought on line, seven local care homes have closed within the past two months and, although the system is working to retain staff, this has compounded the historic discharge problems.

10.2 Jonathan Higman commented that there is work to be done around cancer due to the increased number of referrals and performance against the 62 day standard. This will be a key area of focus at the next System Assurance Framework meeting, where performance issues are considered and improvement plans overseen. In terms of winter resilience, we are holding each other to account across the system. A balanced approach to risk is required.

10.3 Katherine Nolan asked how the voluntary sector story around risk issues could be brought to the System, ie. recruitment, retention, staff morale, complexity, demand etc. It was agreed that Katherine Nolan, Alison Henly and Mel Lock would meet separately to discuss.

Action ICB 009: Meeting to be arranged between Katherine Nolan, Alison Henly and Mel Lock, to discuss voluntary sector risk issues (Alison Henly)



10.4 The Board approved the IBAR for the period 1 April to 31 July 2022.

#### **ICB 011/22 HEALTH AND WELLBEING ANNUAL REPORT**

11.1 The Meeting received and noted the Health and Wellbeing Board (HWBB) Annual Report for 2021/22. Trudi Grant highlighted the following:

- The report is the most recent update, but is not particularly up-to-date
- Over the past two years, the HWBB has been operating, although not to the extent that it did previously, due to priority being given to establishing the COVID engagement board
- The Living With Covid Plan now comes through the HWBB, and the COVID engagement board has been stood down
- Focus over the past few years has been on homelessness, and a Homelessness Reduction Board (HRB), a multi-agency group, has been developed following a successful £18,000 bid for funding.
- The HRB is doing some excellent work and has received much national recognition, being nominated for an award by the Royal Society of Public Health
- Going forward, housing will be a priority, and future priorities will include the Children and Young People's Plan, around which there has been excellent engagement
- Conversations are taking place relating to engagement with communities, and we are looking at developing an integrated function
- Just prior to the pandemic, the HWBB agreed to set up an information sharing panel, which was a key part of developing data integration, and this will continue
- The HWBB is relooking at the JSNA and discussions will be held about forthcoming priorities

#### **ICB 012/22 HEALTHWATCH SOMERSET ANNUAL REPORT**

12.1 The Meeting received and noted the Healthwatch Somerset Annual Report for 2021/22. Judith Goodchild highlighted the following:

- Healthwatch was established as a statutory organisation under the Health and Social Care Act, with the role of listening to the public and bringing their views and opinions to the various health and care Boards
- Consultation is a key part of the annual programme, which is directed by what Healthwatch hears at various meetings, and, for example, insight work collected around A&E departments
- Healthwatch Somerset networks widely, also undertaking work for the CQC, Devon Doctors etc.

- Employed staff numbers are minimal: of a total of four staff, one staff member works full time and three staff members work four days per week; but much of the work is carried out by volunteers
- Healthwatch Somerset is hosted by Somerset County Council, under a three-year contract with option to extend. The current contract is due to expire shortly, and there is concern from the Healthwatch Board and staff about the future
- Healthwatch Somerset is currently considering becoming a Community Interest company, meaning that it would become a stand-alone organisation and be able to bid against the upcoming tender by SCC

12.2 Mel Lock clarified that SCC goes to tender for all contracts, and seeks quality, added value, and sustainability. The Tender Board will work with Public Health and communities, and the process will be undertaken openly and transparently, with guidance being provided before the tender exercises.

12.3 Katherine Nolan advised that SPARK would be able to provide guidance and support to Healthwatch Somerset around setting up a Community Interest company, including support with funding bids.

Action ICB 010: Separate meeting to be arranged between Mel Lock, Katherine Nolan and Judith Goodchild (Mel Lock)

12.4 Board members thanked Judith Goodchild for her report, and for the work undertaken by Healthwatch Somerset, which is greatly valued and appreciated.

**ICB 013/22 DATA SECURITY AND PROTECTION TOOLKIT: ANNUAL REPORT 2021/22**

13.1 The Meeting received and noted the Data Security and Protection (DSP) Toolkit Annual Report for 2021/22. Jade Renville highlighted the following:

- We are required to meet 10 data security standards as set by the National Data Guardian
- The toolkit is an annual self-assessment against these 10 standards
- As part of the transition to the ICB, the former Somerset CCG retained responsibility to complete the toolkit and publish its report, including where standards were not met, which would automatically generate an improvement plan
- The 95% compliance target for annual mandatory training by the Board was not met: however, the transition should be acknowledged as part of this
- The improvement plan has been completed and communicated to NHS Digital, with the detail being reviewed through the Information Governance Committee.

**ICB 014/22 COMMITTEE CHAIRS' REPORTS**

14.1 The Chairs of the Somerset ICB Assurance Committees provided verbal reports of the most recent meetings, as follows:

- Finance Committee: no particular issues to report. The committee had commended the team for their work.
- Audit Committee: the meeting had discussed the closure of the CCG and start-up of the ICB.
- Quality and Safety Committee: the most recent meeting was held on 31 August 2022, discussing Burnham & Berrow, care homes, Devon Doctors, changes to HAI (healthcare acquired infections) and infection reviews. The next meeting will look at excess deaths in more detail.
- Primary Care: the committee had discussed its Terms of Reference; the proposed merger of SFT and YDH; various questions that had been raised by the Quality and Safety Committee; and the primary care strategy. The committee had also discussed the primary care budget, which achieved a breakeven position last year, but in the context of a system which is £60 million overspent. The ICB Board will need to think further about how GP Contracts are managed.
- Executive Committee: the meeting on 7 September had discussed the system, strategy, priorities, and the stroke pathway, together with risk and nursing home closures.

**ICB 015/22 ANY OTHER BUSINESS**

- 15.1 Ofsted inspection results: Somerset Safeguarding Children was rated Good across all domains.

**ICB 016/22 DATE OF NEXT MEETING**

- 16.1 1 December 2022, 9.30 am, at Wynford House, Lufton Way, Yeovil.

Chairman:

Date:

### ICB ACTION/DECISION LOG (including actions carried forward from CCG)

Committee Name: ICB Board

Item No or Type (Action/Decision/ Issue/Risk)	Date Raised	Item	Decision/Actions/Comment	Lead	Status (Complete/Ongoing/ Approved/Endorsed)
CCG 804	23.02.21	Oliver McGowan training sessions	Update to be brought to a future GB meeting following early roll-out of the initial Oliver McGowan training sessions in October and the stakeholder event in December	E Zoestbergen	Originally for meeting January 2022. Deferred to TBC
CCG 809	25.11.21	EPRR	Self-assessment to include the process for how the system will move from being a Category 2 to Category 1 responder	A Rowswell	Ongoing. To be considered at a future development
CCG 811	27.01.22	DPH Annual Report	Comments made by a young person relating to suicide to be reviewed and a response made offline	Trudi Grant	
CCG 812	27.01.22	DPH Annual Report	Process for the continuation of online access for CYP, and maintenance-/ upgrades etc, to be confirmed	Trudi Grant	
CCG 816	31.03.22	Covid Vaccination Comms	Publicity relating to appointment booking for 4th vaccination to be increased	Sara Bonfanti	
CCG 818	31.03.22	Green Plan	Interim targets to be incorporated into the Green Plan	Alison Henly	Ongoing – being developed as part of the action plan
CCG 819	31.03.22	Green Plan	Updated Green Plan, including interim targets, to be brought back to the CCG Governing Body and/or ICB Board	Alison Henly	Ongoing – system workshop has taken place to develop the action plan to support the delivery of the Green Plan
CCG 820	31.03.22	Health & Welfare LPA	Action Plan for Becca' Story to be amended to include a general population comms around the importance of a Health and Welfare LPA	Shelagh Meldrum	
CCG 824	31.03.22	Risk Register	Mental Health team to review the wording relating to risk 409 and amend if appropriate	Alison Rowswell	
CCG 825	31.03.22	Risk Register	Risk 428 to be refreshed to reflect 'living with Covid'	Shelagh Meldrum	
CCG 827	26.05.22	Fuller Stocktake report	ICB response to the Fuller Stocktake report to be brought to a future ICB meeting – date to be confirmed	J Higman and Paul von der Heyde	
CCG 828	26.05.22	Ockenden report	ICB to take account of the recommendations of the Ockenden Report	J Higman and Paul von der Heyde	

Item No or Type (Action/Decision/ Issue/Risk)	Date Raised	Item	Decision/Actions/Comment	Lead	Status (Complete/Ongoing/ Approved/Endorsed)
CCG 829	26.05.22	Engagement with Health Visiting services	Review engagement with health visiting services, taking account of all available resources, eg. voluntary sector	Shelagh Meldrum	
CCG 830	26.05.22	Maternity Services	Information about neighbouring maternity services to be included into Somerset's maternity reports	Shelagh Meldrum	
CCG 831	26.05.22	Staff Survey	ICB to take forward the recommendations from the staff survey	J Higman and Paul von der Heyde	
ICB 001	01.07.22	Register of Interests	All ICB Board Members to register their Interests on the electronic database	Kathy Palfrey	Ongoing
ICB 002	01.07.22	ICB Constitution	To be added to the Business Planning Cycle for June/July 20223	Jade Renville	Complete
ICB 003	01.07.22	Committee ToRs	For discussion by each Committee. Any recommended changes to TORs to be brought to ICB Board	Committee Chairs	
ICB 004	01.07.22	Remuneration Cttee ToRs	To be amended	Peter Osborne	Complete
ICB 005	01.07.22	Formal governance review	To be added to the Business Planning Cycle for May/June 2023	Jade Renville	Complete
ICB 006	01.07.22	PCDCC ToRs	To be reviewed against the Constitution for second Council post	Peter Osborne	In progress
ICB 007	01.07.22	Development Sessions	Social Care Reform + Primary Care to be included on the forward Devt session agenda	Jade Renville	Complete: dates TBC
ICB 008	01.07.22	ICB Future Meeting Dates	Meeting invitations to March 2023 to be circulated	Kathy Palfrey	Complete
ICB 009	29.09.22	IBAR	Meeting to be arranged between Katherine Nolan, Alison Henly and Mel Lock, to discuss voluntary sector risk issues	Alison Henly	