NHS
Barnet
Clinical Commissioning Group

BARNET CLINICAL COMMISSIONING GROUP

ANNUAL REPORT AND ACCOUNTS

2019 – 2020

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PERFORMANCE REPORT

Foreword – Accountable Officer's introduction

Welcome to the 2019/20 Annual Report and Accounts for Barnet Clinical Commissioning Group (CCG).

During the past year, Barnet CCG has delivered a wide range of programmes to improve the health and wellbeing of residents. The performance overview in the report provides a summary of our achievements from the past 12 months against our business plan priorities for 2019/20 and how we have discharged our functions (page 6-66).

We were delighted that, in the most recent review by NHS England (via the NHS Oversight Framework (NHSOF)), cancer survival (1 yr.) for Barnet residents remains above the mandated target. Also, Barnet has greatly improved performance in access to psychological therapies (IAPT), and is maintaining performance above target for Early Intervention in Psychosis (EIP).

The financial position of Barnet, Camden, Enfield, Haringey and Islington CCGs in North Central London (NCL) has been increasingly challenging over recent years. In 2019/20, our CCGs undertook significant work on our Quality, Innovation, Productivity and Prevention (QIPP) programme, aligned to the NCL Medium Term Financial Strategy. This was delivered increasingly collaboratively with health and care partner organisations to identify system efficiencies, both locally and on an NCL-wide level. We have more work to do. More information is set out in the financial duties section of this report (page 30-34).

In January 2019, the NHS Long Term Plan was published, setting out a refreshed vision for the future NHS and making a number of commitments that the NHS will deliver. The plan described a transition from Sustainability and Transformation Partnerships (STPs) to Integrated Care Systems (ICS) by April 2021.

In NCL, system partners are working closely together to design our NCL Integrated Care System, underpinned by five Integrated Care Partnerships at a borough level.

There is a shared commitment to transforming how our health and care organisations work together to ensure services are more integrated and are well placed to deliver the ambitions of the Long Term Plan, with a greater focus on supporting residents to live healthier lives. More information on our work in 2019/20 is covered in the Commissioning Arrangements section of this report.

An effective Integrated Care System requires a streamlined strategic commissioning function, to enable greater consistency and coherence around collectively achieving agreed priorities. In recognition of this, the Governing Bodies of our five CCGs approved the formation of one NCL CCG from April 2020, and our membership voted to approve the new Constitution.

As such, this is the final Annual Report and Accounts to be published by Barnet CCG. I would like to thank our Governing Body, membership and staff - plus NHS, social care, voluntary and community sector colleagues - for their invaluable contributions and support since our creation in 2013. We will take everything that we have learnt and established as Barnet CCG into the new NCL CCG.

As we look forward to 2020/21 and beyond, we will progress our shared vision and collective commitment to work together in new ways to change and improve health and care services in NCL for the benefit of our residents.

In March 2020, just as we were coming to the end of the financial year and about to merge to become one North Central London Clinical Commissioning Group, the coronavirus (Covid-19) pandemic presented us and the whole NHS with an unprecedented challenge. Health and care providers across North Central London have been working collectively since then to respond and provide care to both those who are unwell with Covid-19, and those who have other health and care needs. We are incredibly grateful to the health and care staff whose ongoing commitment and compassion is vital in providing care throughout these challenging times.

We have been working hard to support our member practices to deliver excellent care in what is a complex and fast-moving situation. The very nature and urgency of the Covid-19 response is requiring us to work and think differently.

Through collaboration, creative thinking and clinical leadership we have been able to respond quickly and decisively.

Our future plans for urgent and planned care will need to factor in the likelihood of a continuing need to treat patients with Covid-19 and non-Covid-19 related illness. As the situation develops we will continue to work together with our staff, partners and stakeholders across our five boroughs. In doing so we will collectively ensure our system remains resilient and works in the best ways possible to protect and care for staff and residents during this challenging time.

Finally, I would like to thank colleagues across the health and care system for their support since I joined NCL CCG in February 2020.

Frances O'Callaghan
Accountable Officer
23 June 2020

Performance Overview

Formation of the North Central London Clinical Commissioning Group (April 2020)

In November 2019, NHS England and Improvement London approved our application to merge the five NCL CCGs to form one CCG. A huge amount of work was undertaken in 2019/20 to design our future governance, operating and staffing models, and ensure a smooth transition to our new form on 1 April 2020.

The case for this change is a strong one. A single CCG will enable more consistent, aligned, efficient and effective NHS commissioning across NCL. It will ensure we maximise efficiencies and provide greater value through better use of resources. This means we can maximise investment in frontline services and work in a more collaborative way with our partners to facilitate and support improvements in the way services are commissioned.

We will be better able to focus time and resources on commissioning the best possible care and support for patients, tackling existing inequalities and delivering better health outcomes across NCL. This, alongside a more strategic and efficient system-focused approach to decision making, will ultimately lead to the improvement in outcomes for our patients, residents and the reduction in health inequalities across the system.

To support working at scale with a single strategy and focus, and to drive consistency in the services we commission, we are developing a new operating model for the single CCG. This model will provide a greater degree of influence within the system and enable us to realise the benefits of working as a single organisation:

- Greater strategic commissioning as an Integrated Care System working across larger populations
- Greater coordination between Boroughs to support improved opportunities for seamless integrated care that will deliver increased quality, a better experience for patients as well as cost effectiveness

- Increasing resilience and retention of scarce resources
- Greater alignment of commissioning activities and sharing best practice across disciplines to enable a more consistent co-ordinated approach with our stakeholders and services on care currently provided and in development
- Less duplication in areas such as QIPP, Acute commissioning and contracting, Quality, Continuing Health Care and performance management
- A move away from transactional contracting and towards a more strategic outcomes focused approach
- Improved consistency in planning and decision making in order to underpin our commitment to reducing variation and inequalities
- Effective utilisation of limited commissioning resource by reducing duplication in effort, inconsistency and fragmentation of approach
- Best use of financial resources that ensures cost efficiency and value for money.

More information on the NCL CCG merger can be found here.

Moorfields Eye Hospital

In 2019/20, a national consultation was undertaken on a proposal to move Moorfields Eye Hospital, University College London's Institute of Ophthalmology and Moorfields Charity to a new site at St. Pancras in London. The consultation was overseen by a CCG Committee in Common comprising of the 14 'lead' CCGs with contracts at Moorfields' City Road site, including all five NCL CCGs. In February 2020, the Committee in Common approved the proposal.

The new centre will offer a better patient experience, shorter waiting times and access to the best of modern eye care. The NCL Joint Health Overview Scrutiny Committee confirmed the proposal is in the interest of local residents and the London Clinical Senate found "a clear, clinical evidence base" to support the proposal.

Commissioners will establish a London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London. Commissioners will pursue opportunities for re-provisioning activity, working in

partnership with providers and commissioners across London to ensure services are delivered in the best possible way for patients, and deliver value for money.

Further engagement and co-production will also be undertaken with staff, the local community and service users to develop and design the new centre. This will be an ongoing priority for the NCL CCG and partners in 2020/21.

Healthy London Partnership achievements in 2019/20

Barnet CCG, along with all of London's 32 CCGs, Greater London Authority, London Councils, Public Health England and NHS England (London) contributed funding towards Healthy London Partnership (HLP) in 2019/20. The aim was to bring together the NHS and partners in London to work towards the common goals set out in Better Health for London, NHS Five Year Forward View and the devolution agreement.

HLP works as a partnership across London's health and care system and beyond to achieve these goals. This includes NHS organisations in London, including Barnet CCG, NHS England, NHS Improvement, hospital trusts and providers, as well as working across health and care with the Greater London Authority (GLA), the Mayor of London, Public Health England and London Councils. Additionally, HLP hosts the London Health and Care Strategic Partnership Board which provides oversight and leadership for devolution plans, working closely with the London Health Board secretariat. HLP is supporting the development of the refreshed shared vision for health and care to ensure all partners are clear about their role in making London the world's healthiest city.

Again, 2019/20 has been a busy year for Healthy London Partnership, but another in which we feel confident we have provided strong support for partners and the London system as a whole.

Through successful partnership working across health and care in London, HLP has helped to deliver on a range of programmes, outputs and achievements spanning primary and community care, secondary care and mental health, as well as those focused on integration of health and care and place-based care. All this work is part of the partnership's collective aim to make London the world's healthiest city.

Working with partners across London's health and care system, the London Vision was developed and launched at the London Health Board Conference in October 2019. The conference was chaired by Sadiq Khan, Mayor of London, at City Hall.

The vision restates a shared ambition to be the world's healthiest global city as well as the best global city in which to receive health and care services. It sets out shared priorities across 10 population health areas of focus and system enablers where it is recognised that partnership action is needed - London-wide together with local action working with Londoners.

HLP director, Shaun Danielli, outlines how by working with its NHS and wider partners HLP has contributed to improving Londoners' health and wellbeing, so everyone can live healthier lives:

"Healthy London Partnership has continued to support the transformation of health and care for Londoners in 2019/20. There has been significant progress in areas such as mental health, greater use of technology, developing primary care networks and prevention.

"None of this would be possible without key agencies, organisations and people working together. Partnership working is the only way in which we will tackle London's most complex health and care challenges and ensure that we meet our shared aim of making London the healthiest global city.

"As we look ahead, the NHS Long Term Plan and the London Vision gives us a huge opportunity to transform the way we support the health and care of Londoners. All those involved are looking forward to shaping and implementing improvements for London."

Over the last year HLP has been working with the London's Improvement and Transformation Architecture (LITA) programme to develop a new organisation, working within and supporting new London wide systems and ways of working. It is recognised that for LITA to be a success, it needs to be truly embedded within the system, and not a provider to it.

LITA looks to bring together bringing HLP and others that support transformation at system level to work together better, bringing together skills, capacity and subject matter expertise in a flexible and outcome focused way.

Other engagement highlights in 2019/20 include a number of significant projects undertaken by Thrive LDN, the citywide movement to improve the mental health and wellbeing of all Londoners. In January 2020, Thrive LDN published an interim Insights Report which outlined a number of significant projects undertaken in 2019. The report details how more than 200,000 people took part in events linked to the Thrive LDN movement. These collective citywide and local activities are having a positive impact on the mental health of Londoners, with highlights including:

- More than 35,000 Londoners have supported a citywide Zero Suicide London campaign by taking free, online suicide prevention training
- 1,200 people participated in film-based outreach and events for Londoners from intersectional and marginalised communities
- 450 people attended a young Londoner-led World Mental Health Day Festival
- More than 100 new Youth Mental Health First Aid Instructors were trained and have delivered Youth Mental Health First Aid training to more than 1,300 education staff.

More recently, in partnership with the Mental Health Foundation (MHF), Thrive LDN published Londoners did – a report which outlines many examples of local efforts and community-based actions which have come as a result of Thrive LDN's community conversation workshops held in 2018. The report highlights actions across half of London's boroughs which are now supporting people to build strength and resilience.

Further focus on children and young people was demonstrated through London's annual #AskAboutAsthma campaign. Led by HLP in conjunction with NHS London region, the campaign coincided with the start of the new school year when hospital admission rates for asthma (week 38) are at their highest. The campaign reached over 17.5 million people online in 2019. Additionally, HLP has developed the London asthma standards for children and young people, bringing ambitions for how asthma

care should be delivered across the city with national and local standards, along with an online toolkit for staff which to date has been accessed just over 19,000 times.

This year has also bought the NHS GO app into the NHS Apps Library, designed by young people for young people, NHS GO has been downloaded over 80,000 times via the Apple and Google Play Stores.

The London Mental Health Dashboard makes a wide range of London's mental health data publicly accessible in one place to act as a strategic planning tool bringing together information from a range sources and organisations to provide an overall picture of mental health across the capital. The main purpose of the dashboard is to bring the best information we have about mental health together in one place, as a resource for everyone with an interest in improving care.

The Mental Health Transformation Team have also welcomed the development of HoNOS and DIALOG, designed to promote the use of patient outcome measures in Mental Health.

The Transforming Cancer Services Team (TCST), funded and in partnership with Macmillan Cancer Support, has produced a suite of documents for psychosocial support for people affected by cancer, these include commissioning guidance, an integrated pathway, mapping of services, business case and service specification. A toolkit focusing on inequalities was also produced with an aim to reduce inequalities in cancer care and outcomes in London and West Essex; it provides patient experience dimensions and recommendations for all organisations that plan, commission and deliver cancer care for Londoners.

Urgent suspected cancer referral activity data is presented in a useful interactive dashboard developed by HLP and was updated earlier this year with the latest data.

Through HLP, London's A&E departments and police forces have worked together to develop a handover process for voluntary mental health patients in emergency departments, which has resulted in 83% fewer people going missing from A&E during

a mental health crisis compared to the previous year. The handover process was awarded the Best Patient Safety Initiative in A&E at the 2018 HSJ Awards.
There has also been a strong focus on mental health transformation across London during 2019/20. We saw the NHS in London invest an extra £6 million into specialist mental health services to support women during pregnancy and in the first year after giving birth. From March 2019, services for perinatal mental health problems will be available across all of London. The extra resource has resulted in 134.7 new perinatal staff and all 32 London boroughs have a perinatal mental health team, this important specialist care is now offered to nearly 5,300 women a year. HLP also held a successful Perinatal Mental Health conference in February of this year at the Royal College of Psychiatrists bringing together over 173 guests including, lived experience experts, midwives, student midwives, psychiatrists, pharmacists, nurses and other health professionals from across the region. The team were also shortlisted for the 2019 HSJ Awards for the Acute or Specialist Service Redesign Initiative.

Work to update the successful Mental Health in Schools Toolkit, which was first launched in 2018, took place in 19/20 and the updated suite of resources will be relaunched over the coming weeks with updates on guidance, practical tools and resources. The toolkit provides information for schools, governors and commissioners on mental health and emotional wellbeing in schools.

2019 also reached a milestone for London's dynamic e-learning portal, Paediatric Critical Care in Practice (PCCP) for acute paediatric health professionals. To celebrate the first-year anniversary, we launched a new module on reducing levels of consciousness and neuroprotection within the portal. Since launching in 2018, over 800 professionals across London's 30 acute paediatric hospital sites have registered to use PCCP.

Elsewhere, a new resource on gathering feedback from families and carers when a child or young person dies has been designed to help support professionals in their work with bereaved families and carers. NHS England has expressed an interest in publishing this resource nationally through their Gateway process.

Since launching in 2017, Good Thinking – London's unique digital mental wellbeing service – had supported over 300,000 Londoners to actively tackle anxiety, sleeplessness, stress and depression. Good Thinking has offered personalised new ways to improve mental wellbeing for Londoners.

London has also become the first city to enable a majority of its general practitioners (GPs) to refer patients to a series of clinically-proven, commissioned digital therapeutic apps, to support people experiencing the four most common mental health concerns; low mood, stress, sleep and anxiety. This move sees Good Thinking enabling approximately 75 per cent of London GPs to digitally refer health apps to their patients for free.

In 2019/20, Urgent and Emergency Care was naturally under the spotlight in London, and the team delivered excellent supporting work for the capital. Not least with the NHSmail/Social Care Digital Discovery project. This was designed to help provide social care colleagues with secure email to communicate effectively and resulted in greater NHS collaboration, efficiencies and security across health and care.

Between April and December 2019, numbers of London care homes and domiciliary care providers with access to NHSmail climbed impressively, from 26 and 16 up to 118 and 22 respectively. Now, more than 400 new social care colleagues have access since the launch.

In November 2019 the team received a Health Tech News Award and in February 2020 they claimed the prestigious 'Best Consultancy Partnership with the NHS' prize in the HSJ Partnership Awards.

The redesign and transformation of London's health and care systems will be supported by strong commissioning support, with primary care as a central part of this.

The Transforming Primary Care (TPC) team's 'Next Steps to the Strategic Commissioning Framework – a vision for strengthening general practice', ran from November 2018 until November 2019. The initiative brought together various stakeholders to agree a clear, achievable vision for how general practice organisations

can work collaboratively at scale. The group were committed to providing practices with the resources they need to support this change at various levels including practice, Primary Care Networks (PCNs), and larger-scale General Practice Organisations (LGPOs).

The document itself was in an easy-to-read format with rich material to support understanding and learning. In addition, a maturity matrix, supporting case studies and resources were developed to support the TPC team's work.

It was possible to provide additional at-scale transformation funding to support the development of the project. Following London's success in setting a vision ahead of the Long Term Plan and national primary care developments, being able to release transformation funding through previous success and on partnership working approach with STPs/CCGs and other stakeholders.

The creation of a London PCN Development Support Group aimed to assist the development and resilience of PCNs and those who work with them. This support included helping to understand what development assistance would be beneficial, identifying and sharing good practice, problem solving and helping the implementation of support locally and regionally - where appropriate.

By building on its foundations of collaborative working, this initiative has helped to support the creation of current primary care network formations. As such, some 99% of practices in London are in a Primary Care Network with 100% patient coverage in place and 201 Primary Care Networks formed in 2019.

A key focus of HLP's work is shifting London's health focus from preventing illness towards supporting health and wellbeing and helping residents being able to make healthy choices and adopt healthy behaviours.

Last year HLP again worked with a range of partners to tackle preventable illnesses and improve Londoners' health and wellbeing. For example, in partnership with Healthwatch London and Groundswell, HLP produced another 20,000 'My right to

access healthcare' cards, to support those experiencing homelessness access healthcare services.

HLP worked with the Fast Track Cities Initiative to secure £3m of funding over three years from NHS England and NHS Improvement to support the drive to end the transmission of HIV by 2030. The funding is to allow more HIV testing, ensure more people with HIV stay on treatment and support more people with HIV to live well. This will be delivered by 12 voluntary sector led projects each of which will receive Quality Improvement (QI) training and coaching.

Elsewhere through partnership working in 2019, the first London Estates Strategy was published in summer 2019, which will support a coordinated approach to using capital and the release of surplus to requirement NHS estate, meaning much needed money is reinvested back into London's health and care system.

This is only a snapshot of all HLP's work to make London the healthiest global city. You can explore HLP's various programmes via its website or search the HLP resources section for publications or case studies.

Sustainability and Transformation Partnership

Asthma conference launched whole-system plan to improve outcomes for children

We launched a whole-system asthma plan on World Asthma Day in May 2019, building on borough-based integrated solutions and NCL wide approaches to improve outcomes for children and families that live with asthma.

Proud to Care website

Proud to Care North London, an adult social care jobs portal, launched in June 2019 to help ensure we have a workforce to meet the increasing needs for care services for older residents. Providers can post jobs for free and care workers and job seekers can search for jobs ranging from entry level to senior management roles. https://www.proudtocarenorthlondon.org.uk/

Dementia care across North Central London shining example of best practice

North Central London has been identified as one of only three areas in England delivering best practice in dementia care with Enfield Care Home Assessment Team and Camden and Islington's Home Treatment Team both selected as examples of this. In April 2019 Professor Alastair Burns, NHS England and NHS Improvement's National Clinical Director for Dementia and Older People's Mental Health, visited NCL and talked to the teams to hear about their work.

Proposal put forward for consultation for Adult planned orthopaedic services

The Joint Commissioning Committee agreed the clinical delivery model and process for NCL's Adult Elective Orthopaedic Services Review following a year of work led by clinicians. A proposal for how these services could be delivered by two partnerships across NCL is out to public consultation with the aim of delivering consistent, high-quality care and reducing long waits and cancellations.

First contact practitioners pilot

A successful pilot for First Contact Practitioners in Enfield and Barnet is being made permanent and extended to other boroughs. The pilot placed musculoskeletal practitioners in GP practices to see patients with back pain and saw reductions in investigations and referrals, and has other benefits in saving GP time and supporting de-prescribing.

Teledermatology

NCL's teledermatology service was launched in 2019, seeing in excess of 130 referrals to dermatologists at University College Hospital London (UCLH), Royal Free Hospital and The Whittington Hospital.

One of the referrals resulted in the diagnosis of a rare and hard to diagnose skin cancer, amelanotic malignant melanoma. By using Teledermatology, the patient's images were triaged within three working days - enabling a much faster diagnosis and commencement of treatment.

The successful pilot is now being implemented across Camden, Haringey and Islington by April 2020 and will be implemented in Barnet and Enfield by April 2021.

Primary Care Networks established

Thirty primary care networks have been established across NCL to provide integrated services to their local residents. The partnership working between Islington GPs, GP federation and partners has been held up as example of good practice/partnership working. This is good news for residents as it means there will be multi-disciplinary teams of physiotherapists, pharmacists, paramedics and other professionals working in GP surgeries to provide better out of hospital care. This will free GP time to focus on their sickest patients and reduce waiting times for those needing an appointment.

Helping people with Mental illness to find work

Individual Placement and Support (IPS) service was awarded £600,000 to fund five IPS workers from across the boroughs of Barnet, Camden, Enfield, Haringey and Islington who provide support to help 300 people with severe mental illness find and thrive in paid employment.

New bank staff framework predicted to save £9m in two years

We have been working with UCLH and other partners to better manage the use of agency staff to the NHS by introducing a new temporary staffing framework. This has the benefit of not only saving money, a predicted £9m over two years, but also to ensure safer levels of staffing, to deliver outstanding patient care and to retain more staff by improving opportunities for staff across all professions and grades to work flexibly.

Implementing the Long Term Plan

In 2019, all Sustainability and Transformation Partnership (STP) areas were asked to respond to the NHS Long Term Plan with a collective five-year plan. With existing NCL work already closely aligned to the requirements of the Long Term Plan, we have used this opportunity to refresh and refocus.

NCL's plan will be the basis for continued discussion and the development of more detailed work with our staff, partners, local residents and voluntary and community groups.

In NCL, we want residents to start well, live well and age well. Evidence shows that as little as 10% of a population's health and wellbeing is linked to access to healthcare, therefore we need to work with partners to tackle the wider determinants of health such as housing, air pollution, isolation, and education and skills.

Our plan sets out how we need to work differently to help residents start well, live well and age well by:

- Working as partners to integrate care where it improves outcomes
- Fixing the basics and reducing waste and duplication
- Working across health, public health, social care and the voluntary and community sector to focus on prevention and early-interventions
- Support individuals to have more personalised care
- Moving to a population health based planning approach.

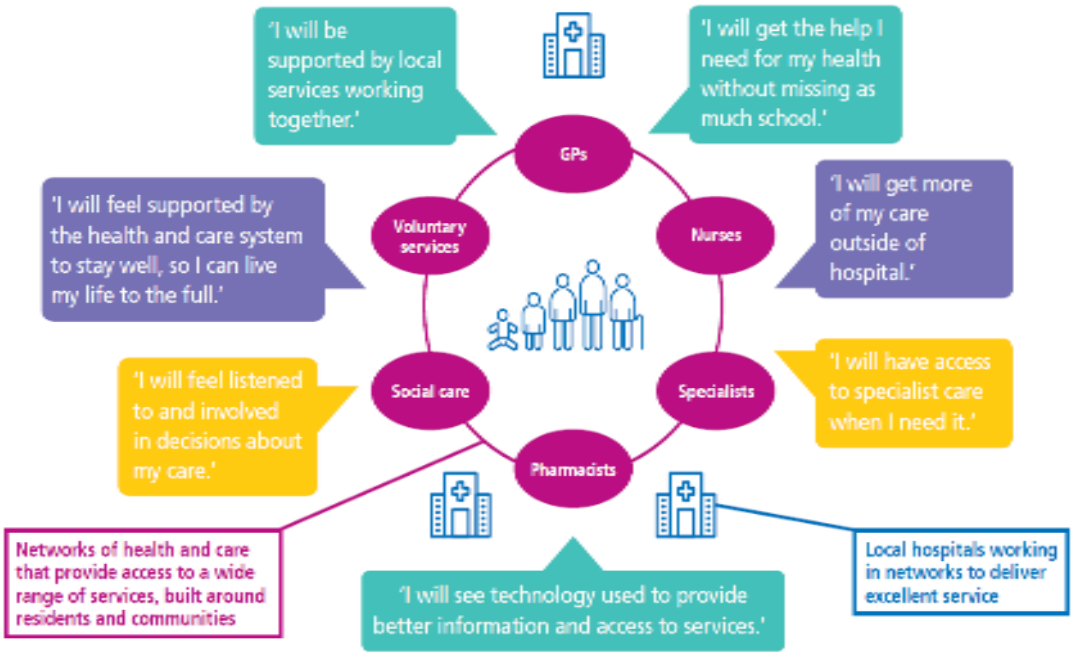
We will change services to:

- Integrate and develop a wide range of out of hospital, community and mental health services to improve health and wellbeing of residents and communities
- Support hospitals to work together more often to deliver excellent, efficient services to maximise impact

This is supported by actions to:

- Better support our staff across health and care
- Take advantage of the opportunities of digital technology
- Manage our estates in a coordinated way
- Ensure finance supports the changes we need to make

What does this mean for residents?



What will be different?

Joan is 80 years old and lives at home. She has heart disease and diabetes, and sometimes forgets to take her medication. She has found it more difficult to manage over the last six months but wants to stay living at home. Joan's GP has developed a Care Plan – in discussion with Joan – so that the practice, district nursing team and social care work together to help Joan stay well and living at home safely. If Joan's GP becomes concerned about something, he uses the Rapid Response service to assess her the same day at home, which helps avoid trips to A&E. When Joan did fall last year and needed to be seen at hospital, she was assessed within two hours and a plan was in place quickly to get her home as soon as she was ready.

What will be different?

12-year-old Ali's asthma had been getting worse. He missed a lot of school last year and had several trips to A&E. Ali's school has recently signed up to become an asthma-friendly school which means that his teachers are aware of what Ali needs to do to stay well, like using his inhaler before PE. Ali's GP suggested that he and his mum take part in group consultations with other kids with asthma and their parents and they have picked up some tips on inhaler technique. Ali has started an asthma self-management programme and he now regularly sees a community asthma nurse in the surgery near his home. Ali has been managing his asthma much better and he and his parents are really pleased that he is missing less school and spending less time in hospital.

North Central London Integrated Care System

Integrated care means teams and organisations that are responsible for health and care are working together, sharing resources and information to support the needs of individuals, increase our impact and reduce waste. Integration of health and care services will happen in different ways.

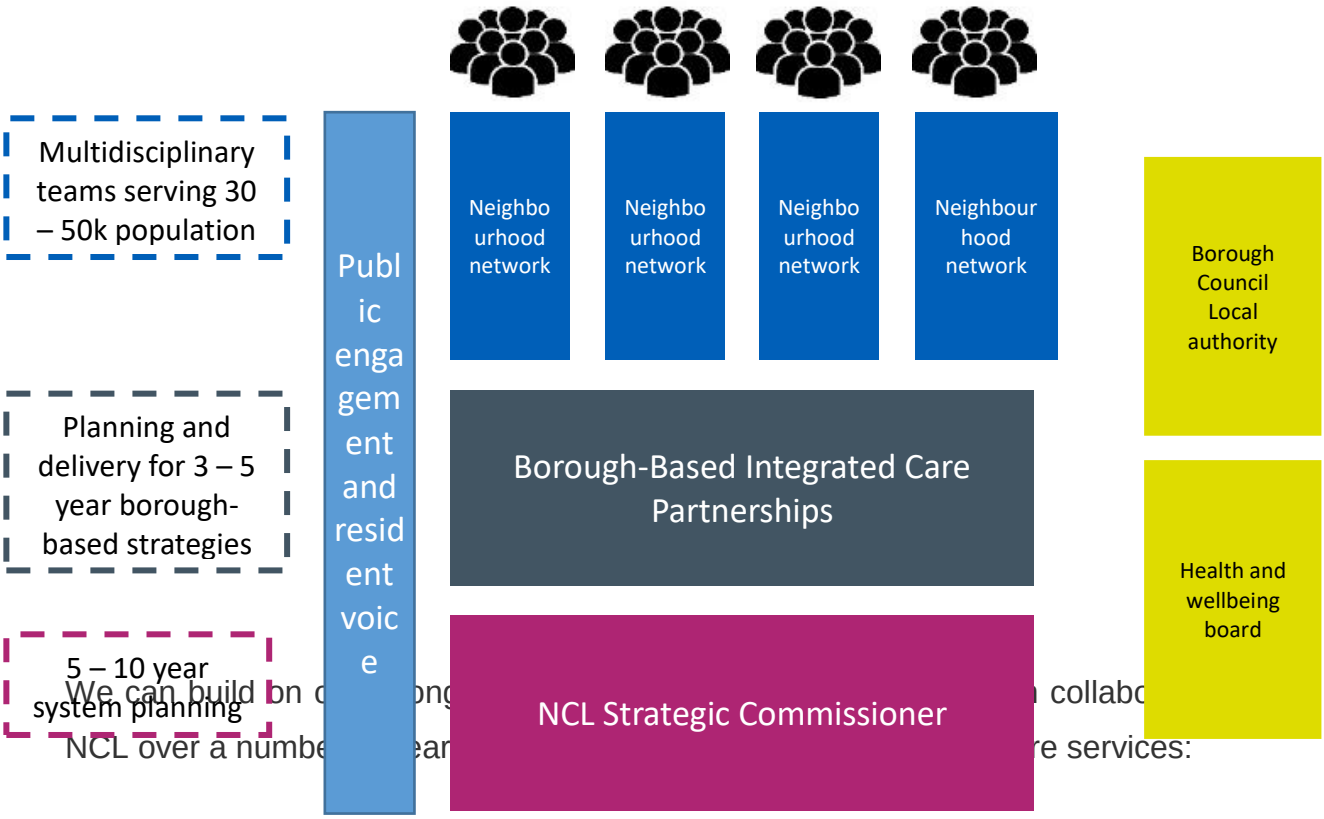
- **Locally, at neighbourhood level**: Staff from across health and care organisations and professions proactively supporting residents and communities to stay well and live full lives. For example, GP practices will work

with care workers and health visitors to improve access to support around employment and community activities, as well as offering high quality clinical care

- **Across each borough – within 'Borough Partnerships'**: This will support services to work together to best meet the needs of local residents. For example, health and care organisations will jointly plan services to support older residents, rather than people receiving care from several different teams or organisations
- **Across North Central London – through an 'Integrated Care System'**: This will allow us to plan services for the five boroughs together where it make sense. For example, delivering orthopaedic services as a network, meaning fewer cancelled operations and quicker access to a specialist.

We will also tackle long-term issues that a single organisation can't solve on their own, such as taking collective action to reduce air pollution, or creating a joined-up health and care record.

Together, system partners have begun to design what our Integrated Care System (ICS), with borough-based Integrated Care Partnerships, might look like.



We can build on c ong collabo
NCL over a numbe ear re services:

- **NCL local primary care development** – involving GP Federations in the development of Primary Care Networks across NCL
- **NCL CCGs** – Barnet, Camden, Enfield, Haringey and Islington merging to create a single CCG by April 2020
- **Borough partnerships** – partnerships established in each borough to look at integration of services to improve outcomes
- **Provider partnerships and joint working** – where this improves outcomes and reduces costs e.g. NCL orthopaedic review
- **North London Partners** – providers, commissioners, local authority, other key organisations and residents working together on cross system programmes of work.

Adult Elective Orthopaedic Services Review

A consultation on the future of planned orthopaedic surgery for adults in north central London launched in January 2020. This follows over a year of work led by clinicians to agree a clinical delivery model and process which was approved by the Joint Commissioning Committee. A proposal for how these services could be delivered by two partnerships across NCL is out to public consultation with the aim of delivering consistent, high-quality care and reducing long waits and cancellations.

The consultation asked for views from residents, staff and partners on the proposal of how to organise these services, which, if approved would create two partnerships for planned orthopaedic care – with University College London Hospitals (UCLH) and Whittington Health working together, and The Royal Free London Group (Royal Free, Barnet Hospital, Chase Farm Hospital) working with North Middlesex University Hospital.

At present, waiting lists are too long, too many operations are cancelled (many on the day) and demand for surgery is growing. This is driving the need for change.

North London Partners embarked on the consultation with a commitment to hearing as many views as possible, from those who have used the services in the past and those who may use them in the future. Conversations were scheduled with a wide

range of community groups across our five boroughs, with particular focus on those highlighted in equalities and transport impact reports commissioned by the review team.

In addition to small group consultations, North London Partners, each of the Trusts and CCG teams hosted engagement events, giving residents the opportunity to put forward their views, highlight any areas for improvement and make alternative suggestions.

The consultation closed on 6 April, and subject to volume and content of responses, the outcome of the consultation is due to be reported in the summer of 2020, when a decision will be made on the future of these services.

NCL's digital programme – joining up health and care information

As part of our digital programme, we have begun rolling out electronic joined-up health and care records across NCL. This will give GPs and care teams in the community and hospitals access to important patient health and care data, allowing for quicker and better decision making.

GP practices in Barnet and Enfield were the first boroughs in NCL to begin using joined-up health and care records and over 620,000 patients in 79 practices are now benefiting. The joined-up records link GP surgeries' electronic patient records with systems at Royal Free, Chase Farm and Barnet hospitals.

The advantage is that GPs have access to critical patient medical information, and the right information to make quicker, safer decisions. Over the next few months, health and care teams at the Royal Free, Chase Farm and Barnet hospitals will have access to GP information in return. Care teams at other NHS providers across NCL will link to the joined-up records over the next 12 months.

Local GPs have reported that the new joined-up health and care record has transformed the way that they care for patients. Being able to check on results from the hospital saves time and resources and GPs can reassure patients with details of future appointments and the outcome of referrals.

Sustainable Development

The NCL CCGs recognise that sustainable business practices will benefit the NHS and the people in the area we serve by ensuring the best use of resources and minimising any adverse impact on the environment. There is a need to promote sustainability across our services in an effort to boost the social, economic and environmental aspects of our delivery.

As part of our commitment to sustainability, and with an aim of creating a more rigorous approach to embedding sustainability within the culture of our local providers, a Sustainable Development Management Plan was developed for 2019/20. This guided our sustainability priorities with member practices, current and future providers and ensure there is focus on environmental and social sustainability across all our activities.

The NHS Carbon Reduction Strategy for England was launched in January 2009. It recognised climate change as the greatest global threat to health and wellbeing. It reiterated that the NHS, as one of the largest employers in the world, has an important role to play to in reducing carbon emissions, a key cause of climate change. It made a number of recommendations for the NHS, which included asking NHS organisations to have a Board approved Sustainable Development Management Plan in place.

The NCL CCGs are committed to follow sustainable business practices to:

- Adopt a leadership role in the health and social care community on sustainable development
- Operate as a socially responsible employer
- Create equal opportunity and create an inclusive and supportive environment for our staff
- Minimise the environmental impact of staff in respect of CCGs' business
- Minimise the environmental impact of our offices
- Raise awareness and actively engage and enthuse staff in sustainable behaviours.

We are doing this because we see clear benefits in applying sustainability as part of our business as usual approaches:

- Financial co-benefits: where developing environmentally sustainable approaches to the delivery of health and social care also reduces direct costs – for example, by promoting greater efficiency of resource use
- Health co-benefits: where approaches that reduce adverse impacts on the environment also improve public health – for example, promoting walking or cycling instead of driving
- Quality co-benefits: where changes to health or social care services simultaneously improve quality and reduce environmental impacts – for example, by minimising duplication and redundancy in care pathways.

The NCL CCGs are committed to the following actions to improve the organisations' sustainability and ensure we promote a sustainable healthcare that is safe, smart, ethical and future proof:

- Promote non-motorised forms of transport such as walk to work or cycle to work schemes across our organisations, to reduce fuel usage and improve local air quality and the health of our community
- Promote healthy eating through our health and wellbeing week and encourage staff to reach out to local businesses and organic products to fight waste food from restaurants and supermarkets in our area
- Encourage agile working through teleconferencing and access to e-documents to reduce the usage of paper, office space and travel needs and its environmental impact
- Review the usage of plastic cups and water resources across the CCGs to reduce waste while creating some efficiencies
- Collaborate between the CCGs to reduce waste by reusing unutilised goods in other offices where needed and promote recycling
- Liaise with our landlords / local authority to reduce building energy usage and improve the recycling systems
- Embed sustainability within the commissioning cycle: the CCG intends to use e-procurement methods as far as possible, and include tender questions and performance measures relating to environmental considerations in the

contracts tendered. The CCG will encourage providers (and potential providers) to be innovative in reducing their environmental impact whilst maintaining excellent clinical quality standards and improved outcomes

- Improve equality and diversity in our organisation and through the services we commission
- Work in partnership with our providers, local authorities and other CCGs to reduce duplication and optimise outputs

As part of the Long Term Plan published in January 2019, there is a transition from STPs to Integrated Care Systems. In support of this, NHS organisations and Councils in North Central London share a commitment to improve the health and wellbeing of the local population to align with the development of Integrated Care Partnerships and the work on the Integrated Care System across NCL.

The NCL CCGs have also gone through a process to merge into one organisation (NCL CCG) from 1 April 2020. This will have clear sustainable benefits in the way this new organisation manages resources to create even further efficiencies which will reduce our environmental footprint.

INTRODUCING BARNET CLINICAL COMMISSIONING GROUP

Barnet Clinical Commissioning Group (CCG) is a membership organisation made up of GPs from 52 practices who work within the borough to plan and buy (commission) health services for the local population. The role of the CCG is to ensure that residents and those registered with GPs in Barnet have access to the healthcare services they need. We work collaboratively with the Barnet population to provide high-quality services and improve the health and wellbeing of the local population.

Clinical commissioning is key to the success of the NHS in Barnet. It places clinicians and medical professionals at the heart of commissioning, drawing on their expertise to determine the right healthcare services for our local population. It involves assessing population needs, prioritising local health outcomes, commissioning appropriate services and managing numerous service providers. The CCG plays a central role in ensuring quality, safety and effectiveness of healthcare, and providing clinical leadership and value for money in our borough.

Barnet CCG is responsible for planning and buying the majority of local healthcare services, including:

- Planned hospital care
- Urgent and emergency care (including out-of-hours services)
- Maternity services
- Most community health services
- Mental health and learning disability services
- Drugs prescribed by General Practitioners
- Primary care services (delegated from NHS England)

Our vision and values

Our vision is *'to work together with the Barnet population to improve health and wellbeing'.* This is underpinned by a set of values directing the work we do on behalf of the people of Barnet.

We are:

- **Courageous and challenging** – we will embrace challenge and innovation, continually seeking improvement in all we do and promoting the reputation of Barnet CCG as a forward-thinking commissioning organisation.

- **Open and respectful** – we will be open and honest in all of our communications and also in how we make decisions, both in how we make them and the reasons behind them. We will place our residents' needs at the heart of our decision making.

We demonstrate:

- **Quality and value** - the services we commission are evidence-based, follow best practice and are of a demonstrably high quality. We are committed to commissioning a wide range of health services in ways which are cost-effective and accessible, making the best use of public resources.
- **Leadership and accountability** – we have a strong leadership team led by a Chief Operating Officer and a clinical Chair. Service development and delivery is informed and shaped by clinicians, acting on behalf of GP members and the local public.

We will:

Listen and respond to the people of Barnet - without the involvement of local people we will be unable to deliver more personalised and responsive services that meet the needs of those who use them.

Our strategic objectives

The past year has seen a continued evolution in the NHS landscape as we respond to the ambitions described in The NHS Long Term Plan (LTP). Published in January 2019, the plan sets out the priorities for the next 10 years:

1. Making sure everyone gets the best start in life
2. Delivering world-class care for major health problems
3. Supporting people to age well

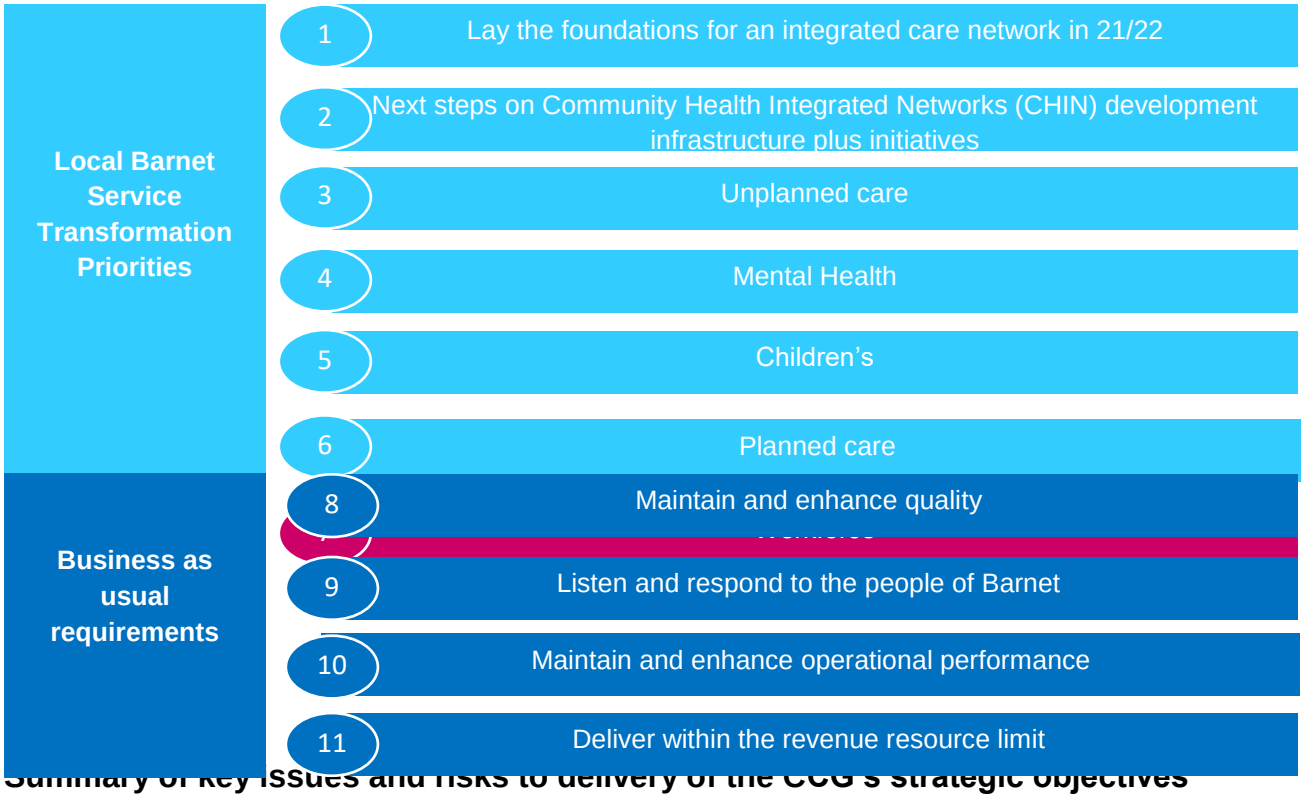
It also describes how these ambitions will be delivered:

1. Doing things differently
2. Preventing illness and reducing health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS

This evolution is reflected at a local level. Our Health and Wellbeing Strategy is focused on aligning to the London vision of: Start Well; Live Well; Age Well. Health and social care partners across Barnet are collaborating with a focus on developing shared plans for integrating services to improve the outcomes for local residents. Work continues in Barnet to develop and support the primary care networks (PCNs) as building blocks of the new system.
Much work has been done this year, and indeed continues to be done, in Barnet to move to an Integrated Care System.

These bring together local organisations in a practical and collaborative way to deliver the integration of primary and specialist care, physical and mental health services, and health with social care.

For 2019/20, the Governing Body agreed three priority areas comprising 11 workstreams: local Barnet service transformation priorities; local corporate focus; and business as usual requirements.



Summary of key issues and risks to delivery of the CCG's strategic objectives

The CCG operates a robust approach to identifying and managing its key risks. This includes strong oversight and scrutiny of the most significant risks by the Governing

Body and its committees. The most serious risks to the achievement of the CCG's strategic objectives are captured on the Board Assurance Framework (BAF). The BAF is presented at every Governing Body meeting.

The following thematic issues continue to be managed by the CCG:

- The underachievement of NHS constitutional performance targets in the local system
- Delivering financial balance against rising cost of services, patient growth and demand
- Achievement of the NHS Five Year Forward View to move patient care away from the acute hospital setting and into the community
- Patient safety.

Notable risks that have been proactively managed through 2019/20 are:

1. *2019/20 QIPP Delivery (Threat)*: At year end, the CCG had delivered £17.7m or 97% of our total QIPP plan. Non-achievement of schemes within the 2019/20 QIPP plan came as a result of delays in start-up. However, a number of the schemes started in 2019/20 are expected to deliver additional benefits during 2020/21.
2. *Failure to Deliver 2019/20 Statutory and Other Financial Requirements Set By NHS England (Threat)*: The CCG's control total was a surplus of £1.2m. However, all North Central London CCGs experienced a further year of increased costs and activity, which culminated with the unprecedented impact of the national Coronavirus pandemic in the final quarter of 2019/20. Alongside the additional measures put in place to respond to COVID-19, the CCG had already experienced increased costs in acute care provided at hospital, Continuing Healthcare, and nationally set price increases of drugs prescribed by General Practitioners (GPs). There was also additional financial pressure from increased registrations with digitally based GPs outside of Barnet. Overall, these heighted costs resulted in a total in-year deficit in 2019/20 of £6.7m.

Financial performance: 2019/20 financial review

Introduction

The 2019/20 financial year signals the final year in which Barnet CCG will exist as a separate NHS commissioning entity following the decision to merge with Camden, Enfield, Haringey and Islington CCGs to form North Central London CCG from the 1 April 2020.

This section of the annual report sets out a summary of the CCG's financial performance during this final year of operation. The annual accounts have been prepared under directions issued by NHS England and in accordance with guidance set out in the National Health Service Act 2006. Further detail on the CCG's financial performance can be found in the CCG's 2019/20 accounts at the end of this annual report.

Financial duties

During the 2019/20 financial year, the CCG received a £598.7m funding allocation from the Department of Health and Social Care, via NHS England, to commission care services for the local population. The CCG's Control Total, the targeted amount of spending NHS England sets for the CCG, was a surplus of £1.2m in 2019/20.

All North Central London CCGs experienced a further year of increased costs and activity, which culminated with the unprecedented impact of the national Coronavirus pandemic in the final quarter of 2019/20. Alongside the additional measures put in place to respond to COVID-19, the CCG had already experienced increased costs in acute care provided at hospital, mental health high cost placements, and nationally set price increases of drugs prescribed by General Practitioners (GPs). The CCG realised pressures from increased registrations with digitally based GPs outside Barnet. Overall, these heighted costs resulted in a total in-year deficit of £6.7m in 2019/20.

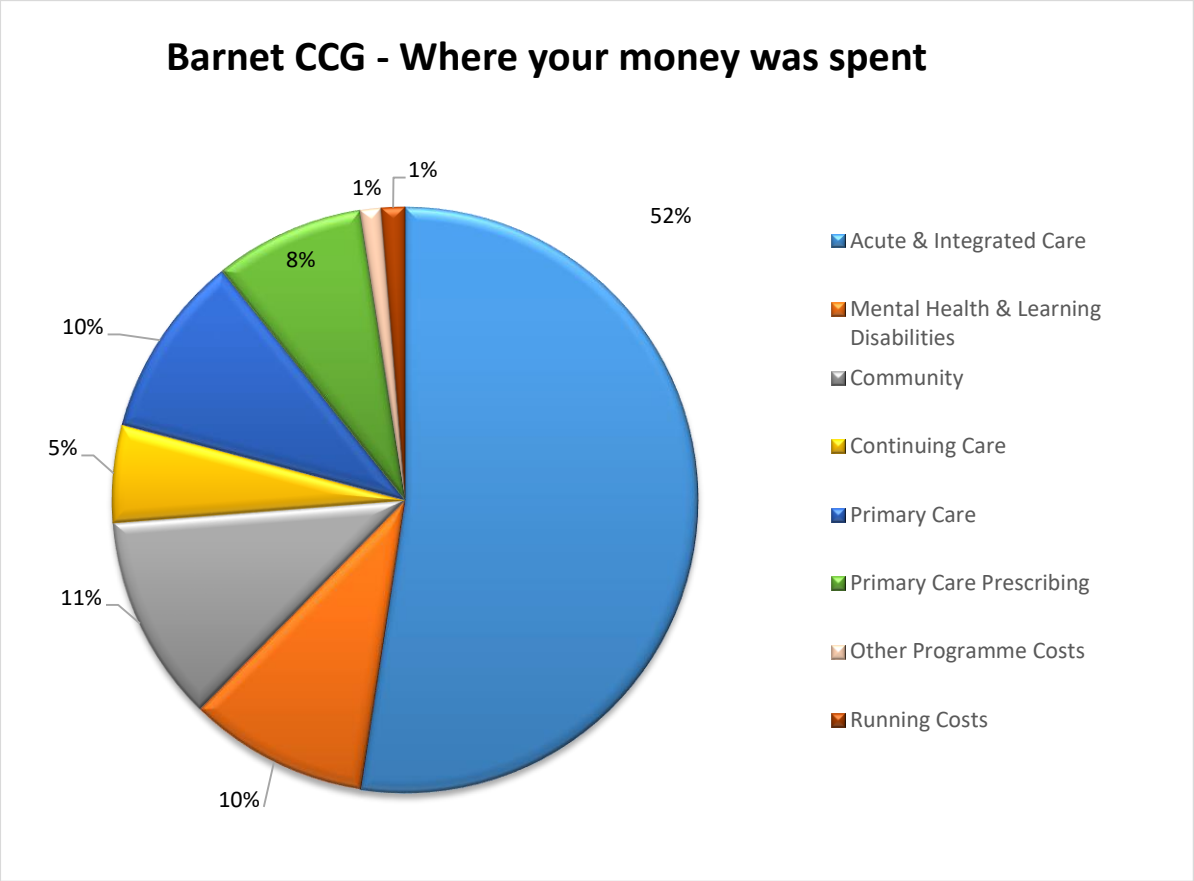
The CCG's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2019/20 the CCG spent £8.1m in this area which is in line with the planned spending target.

Financial performance

The CCG continued to experience significant financial challenges in 2019/20 which were reflected across the healthcare sector as a whole. Rising patient numbers, increasing acuity and nationally set increases in the cost of drugs prescribed by local General Practitioners have increased pressures on the CCG's finances in 2019/20. In addition, the CCG has a requirement to meet important performance and spending targets in areas such as Mental Health and Primary Care and has continued to work with partner organisations across health, the Local Authority and third sector to ensure care is provided in the most appropriate setting.

Of the CCG's total £605.4m expenditure in 2019/20, £317.4m or 52%, was spent on acute (hospital-based) and integrated care (community-based) services in 2019/20. This vast majority of this spend was on the provision of care services at the CCG's main acute hospital the Royal Free NHS Foundation Trust. The CCG's main provider of mental health services, Barnet, Enfield & Haringey Mental Health NHS Trust, accounted for half of the £60m spend on mental health services during 2019/20. Smaller contracts were in place with other NHS, community and voluntary sector providers. The CCG continued to pool resources and work collaboratively with colleagues at Barnet Council to better align patient health and social care needs. The following chart illustrates how the CCG spent public funding on the provision of healthcare services for the local population. Children's services are delivered by or in partnership with Barnet Council.

Overall spending during 2019/20



During financial year 2019/20 the CCG reported higher levels of patient activity and patient acuity across all areas of acute activity, and most notably in A&E, drugs and devices, elective, non-elective care (unplanned emergency care) and outpatient services. In 2019/20, these pressures related to Whittington Health NHS Trust and North Middlesex University Hospital NHS Trust.

Spending pressures in mental health were driven by increased pressures in mental health high cost placements. Primary care prescribing cost pressures were driven by the short supply of drugs and nationally set price increases in drugs. In addition, the CCG realised pressures from increased registrations with digitally based GPs outside Barnet.

By achieving the 2019/20 ‘Mental Health Investment Standard’ the CCG continued with its commitment of ensuring that spending on mental health services is in line with physical health services. Non-acute spending includes the CCG’s £24.9m investment in the Better Care Fund.

This programme has supported collaborative working in Health and Social Care to support timely discharge from hospital and the joint management of patient health and social care needs in the community.

All north central London CCGs have delegated responsibility from NHS England to commission Primary Care services for General Practice within their boroughs. During 2019/20, Barnet CCG spent £53.2m in this area which included payment of GP contracts, quality and outcomes framework (QOF) payments and General Practice overheads such as premises-related costs.

Delivering savings and efficiencies through QIPP (Quality, Innovation, Productivity and Prevention)

In order to meet financial planning requirements and improve the quality and efficiency of services, the CCG agreed a £18.2m QIPP target for 2019/20. The QIPP programme, set at 3.1% of the CCG allocation in 2019/20, focused on transforming the way care services are delivered by working with partners at other CCGs, Councils and Trusts across the North Central London Sustainability and Transformation Partnership.

The CCG achieved £17.7m (or 97%) of the targeted £18.2m QIPP savings programme in 2019/20. Non-achievement of schemes within the 2019/20 QIPP plan came as a result of delays in start-up. CCG operating plans had expected to accrue the full year benefit of these schemes in 2020/21 and this will be revisited in the post-COVID recovery period with system partners.

2020/21 planning guidance and financial outlook

The 2019/20 financial year signals the final year in which Barnet CCG will exist as a separate NHS commissioning entity following the decision to merge with Camden, Enfield, Haringey and Islington CCGs to form North Central London CCG from the 1 April 2020.

In the autumn of 2019, North Central London STP set out its response to the NHS five year strategic plan.

The NHS began its planning process for translating the strategic plan into the one-year 20/21 operating plan, however this work was suspended in March as part of the NHS response to the COVID-19 pandemic.
For the April 2020 to July 2020, period a set of temporary national financial arrangements have been put in place in order in reduce transactions and allow cash to flow to front-line services as quickly as possible. Contracting arrangements have been simplified and pooled funding agreements with Local Authorities have been extended in order to meet the whole cost of hospital discharges. Financial governance processes have been strengthened to ensure joined up decision making in response to COVID-19 in North Central London.

Further national guidance on 2020/21 finances is expected once the initial COVID response period is over. North Central London CCG will need to plan for a continued heightened response to COVID activity throughout the year whilst addressing elective workloads not undertaken during the response period. This will sit alongside the 2020/21 planning requirement to meet important performance and spending targets in mental health, community services and primary care.

Performance Analysis

Improving quality

NHS England has determined priority areas for CCGs to demonstrate how they are discharging their duties:

- Specialty treatments
- Patient services
- Health & wellbeing

There are various measures to assess performance in these areas both under the NHS Constitution and the NHS England Improvement and Assessment Framework (NHSOF). This section outlines a summary of Barnet CCG's performance against these priorities. Note: The data included in the table above is the most recent data available, and a time lag may exist due to the time required to collect, process and publish this data.

Speciality treatments

Cancer Waiting Times

The NHS Constitution has nine cancer waiting time standards (one does not carry a national target). Barnet CCG's performance against these is shown in the table below.

Metric	Target	Current Performance (2019/20 – Q3)	Change from previous period (2018/19 Q3)	
2 Week Wait - All Cancers	93%	91.71%	↑	90.66%
2 Week Wait - Breast Symptomatic	93%	95.45%	↑	94.42%
31 Day - 1st Definitive Treatment	96%	96.20%	↓	98.66%
31 Day Subsequent - Surgery	94%	98.11%	↑	91.07%
31 Day Subsequent - Chemotherapy	98%	100%	-	100%
31 Day Subsequent - Radiotherapy	94%	98.92%	↑	94.29%
62 day wait for first treatment following an urgent GP referral	85%	83.71%	↑	76.54%
62 day wait for first treatment following screening referral	90%	91.67%	↑	57.14%
62 day wait for first treatment following a consultant decision to upgrade	-	89.27%	↓	91.67%

There has been a concerted effort in Barnet with our cancer service providers to improve waiting times and experience. Our major acute providers have worked with us to implement recovery strategies and additional resource to address underperforming areas and reduce waiting times.

Patient Services

Metric	Target	Current Performance (2019/20 – Q3)		Change from previous period (2018/19 Q3)
Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	**0.965**	**0.77**	↓	**0.79**
One-year survival from all cancers	**75.00%**	**78.30%**	↑	**77.30%**
Women's experience of maternity services	**-**	**81.3**	↑	**80.1**
Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	**15%**	**11.7%**	↑	**8.1%**
Improving Access to Psychological Therapies - recovery	**50%**	**58.0%**	↑	**51.0%**

Barnet CCG is performing well in many of its commissioned services. Barnet is one of the leading CCGs in the country for appropriate Antimicrobial resistance (AMR) antibiotic prescribing. Barnet has greatly improved performance in access to psychological therapies (IAPT), and is now consistently above the 50% threshold.

Continuing Healthcare (CHC) assessments are still being conducted largely out of the acute setting. Current levels are still below the threshold, but the proportion is increasing.

Health & Wellbeing

Metric	Target	Current Performance Data	Change from previous period	
Percentage of children aged 10-11 classified as overweight or obese	**-**	**33.20% (2015-16 to 2017-18)**	↑	**33.06% 2014-15 to 2016-17)**
Maternal smoking at delivery	**6%**	**3.75% (2019/20 Q2)**	↓	**3.94% (2018/19 Q2)**
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	**-**	**1,241 (2019/20 Q2)**	↓	**1,506 (2018/19 Q2)**
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	**53%**	**82.6% (2019/20 Q2)**	↓	**84.9% (2018/19 Q2)**

The health and wellbeing of Barnet residents is paramount, and Barnet CCG is maintaining or improving performance in this area.

Obesity rates in children have remained almost static. This must be taken in the context of rising levels of obesity across the country in this age group, particularly in London. Health inequalities in the treatment of urgent conditions is also reducing. Although maternal smoking rates are rising, they are still amongst the lowest in the country.

Barnet CCG has maintained the investment in mental health, meeting the investment standard. This has been reflected in both an increase in the access to IAPT services and maintaining an above target performance in Early Intervention in Psychosis (EIP).

Quality Governance

The role and responsibilities of the Quality Team is to ensure that there are systems and processes in place that provide assurance to the CCG's Governing Body regarding the standard of quality and patient safety in its commissioned services. Where risks are identified, these are reported and where possible, mitigation is put in place to optimise quality and patient safety.

We monitor the quality of services we commission through monthly Clinical Quality Review Group (CQRG) meetings with our key providers. Through these meetings, we oversee the providers' performance in detail against quality measures within the NHS contracts, including any national directives or local initiatives introduced during the year. As the lead commissioner for the Royal Free London NHS Foundation Trust, we undertake the contract and quality monitoring on behalf of the people in Barnet but also for other Clinical Commissioning Groups that are associates to the same contract. We also hold regular meetings with other local health providers including Royal National Orthopaedic Hospital, BMI Healthcare and Barndoc, our GP out-of-hours provider. We work closely with our Associate Commissioners via local governance structures to improve patient experience and outcomes for Barnet patients across providers where Barnet CCG is not the lead commissioner.

The Governing Body has oversight of quality through regular reporting on quality issues at the quarterly Governing Body meetings. In addition, the Quality and Performance Committee, a sub-committee with delegated authority from the Governing Body, monitors quality issues across all commissioned services. This group has responsibility for overseeing the clinical governance framework and the quality of services commissioned by Barnet CCG, providing regular reports and escalating concerns to the Governing Body, as appropriate.

To ensure that quality and performance is maintained and any quality issues are addressed, the operational Quality and Performance Group was established in 2019. The Group's key responsibility is to progress the delivery of quality and performance work at the CCG and to provide operational oversight and direction on quality and performance issues. This has involvement of all departments of the CCG and reports into the Quality and Performance Committee.

It is our belief that every person deserves a high quality, safe experience wherever they are cared for in NHS services. At the heart of all our work is our ambition to work with providers of services, and our local population, to continually improve the quality of services we commission for the people of Barnet.

For this we focus particularly on patient safety, clinical effectiveness and patient experience:

Safety

Barnet CCG strives to ensure that it meets the ambitions and vision for patient safety as stated in the NHS England and NHS Improvements NHS Patient Safety Strategy (July 2019). The strategy reinforces that patient safety is assured when best practice is shared so that it becomes the norm and also by working together to learn and take corrective actions when things go wrong. The biggest opportunity to improve safety is at the point of care by continually reducing the potential for error.

We aim to ensure that patients will experience harm free care when they are using NHS funded services and examples of this will be provided throughout the annual report.

Clinical Effectiveness

We want to ensure that services that we commission are effective and provide the best outcomes possible for the patients who use them and that our providers have robust mechanisms to measure the effectiveness of their services and sound governance to support its delivery. We monitor clinical effectiveness within all our contracts. As a clinically commissioned organisation we also have in place a system of oversight through clinical leads.

Patient Experience

We strive to ensure that our patients experience compassionate care that is personalised and sensitive to their needs. Barnet CCG seeks to understand the experience that our population has when using the services we have commissioned. Through our patient engagement programme and the work with our providers, we regularly monitor information on how satisfied our patients are with the services. We liaise with providers when patient feedback highlights persistent or significant problems and we seek to hear more directly from individuals that have experienced gaps or poor quality care as part of a Patient Story programme to the Governing Body.

As part of our commitment to ensure the patient voice is heard, Barnet CCG has a number of approaches to engage with patients and the local population. Further information can be found in the section on engaging patients and the community.

Organisational Culture and Leadership

We continue to work with a culture of openness, learning and continuous improvement for all staff not only in our own commissioning organisation, but within provider organisations as well.

The five NCL CCGs have been working on plans this year to merge from April 2020 and it is imperative that clinical leadership remains at the heart of commissioning and this includes shaping the future model. The leadership team has been working to ensure during a time of change, there remains a stable and effective workforce with visible and accessible leadership, the development of resilient teams and building leadership capacity and capability for shaping a fit for future workforce.

Quality indicators

Under the NHS Constitutional Standard, there are various measures used to assess the safety of care provided to our residents including healthcare acquired infections, such as Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile. Barnet CCG's performance against some of these measures in 2019-2020 are noted below.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

MRSA is a bacterium that is resistant to a number of widely-used antibiotics. NHS England has a national target to achieve zero cases of MRSA bacteraemia for all CCGs and hospitals.

For each case of MRSA, hospitals are required to complete a post-infection review (PIR) to identify the causes of the infection. We strive to reduce future MRSA infections even further by working collaboratively with our hospitals and system partners to implement the learning from these reviews.

In 2019/20 the numbers below have been reported (data to March 2020):

Royal Free Hospital	4
CLCH	0
Barnet CCG	4

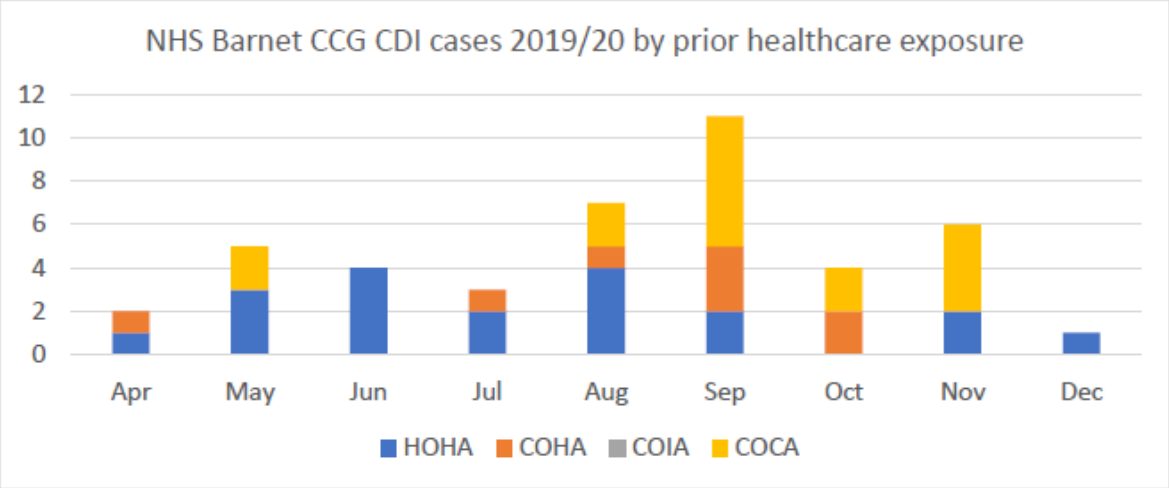
Post infection review demonstrated learning for the Acute Services with timely commencement of decolonisation treatment following positive screen and that particularly for high risk patients that good aseptic technique is followed at all times.

Clostridium Difficile (C. diff)

Clostridium difficile, also known as C.diff. is a bacterium that can infect the bowel and cause diarrhoea and can be exacerbated by the use of certain antibiotics. In order to reduce the number of these infections, NHS England sets targets every year for providers and CCGs, measuring how many C.diff. Infections are diagnosed and attributed to the organisation.

Barnet CCG had a threshold of 104 cases for the year 2019/20. To the end of Quarter 3, the CCG had an overall 56 cases and is below trajectory.

Due to the new reporting criteria of *C difficile* figures, it is not possible to compare the data by category to the same period last year.



Data available to Quarter 3 2019/20

Barnet CCG continues to have a priority to reduce unnecessary use of antibiotics which is currently below the national average. Further work is ongoing to reduce the use of broad spectrum antibiotics and our Medicine Management Team is working with every Barnet GP practice and the acute providers in North Central London to further improve good stewardship in the use of antibiotics.

The Royal Free London NHS Foundation Trust has a threshold of 100 hospital-apportioned cases for the year 2019/20.

To the end of the year, the Trust has reported 96 cases of hospital-onset healthcare associated (HCA) of CDI and is below the threshold for the year of 100.

Gram-Negative Bloodstream Infections

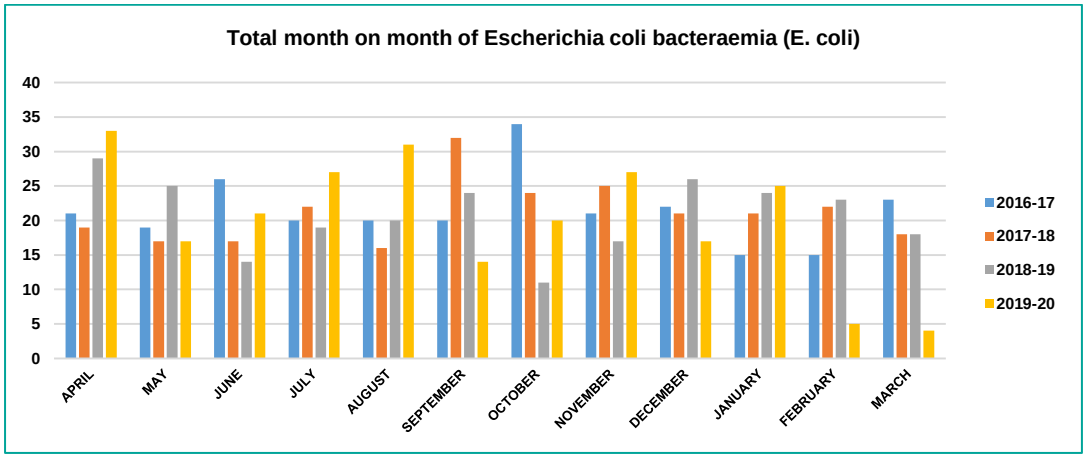
In addition to the reduction of MRSA and C. diff infections we continue to work with our providers to ensure a reduction of the incidents of Gram-negative blood stream infections.

Gram-negative bacteria cause infections including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis in healthcare settings.

Gram-negative bacteria are resistant to multiple drugs and are increasingly resistant to most available antibiotics. We are focusing on reducing healthcare associated E. coli bloodstream infections because they represent 55% of all Gram-negative blood stream infections.

The government, through NHS Improvement, has published ambitious targets for the next five years which requires the health system to reduce these kinds of infection by 25% by 2021-2022 and a further reduction to 50% from baseline by 2023-2024. For Barnet CCG, the baseline as set January to December 2016 was 269. The 10% target reduction for 2017-19 was set at 242. To achieve the 25% reduction for 2021-2022, the upper limit would be 202 and for a 50% reduction by 2023-24 no more than 134. For the year, 214 E. coli bacteraemia have been attributed to Barnet CCG compared to 250 during the previous year.

No specific target was set for 2019/20 and as the local system leader for gram negative infection reduction, we are working with hospitals, community providers and our Local Authority partners to reduce this type of infection in the hospital as well as community settings, to improve performance across the system.



NHS Barnet attributed data 2016-2020

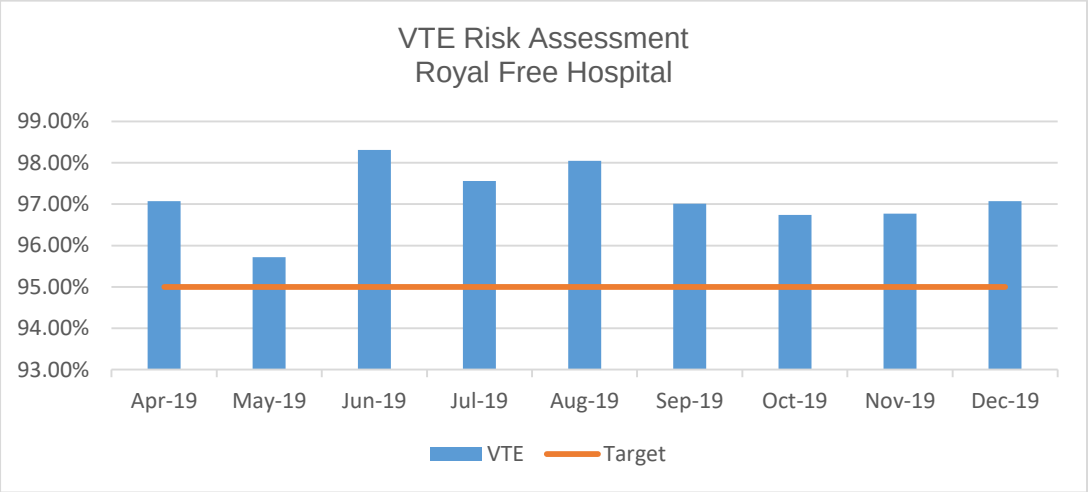
Venous thromboembolism (VTE) risk assessment

Venous thromboembolism (VTE) is a condition in which a blood clot forms in a vein often either the deep veins of the legs or pelvis, known as a deep vein thrombosis or more commonly a DVT. The clot can dislodge and travel in the blood, particularly to the pulmonary arteries and cause a pulmonary embolism or PE.

VTE has been estimated to cause 25,000 deaths every year and its prevention and management is a priority for the NHS. Non-fatal VTE can also cause serious longer-term conditions.

It is a requirement that all organisations undertake a risk assessment for admitted patients to identify if they are high risk of developing a VTE, a condition that can result in patient harm and potential death.

The Royal Free London NHS Trust has achieved the required target of ensuring that at least 95% of patients have had a VTE risk assessment on admission to the Trust. Due to the COVID crisis, the data is only available April – December 2019.



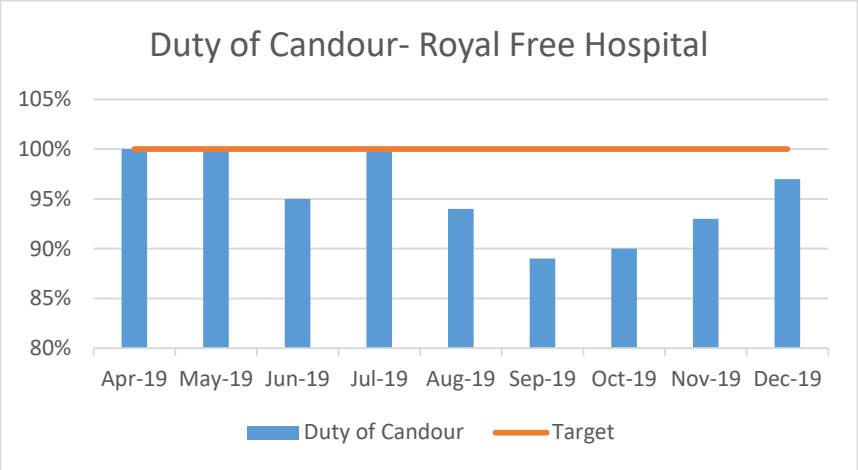
Duty of Candour

In November 2015, the Care Quality Commission (CQC) made it a statutory responsibility for all healthcare organisations to apply the duty of candour to patient safety incidents and complaints where harm including psychological harm occurs that is moderate and above. Each organisation has to report that they are 100% compliant with the requirement to apologise for the incident and undertake and share the findings from an investigation and that they have discharged this requirement within 10 days after identification of the incident and after the investigation report has been completed.

The CCG monitors this for its main providers of care at the Royal Free London NHS Trust and Central London Community Healthcare NHS Trust (CLCH).

Year to date, CLCH has been compliant with the 100% delivery of the duty of candour and the Royal Free London NHS Trust has, year to date, achieved the target within

the ten day timeframe on three occasions. Please see the graph below. Where the target has not been met, the Trust has provided assurance that the duty has been completed but not within a ten day time period. Barnet CCG is supporting the Royal Free London Foundation Trust with the improvement of timely delivery of the Duty of Candour. Due to the COVID crisis, the data is only available to the end of 2019.

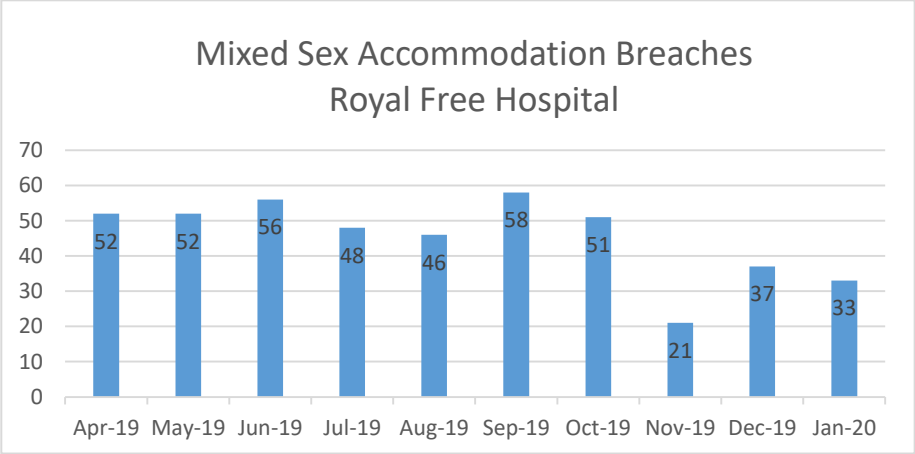


Data available to Quarter 3 2019/20

Mixed Sex Accommodation

A guiding principle of the NHS Constitution is that “Every patient has the right to receive high quality care that is safe and effective and respects their privacy and dignity”. In March 2012, the NHS Constitution introduced a pledge that if admitted to hospital, patients will not have to share sleeping accommodation with members of the opposite sex, exceptions being where patients need highly specialised care, such as that delivered in critical care units. Other than in these exceptional circumstances, there is a zero tolerance to mixed sex accommodation.

The Royal Free London Trust has been challenged in relation to delivery of single sex accommodation across both acute sites, mainly relating to patients spending one night in recovery after release from critical care units. The Trust has undertaken a number of improvement projects with the goal to achieve a reduction of 30% of breaches by March 2020. Projects have included the division of the Barnet Hospital Intensive Care Unit and taking forward a Quality Improvement project at the Royal Free Hampstead site. The CCG and the Trust are working together to ensure that improvements are made.



Mixed sex accommodation data for Royal Free Trust only available to January 2020 due to COVID crisis

Improving safety through learning from Never Events

Never Events (NEs) are defined as serious, largely preventable patient safety incidents that should not occur if available preventative measures and protective barriers have been implemented.

Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event. It is recognised that repeated Never Events can indicate systemic organisational failure and demonstrate that an organisation and its leadership does not take patient safety seriously.

The Royal Free London NHS Foundation Trust is one of the largest hospitals in the country serving a population of almost two million residents across London and Hertfordshire. During the previous two years (2017/18 and 2018/19), the Trust had reported nine never events across all major hospital sites. In view of the high number of never events, we worked closely with the Trust this year to support them to address the root causes of these incidents.

We did this by working with the Royal Free Trust to reduce the number of future never events happening with a comprehensive 96 point action plan in place and monitored the delivery of the action plan at the monthly Clinical Quality Review Group. All actions

within the plan were achieved and the plan was closed in January 2020. Other actions in place were:

- All incidents resulting in moderate or severe harm or death are reviewed at weekly review panels where safety incidents, reports and actions are discussed with all divisions and this information can be shared at divisional quality meetings
- The Trust publishing a weekly précis of serious incidents and share further general and speciality-specific newsletters online and by email
- The Trust holding learning events, seminars and workshops in order to disseminate lessons learnt
- The Trust ensuring that all serious incidents are reviewed at the board level clinical innovations and standards committee, chaired by a non-executive director. At this committee the serious incident information is triangulated with incidents, complaints, PALS and litigation to identify themes which might require system-wide work.

This has led to continued improvement being embedded and success can be seen in the reduction of Never Events with six being declared in 2019/20 which is a reduction of three.

Safeguarding children and adults from harm

Barnet CCG has an extensive program in place to ensure that children and vulnerable adults within the borough are appropriately protected and supported.

Adult and Children Safeguarding leadership is provided by the Director of Quality and Clinical Services (Director Lead for Safeguarding Adults and Children), Associate Director Safeguarding/Designated Nurse Safeguarding Children, Designated Nurse Looked after Children and the Adult Safeguarding Lead. There is also clinical leadership provided through the Designated Doctor for Safeguarding Children and the Named General Practitioners for Safeguarding Children and Vulnerable Adults.

Children's Partnership Arrangements

Following the implementation of the requirements of the Children and Social Care Act

2017, the way statutory partners work to protect children has changed. This saw the replacement of the Safeguarding Children Boards with Partnership Arrangements, initially in shadow form in April and formally since September 2019. Executive Directors form the Barnet Leadership Forum which provided the strategic direction for the partnership with a membership of the three senior leaders from the London Borough of Barnet, London Metropolitan Police and Barnet Clinical Commissioning Group leadership. The Barnet Safeguarding Children Statutory Partners membership consists of:

- Chief Operating Officer for Barnet Clinical Commissioning Group (BCCG)
- Director of Quality and Clinical Services Barnet Clinical Commissioning Group
- Chief Executive London Borough of Barnet
- Director of Children's Social Care and the Borough Commander (Police).

The partnership aims to improve outcomes for vulnerable children and young people and recognises that multi-agency joint work is essential to identify children and families in need of support in a timely fashion.

CCG priorities for safeguarding children in 2019/20

The following priorities for Safeguarding Children have been taken forward this year by Barnet CCG:

- An Early Years Panel and Hub for Children and Young People is in now place to ensure that children's unmet needs are identified early, and that services are integrated and tailored to the child, young person or family in need of early help. The Hub ensures swift mobilisation of resources across the partnership, helping to build the capacity in families to be resilient, manage their own difficulties, and reduce the need for statutory agencies to become involved
- Child Death Overview Panel review - For Child Death Review boards to be effective and findings are addressed in a meaningful manner, it has been decided that at least 60 child deaths per year would need to be reviewed. Therefore, a decision has been made across the North central London that the five boroughs will form one Child Death Panel. This will ensure that the required numbers are met to provide learning from trends in child deaths. An electronic Child Death Overview Panel (eCDOP) administrative system has been

implemented to support the child death review work of the eCDOP which sends and receives information to and from relevant professionals

- Ofsted Inspection - An 'Inspection of Local Authority Children's Services' (ILAC) of Barnet Children's Services in May 2019 culminated in a rating of "Good" being awarded to the service. This represented a significant improvement from the original Ofsted finding of 2017 when Barnet Local Authority Children's Services were rated by Ofsted as 'inadequate'. As members of the Barnet Children's Improvement Board, Barnet CCG's Chief Operating Officer and the Director of Quality and Clinical Services have played a key role in ensuring that this improvement involved all health agencies
- Care Quality Commission -Child Safeguarding and Looked After Children (CLAS) Review - Following the CQC CLAS review in February 2018, Barnet CCG's safeguarding team has led on the development and monitoring of an action plan to implement the recommendations of the review. The action plan has now been completed apart from recommendations overseen by Public Health Commissioning relating to the implementation of the Public Health Nursing Service strategy
- Self-harm and suicide prevention - The Executive Safeguarding Board commissioned a thematic review to understand from professionals and service users what the issues are in Barnet regarding prevention of suicide and self-harm and completed suicides. An action plan has been put in place and actions from the review are split into the two separate work streams of school-based actions and clinical pathways
- The CCG provides a regular programme of safeguarding training for general practitioners within the borough which is delivered throughout the year. The approach taken is that of "Think Family" and therefore the training addresses both children and adult issues and vulnerabilities. An annual Safeguarding conference for general practice took place in November 2019, which was widely attended by Barnet general practitioners.

Improving the Health and Wellbeing of Looked After Children (LAC)

CCGs have a responsibility to ensure that the health needs of Looked after Children are met in accordance with statutory guidance which we deliver primarily through our the services of the Designated Doctor for Looked after Children and the Designated Nurse for Looked after Children. As of 31 December 2019, there were 332 Looked after Children within the borough, which is a slight increase from 329 in December 2018. In 2019-20 we have:

- Increased resources to the Royal Free London NHS Foundation Trust to ensure that they have the capacity to provide Initial Health Assessments for children aged 0-9 years
- Three general practices in Barnet who provide Initial Health Assessments (IHA) for older children who come into care. Practitioners within these surgeries have received additional training to highlight health issues, including addressing the health needs of asylum seeking young people, sexual health needs and drug and alcohol issues
- Twice-yearly audits were undertaken to ensure that the Initial Health Assessments meet quality indicator targets. Findings of the most recent audit completed in December indicate:
    - There is clear evidence of involvement of the young person in all consultations completed by the doctors
    - There is a high level of insight and detail included about the implications of health concerns, and family health concerns when thinking about the child's future
    - Care plans are SMART and personalised to the young person.

All Looked after Children must have an IHA within the statutory timescales of 20 working days from the time the child comes into care; the target is for 95% of assessments to be completed within time scales. It is important to note that when dealing with the relatively small numbers of children involved, percentages can drop significantly due to just one child not attending an initial health assessment. Completion of IHAs in 2019 has not met the target and the Designated Nurse is working closely with the service provider to support achievement of agreed improvement actions and improved performance.

Initial Health Assessment completion in 2019

Month	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
No. (%) seen in timescales	11 (85%)	7 (87%)	13 (72%)	11 (91%)	8 (57%	10 (71%)	9 (45%)	3 (27%)	14 (77%)	7 (87%)	8 (80%)	6 (66%)

Adult Partnership Arrangements

The CCG is one of three statutory partners on the Safeguarding Adults Board, along with the Local Authority and Police. Our safeguarding adults work sees us protecting individual vulnerable adults on a day-to-day basis and also implement safeguarding improvements that are initiated by national or legislative changes. Highlights for 2019 - 2020 are:

- The Intercollegiate document for Safeguarding Adults was published in August 2018. This sets out the roles and competencies for healthcare staff in regards to Safeguarding Adults with all registered health professional being required to achieve Level 3 competencies in adult safeguarding. During 2019, health providers in Barnet have been training staff at Level 3 and reporting on this. NHS England is not expecting the training figures to demonstrate over 80% until mid-2020 and therefore there is no formal requirement to achieve this currently. The CCG offers training to Primary Care doctors and nurses at Level 3
- A hoarding and self-neglect policy was developed by the Safeguarding Adults Board. The CCG adopted this policy in 2018 and contributes to the multi-agency pathways for working with self-neglect. The CCG, Central London Community Healthcare (CLCH), Barnet Enfield and Haringey (BEH) Mental Health Trust, the Local Authority and Fire Brigade are all members of this panel
- The Safeguarding Adults Board seeks assurance that service users and their family/friends or advocates are consulted about their experiences of safeguarding and are involved in the process. CCG patients who are involved in safeguarding enquiries are consulted on an ongoing basis during and after the enquiry, and their keyworker attends meetings with the families and local authority social workers to ensure the person is safe and ensure the placement and care provision is meeting their needs

- Domestic Violence and the Identification and Referral to Improve Safety (IRIS) project: Due to the continued support of the Barnet Safeguarding Adult Board (BSAB) and the Community Safety Partnership, Public Health and the CCG, funding was made available to continue this project for a second year. The project offers the opportunity for general practices who engage to become better informed as to how to support and provide guidance to persons at risk of domestic violence. Over the past year, the IRIS team delivered training to 25 Barnet GP surgeries
- Prevent: This program is a part of the Government's Counter Terrorism Strategy. Those identified as being at risk of being radicalised into terrorist activities are offered a safeguarding intervention in the form of one to one support from an intervention provider, appointed from the Home Office
- The CCG Safeguarding Adult Lead is the Prevent Lead for the CCG and attends relevant information sharing meetings to ensure there is multi-agency co-operation in this particular aspect of safeguarding work.

Working with Care Homes

Barnet has 166 social care providers registered with the Care Quality Commission (CQC), 69 of which primarily provide domiciliary care, 76 provide care home services without nursing care, 19 care home services with nursing care and there are 15 that provide supported living. There are approximately 1,009 nursing home beds and 1,423 residential care beds for which the CCG has a degree of funding and safeguarding responsibilities.

In 2019, one organisation was rated as 'outstanding' by CQC, 120 as 'good', 24 as 'requires improvement' and one service was rated as 'inadequate'. This is an improvement from the previous year when 33 organisations were rated as 'requires improvement' and two as 'inadequate'.

The CCG adult safeguarding lead, Continuing Healthcare nurses and the quality lead are working with the Local Authority Quality team and the CQC inspectors to monitor and support those organisations with nursing funded beds.

An example of support provided relates to a care home where placements were suspended due to a number of care concerns. The Quality Team at the CCG provided clinical and quality advice and expert review of guidelines and the home's improvement plan. Once all the necessary documents were in place a quality assurance review was undertaken focusing on seeking assurance that the actions in place were demonstrating improvement to quality, safety and resident experience. With the support of the joint working with all partners the suspension was able to be lifted.

Engaging people and communities

We are pleased this year to once again have strong evidence of meeting the statutory duties to involve patients in our work as set out in the Health and Social Care Act 2012 and of meeting our equality and diversity duties. This section will describe how we have done this.

The CCG ended 2019-20 with an 'Achieving' rating as part of the NHS's equality and delivery system, which helps organisations to manage their equality and diversity performance. The outcome being assessed was: 'People are informed and supported to be as involved as they wish to be in decisions about their care.'

The CCG received this rating for submitting evidence of engagement [during the commissioning cycle] with patients and carers from diverse backgrounds. Throughout the year, the CCG kept an engagement log, documenting when and how it engaged with the public, patients and stakeholders, capturing diversity data, the conversations and how feedback will be taken forward.

The year began on the back of public engagement on care closer to home, including future plans for Primary Care Networks and social prescribing. We captured patients' views and experiences and garnered insights that would help develop the roles of the social prescribing link workers to be recruited later in the year. For example, patients told us that in some cases they would visit their doctor when an alternative community based intervention would be a better course of action. The link workers now work with patients and community and voluntary organisations to find a more suitable alternative to medical care. Also through scenario exercises, primary care network directors

captured an understanding of patient choice, to inform collaborative working between practices in their networks. These networks were launched in September 2019 and the CCG is overseeing an ongoing piece of work to maximise patient involvement in primary care with synergies in the networks being key to this.

Our presence in the community

One of the key differences in our public engagement approach for 2019-20 was spending more time at community events. Examples include hosting stalls at fairs for the over 55s, mental health awareness events, an event arranged for Dying Matters Week and an interactive event on social prescribing. The impact of this presence was being able to offer the opportunity for people to give us feedback and to get involved in our work. Examples of this included patients giving feedback on the Mental Health Crisis Team which we passed to commissioners for action and response. We also collected the contact details of those with an interest in mental health who were happy to help us shape our work. We recently contacted some of these people to take part in a focus group helping to design the specification for a new Crisis Café for Barnet.

Away from mental health we have given updates on our work at meetings organised by Healthwatch and the pan-Barnet Patient Participation Network. We have also worked together with Healthwatch primary care volunteers to design patient communications, namely a local services leaflet and content for GP waiting room screens.

Engagement on major transformation for Barnet

A significant amount of the year was dedicated to public engagement and consultation on two major service changes for the borough. One was the proposed relocation of a GP practice and the other was the proposed closure of a walk-in service. Both proposals were approved.

Engaging on the proposals gave us the opportunity to spend time in communities talking to patients and gathering views. This gave us a better understanding of local need and what was required to make the process accessible. We translated documents into different languages, attended a family community event, local libraries, pharmacies, other local GP practices and spent a significant amount of time on site.

Both consultations had equalities impact assessments that showed we were reaching those within most protected characteristics.

Holding providers to account for patient involvement in developing services

In October 2019, the Communications and Engagement Team surveyed Barnet CCG Commissioners to capture levels of patient involvement in procurement, running and transforming services. One of the aims was to assess how they were holding providers to account. Through this, some robust examples of patient involvement were captured such as patient co-design of clinical pathways at the Royal Free and the annual co-design event held by Central London Community Healthcare Trust. Action as a result of this involvement has led to a reduction in referral to treatment times and an enhanced patient-centered appointments system at the Royal Free and the development of a public facing innovation hub by CLCH where patients and public can share best practice with the trust. It was also agreed that as the Quality Strategy is due for renewal in 2020 the patient experience team would organise an engagement roadshow to capture the patient and public voice and for them to help shape the new campaigns and objectives. This activity reassures commissioners that robust patient involvement is taking place.

Our Patient and Public Engagement Committee

Our Patient and Public Engagement Committee met four times in 2019-20. As their role is to reassure the Governing Body of patient involvement, a summary of each meeting was drafted for each Governing Body meeting.

We also held a meeting with the Governing Body in January 2020 with a specific focus on patient and public engagement/involvement where we held a two-way conversation through which we could offer further assurance that we were engaging patients in the right way.

The committee consists of four patient representatives and representatives from Barnet Local Authority, Public Health, Healthwatch and the chair of the Barnet Patient Participation Network. The Governing Body is represented by the nursing lead and the GP lead for Primary Care and Children and Young People. It is chaired by the Governing Body's lay member for patient and public involvement. Over the course of the year, the Committee had the opportunity to review the approach to public

involvement for the CCG's and North Central London's (NCL) significant pieces of work, such as the review of orthopaedic services and engagement on proposals to decommission a walk-in service. Commissioners were also able to attend the meeting to get the views of the group on approaches to engagement. One example is an awareness campaign on developing approaches to urgent care which was then taken out to patient groups across Barnet. The committee met for the last time in March 2020 following the emergence of NCL CCG, which will have its own patient and public engagement committee.

Looking ahead

On 1 April 2020, the CCGs of Barnet, Enfield, Haringey, Islington and Camden merged to form one North Central London (NCL) CCG as set out in the principles of the NHS Long Term Plan. The new CCG will have a patient and public engagement and equalities committee that will be responsible for assuring the NCL Governing Body that the CCG is meeting its statutory obligations for patient involvement and equalities, including holding providers to account.

However, Barnet being a directorate of the CCG will continue to have a local communications and engagement function to ensure already existing-relationships are maintained and Barnet voices are heard.

Reducing health inequality

The Equality Act 2010 requires us to work towards eliminating discrimination, advancing equality and reducing inequalities in care and we have made reducing local health inequalities one of our top priorities.

Barnet CCG is committed to meeting our equality and diversity duty across all our policies and functions. Over the last year we have been working with patients, partners and providers to address issues relating to health inequalities in the community particularly amongst protected and disadvantaged groups.

We recognise that while we set and implement equality objectives and publish our annual equality performance report to meet the public sector equality duty, we must continue to work with our patients, staff and stakeholders to ensure continuous improvement in advancing equality.

We do this is by ensuring due regard to the need to reduce health inequalities in access to services and the outcomes achieved, including:

- Demonstrating due regard to the public sector equality duty through routine equality impact assessments of our proposals, business cases and policies; this ensures a robust approach to addressing existing health inequalities amongst our protected and disadvantaged groups
- Producing and refreshing our commissioning intentions based on equality and quality impact assessments. This gives us an opportunity to embed equality and inclusion in our decision making process
- Sharing our equality impact assessment outcomes with providers and partners when designing and commissioning a service and negotiating contracts. We routinely undertake assessments to check that our projects do not disadvantage protected groups
- Continuously assessing our performance by using the NHS England's best practice tool, the Equality Delivery System (EDS2). We described the outcome of the latest EDS2 grading in the previous section; and
- Having an effective governance process where committees and the Board ensure our commissioning delivers on our CCG objectives around health inequalities and public sector equality duty, the equality objectives.

Health and wellbeing strategy

The Health and Social Care Act 2012 established health and wellbeing boards as forums where key leaders from the health and care system work together to improve the health and wellbeing of local communities. The Health and Wellbeing Board plays a key role in the local commissioning of health care, social care and public health through developing and overseeing a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

The CCG plays an important role in Barnet's Health and Wellbeing Board with four CCG Governing Body members on the board:

- Dr Charlotte Benjamin, Vice Chair
- Kay Matthews, Chief Operating Officer

- Dr Clare Stephens, Governing Body Elected GP
- Dr Nikesh Dattani, Governing Body Elected GP

Chaired by Councillor Caroline Stock, the Mayor of Barnet, the Board is responsible for promoting greater integration and partnership between the NHS, public health and local government. The Board produces a Joint Health and Wellbeing (JHWB) Strategy for the borough, which sets out the Board's ambitions and priorities for improving health and wellbeing and reducing health inequalities in Barnet, based on the local needs identified in the Joint Strategic Needs Analysis.
https://www.barnet.gov.uk/sites/default/files/joint_health_and_wellbeing_strategy_2015_-_2020_booklet_0.pdf

Barnet's Joint Health and Wellbeing Strategy (2015-20) has two overarching aims consistent with the aims of the previous strategy:

1. 'Keeping Well' based upon a strong belief that 'prevention is better than cure', the JHWB Strategy aims to begin at the very earliest opportunity by giving every child in Barnet the best possible start to live a healthy life. It aims to create more opportunities to develop healthy and flourishing neighbourhoods and communities, as well as to support people to adopt healthy lifestyles in order to prevent avoidable disease and illness.

2. Promoting Independence - The JHWB Strategy aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing. It also aims to ensure that when extra care is needed, this is delivered in a way which enables everyone (children, young people, adults and older people) to regain as much independence as possible, as soon as possible, and as ever supported by health and social care services working together.

3. The overall vision is to help everyone to keep well and to promote independence, and the strategy focuses on priorities across four theme areas.

Theme	**Objective**	**How it will be achieved**

Preparing for a healthy life	Improving outcomes for babies, young children and their families	Focus on early years settings and providing additional support for parents who need it
Wellbeing in the Community	Creating circumstances that enable people to have greater life opportunities	Focus on improving mental health and wellbeing for all Support people to gain and retain employment and promote healthy workplaces
How we live	Encouraging healthier lifestyles	Focus on reducing obesity and preventing long term conditions through promoting physical activity Assure promotion and uptake of all screening including cancer screening and the early identification of disease
Care when needed	Providing care and support to facilitate good outcomes and improve user experience	Focus on identifying unknown carers and improving the health of carers (especially young carers) Work to integrate health and social care services

Throughout the report, we have demonstrated how the CCG has supported the achievement of the objectives set out in the JHWB Strategy. Work is now going on to refresh the strategy going forward.

The Health and Wellbeing Board was fully involved in the development of North Central London's Long Term Plan and work will continue aligned with the development of the Borough Integrated Care Partnership to ensure we are achieving the best possible health outcomes for our local population.

Other notable achievements in 2019/20

Child and adolescent mental health services (CAMHS)

The CCG provides strong consideration to the needs of children and young people (CYP) with mental health and special educational needs and disability (SEND).

The implementation of Barnet, Enfield and Haringey Mental Health Trust's (BEHMHT) Adolescent Crisis Team supporting CYP in crisis at Barnet Hospital, has impacted positively by providing appropriate care, reducing length of stay and increasing the number of discharges home. In 2019, the team was expanded with two further clinicians to allow for support at the Royal Free and to further prevent hospital admissions through work with GPs and other professionals.

The Barnet Children and Young People's Mental Health Local Transformation Plan 2019/20 reflects our implementation of the THRIVE approach.

It contributes to priorities within our Children and Young People's Plan and Joint Health and Wellbeing Strategy to improve wellbeing and mental health of our young people and families and the creation and sustaining of the Designated Clinical Officer (DCO) post. The DCO post provides the much-needed interface between day to day service delivery and the commissioning and performance monitoring role of the CCG.

Barnet CCG was granted trailblazer status following a bid to NHS England to pilot the ambitions of the children and young people's mental health green paper. The bid funds mental health support in schools for children and young people with mild/moderate mental health needs. Barnet's Trailblazer programme is focusing on the west locality and will be delivered alongside the council's locality hub. The two mental health teams started in six pilot schools at the start of 2020 and will expand to all 33 education settings in the west of the borough by the end of 2020.

The introduction of a Senior Care Coordinator for CYP with learning difficulties (LD)/Autistic Spectrum Disorder (ASD) and behaviour that challenges has led to a reduction in the number of CYP with LD/ASD having to be seen in A&E and inpatient settings. This has been achieved through the use of professional meetings/care, education, treatment reviews, crisis planning and co-production with young people and their families. The post is embedded in BEHMHT but has delegated functions from the CCG which has enabled provider and commissioner integration. The post has been supported by the introduction of a Pre-Tripartite group which is a meeting of Heads of Service from education, social care and health to scrutinise requests for out of borough residential placements for CYP to ensure all community options have been explored.

The third Barnet Health Conference, jointly supported by Barnet CCG and the Barnet Parent Carer Forum had a key focus on Understanding and Supporting Children and Young People's Continuing Care and Adult's Continuing Health Care. Forty parents attended to listen to the key note speaker, parent/carer experiences, alongside providers and the Community Matron for Children and Young People from Barnet CCG, sharing details of the national and local landscape relating to Children and Young People's Continuing Care and Adult's Continuing Health Care. A number of charities and the Barnet Parent Carer Forum held stalls, where time was made for parents and carers to discuss provision and support available Borough-wide.

Medicines Management

For 2019/20, Barnet CCG's aspiration for medicines optimisation has been to "Improve the quality of medicines management through evidenced based prescribing".

The CCG over achieved its £2m QIPP drug budget saving target. This was done by encouraging GPs to proactively ask for advice before they prescribed medication and the production of North Central London guidance.

Barnet CCG set up a palliative care community pharmacy drug service with, input from the North London Hospice, so that patients and care homes can access the essential drugs as soon as they are required from six community pharmacists in the borough with extended opening hours.

In care homes, two specialist pharmacists, alongside two specialist nurses have been training and advising staff and reviewing medicines systems. In the care homes that have benefitted from their expertise, there has been a reduction in 33% of hospital admissions and a reduction in the wastage of medicines.

Scriptswitch®, the programme used by the Medicines Management Team to cascade prescribing advice to GPs, has continued to deliver at least a £1 saving in every £4 spent and GPs now see it as an essential tool to help them when making prescribing decisions.

The CCG's Respiratory Pharmacist has continued to input into more practices and received excellent patient feedback with his advanced inhaler training programme with 1-to-1 instruction given for all suitable COPD/Asthma patients. This has resulted in Barnet having the lowest use of high dose steroid inhalers as a percentage of all inhalers in England, with patient treatment being maximised at the lowest possible effective dose combined with a reduction in adverse effects.

Finally, the CCG agreed to a £1m investment into lifesaving anticoagulant drugs for those patients with Atrial Fibrillation identified to be at increased risk of a stroke.

Quality

The Serious Incident review panel is a forum where the root causes, actions and areas for learning following incidents are discussed between commissioners and staff at the Royal Free Trust. The meeting is chaired by the Quality team at the CCG and has been further developed over the past 12 months.

The group identified that Serious Incident action plans needed to be more outcome focused identifying how patient safety will be measured and then improved.
The quality team continued to support the Trust with this both at the panel and through feedback as part of the quality assurance process for reviewing individual investigation reports.

These developments have produced a collaborative, open and transparent platform to review serious incidents and shared learning which supports reducing harm for the residents of Barnet. This includes ensuring learning where it is identified for other care providers such as care homes or primary care is shared.

Further value has been added by identification of incidents that have contributory factors and how these can be used to highlight where there may be challenges and risks to providing safe care. This is especially pertinent when there are planned changes to care pathways and ensuring that national guidance is followed. This year, the group has focused on challenges to implementing action plans and suboptimal care of deteriorating patients. Future plans are to focus on incidents involving vulnerable patients and safeguarding concerns, falls incidents and patient identification.

Anticoagulation services

As part of delivering care closer to home for patients, Barnet CCG commissioned a community anticoagulation service, where stable patients can be seen in local clinics, out of hospital. Following a procurement process, the contract was awarded to Barnet Federated GPs CIC (Community Interest Company) as single provider of the service.

The Barnet Community Anticoagulation Service was launched on the 1 April 2019. Since the launch the provider has transitioned patients from the ceased Whittington Hospital service and from the Practices previously providing warfarin monitoring through a Locally Commissioned Service.

The service currently operates from three locations across Barnet. The Provider, CCG and Trust are working in partnership to initiate the stepdown of patients within safe therapeutic range into the community service where this is clinically appropriate.

Primary Care

The CCG achieved 100% Primary Care Network (PCN) coverage in Barnet; these came into being in July 2019. There are seven networks in Barnet, each one led by an appointed clinical director(s). The CCG has been holding monthly masterclasses with the clinical directors on topics such as estates and finance to support their development in these newly established roles.

Eight Social Prescribing Link Workers (SPLWs) have been recruited by Barnet Federated GPs, who are leading and coordinating the implementation of the Social Prescribing Workforce and model for Barnet.

The skills and experience of the SPLWs are varied: private sector, teaching, NHS public sector experience, lived experience and voluntary sector employees with experience in volunteering and working in the third sector. Barnet GP Federation has developed a consortium with the Council, Public Health and local Voluntary Community and Social Enterprise (VCSE) to develop a borough-wide social prescribing service in Barnet and the vision and co-created model for this continues to evolve.

There has been an increase in the uptake of the NHS Diabetes Prevention Programme workstream across practices thereby increasing the number of patients who could potentially be referred to the programme. Those referred receive tailored, personalised support to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and physical exercise programmes.

A Frailty and Palliative Care Multidisciplinary (MDT) continues to be developed within one of the seven Primary Care Networks. This MDT model brings together local healthcare clinicians, social care professionals and the voluntary care sector to develop personalised holistic packages of care for patients that are over 65 years of age and are moderately/severely frail.

Coordinate my care (CMC) is an online platform that enables a GP, in collaboration with patients and their carers, to develop a personalised advanced palliative care plan which is used when they need urgent care. This plan can be viewed by all healthcare professional teams involved in their care. Barnet achieved the highest creation rate of plans across NCL by 31 March 2020 and is in the upper quartile of CCGs in creating such personalised plans across London.

Across NCL, a digital programme of work was launched to facilitate joined-up health and care records, providing access to important current information about the patient at the point of care, for the whole care team. Barnet was the first CCG in NCL to go live with the Health Information Exchange (HIE), with all practices now live with the system. Feedback from practices has been positive. Barnet also led on enabling HealtheIntent across NCL; being the first CCG to have all GP practices signed up to enable the data transfer process to begin.

The CCG commissioned PatientChase to assist in the call/recall of direct oral anticoagulant (DOACs) patients to support general practice to minimise and manage high risk DOAC drug monitoring. This system automates many aspects of finding, contacting and coding patients for invitation and enables practices to call/recall patients using letters, SMS or email. The installation of PatientChase across all Barnet

practices commenced in November 2019 and was completed by end of February 2020.

The CCG's work on estates has been recognised across NCL to be a leading example to others. This has included further developing relationships with the London Borough of Barnet in securing significant investment to support the Colindale Regeneration project, securing Estates and Technology Transformation Funds (ETTF) for feasibility studies; and supporting PCNs in addressing estate challenges that have arisen linked to the PCN Network DES additional workforce roles. The CCG continues to develop relationships with other key stakeholders such as Transport for London (TfL).
Signature notes approval of all content within the performance report.

Frances O'Callaghan
Accountable Officer
23 June 2020

ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

The Corporate Governance report outlines the composition and organisation of the CCG governance structures, and how they support the achievement of the CCG objectives.

It comprises the:

- Members' Report
- Statement of the Accountable Officer's responsibilities
- Governance Statement

Members Report

Barnet CCG is a membership organisation made up of all 52 GP practices in Barnet. The practices are divided into three geographical locations - North, East and South localities. A list of CCG member practices can be found here.

The CCG is accountable to its members and to the residents of Barnet. Our Constitution sets out the governance and accountability structure of the organisation, and enables the achievement of our vision, mission and strategic goals. The current version of the Constitution was published in July 2015, following approval by our member practices and NHS England.

Composition of Governing Body

The Governing Body is responsible for Barnet CCG's strategy, financial control and probity, risk management, oversight and assurance, and making decisions on which services to commission to improve the health and well-being of residents of the London Borough of Barnet.

The CCG Governing Body is comprised of fourteen voting members and three non-voting members. The fourteen voting members include eight elected GP Governing Body Members, two Lay Members, a Secondary Care Doctor, a Nurse Member, and two North Central London executive officers, which are the Accountable Officer and Chief Finance Officer.

The three non-voting members are representatives of the local authority (London Borough of Barnet), Public Health and Healthwatch Barnet. Details can be found below and on the CCG's website.

During 2019-20, Dr Charlotte Benjamin was the Chair of the Governing Body. Helen Pettersen was the Accountable Officer until 20 February 2020, at which point Frances O'Callaghan assumed the role.

During 2019-20 the Governing Body met four times. It reviewed and approved several key items of business in line with powers delegated to it under the CCG's Constitution and Scheme of Delegation. These included:

- Oversight and development of plans to merge North Central London (NCL) CCGs, including approval of the merger at its meeting in June 2019
- Approval of a memorandum of understanding between parties to the Barnet Integrated Care Partnership
- Approval of the CCG's operating plan and budget for the 2020-21 financial year; and
- Approval of revised terms of reference of the NCL Joint Commissioning Committee and NCL Primary Care Co-Commissioning Committee in Common.

The Governing Body also:

- Provided ongoing oversight of provider performance against a wide range of service access and quality indicators, including constitutional targets mandated by NHS England
- Provided ongoing oversight and scrutiny of the financial position and Governing Body Assurance Framework and risk management arrangements.

Review of effectiveness

The Governing Body has operated either in shadow form or authorised status for over eight years and has periodically taken time to reflect on its collective performance. Using the UK Corporate Governance Code (2014), members considered their effectiveness against the main principles of:

- Leadership
- Effectiveness
- Accountability
- Relations with stakeholders

The Governing Body's overall reflection of 2019-20 has been that it has regularly performed satisfactorily against all of these. In particular, members felt that there was a strong sense of collective responsibility on the Governing Body, and that members were given good opportunities to strategically review and scrutinise proposals which are under development.

Governing Body Committees

In line with the CCG's Constitution, Scheme of Delegation and Standing Financial Instructions, committees of the Governing Body conduct key items of business, make decisions and seek assurance on areas of performance and risk management on behalf of, and with responsibility delegated to them, by the Governing Body.

Following is a summary of the remit and responsibilities of each committee of the Governing Body and the key items of business they conducted during 2019-20.

Clinical Commissioning, Finance and QIPP Committee (CFQ)

The CFQ meets monthly. Its purpose is to:

- Commission high quality goods and services for people in the London Borough of Barnet
- Improve health and wellbeing and reduce health inequalities
- Provide assurance, oversight and scrutiny of financial performance, budgets, investments and QIPP; and
- Ensure finance targets are met or exceeded.

The Committee fulfils this purpose by overseeing and seeking assurance in relation to the CCG's financial position, progress in delivery of its QIPP programme and mitigation of associated risks to the achievement of objectives and targets. It also has responsibility delegated to it by the Governing Body to review and approve business cases and make commissioning decisions (except for those that involve primary care), ensuring the views of patients are properly reflected and that investments are affordable, sustainable and offer value for money.

During 2019-20 the Committee reviewed and approved the CCG's operational and budget plans and approved business cases and commissioning proposals for a variety of service areas including:

- Ear, nose and throat and audiology services
- Paediatric orthoptics
- Approval for spending of funds for mental health services; and
- Approval of the Section 106 funds spending plan and governance arrangements in relation to estates development

Quality and Performance Committee (QPC)

The purpose of QPC, on behalf of the Governing Body, is:

- To provide oversight and scrutiny of the quality, safety and performance of services commissioned by the CCG
- To seek assurance that a high-quality patient experience is at the centre of those services; and
- That effective risk management systems are in place to support the achievement of these goals.

On a bi-monthly basis, the Committee reviewed a detailed integrated quality and performance report which demonstrated performance against a wide range of quality and performance metrics, including constitutional access targets such as referral to treatment time (RTT) and the four-hour wait standard for A&E departments, seeking assurance on mitigating actions for areas of underperformance. It also reviewed quality concerns raised for our commissioned services and sought assurance in relation to mitigating actions and commissioner oversight.

During 2019-20, additional ways in which the committee has sought assurance in relation to the quality, performance and safety of services, and overseen the establishment of the appropriate culture to deliver the CCG's goals, include:

- Regular updates in relation to the achievement Continuing Healthcare performance, quality and financial targets
- Ongoing oversight of safeguarding matters, including giving approval of the CCG's Annual Children's and Adults Safeguarding Report
- Reviewing a number of other annual reports, including for Medicines Management; Children's Services; and Equality and Diversity
- Giving a thematic review of incidents reported from maternity services in Barnet
- Approving local safeguarding 'working together' arrangements in line with national changes; and
- Reviewing performance by local providers against national infection, prevention and control metrics.

Primary Care Procurement Committee (PCPC)

The purpose of PCPC is to provide a forum within the CCG's governance structure that has responsibility for commissioning decisions for healthcare services which may be provided by general practice in a way that is free from conflicts of interest, which it does with delegated authority from the Governing Body. In commissioning primary care services, the Committee supports the CCG's aims to improve health and wellbeing and reduce health inequalities in the London Borough of Barnet.

During 2019-20, the Committee:

- Provided oversight of the development of plans for the future of Cricklewood Walk-in Centre, approving the proposal in February 2020 to decommission the service
- Scrutinised the CCG's approach to the implementation of the NHS England directive to review the prescription of medication available over the counter
- Approved a suite of business cases designed to strengthen the skill-base and resilience within the local primary care workforce

- Approved the implementation of locally-commissioned services (LCS) designed to enhance local offers for diabetes prevention and for the provision of primary care services for homeless people; and
- Approved an LCS for the use of coordinate my care by Barnet GPs, allowing them to develop care plans with patients and share them with relevant healthcare professionals

Patient and Public Engagement Committee (PPEC)

The role of PPEC is to provide assurance to the Governing Body and its committees that patient and public engagement is carried out in the most effective way when designing and commissioning services. In doing so, the Committee supports the establishment internally of the cultures and behaviours enshrined within the NHS Constitution: that patients and the public are at the heart of everything we do.

PPEC met four times during 2019-20 and undertook its role in the following key ways.

- Development of a CCG Communications and Engagement Strategy and monitoring of the associated action plan
- Provision of feedback and input into key public consultations in relation to the changes to service provision
- Appraisal of and feedback in relation to engagement activities undertaken by Healthwatch Barnet on the CCG's behalf; and
- Reviewed community communication and engagements options with in relation to the merger of the five NCL CCGs, with the view of involving residents in the shaping of local NHS structures.

Remuneration Committee

The Remuneration Committee is a statutory committee which considers pay and during the financial year it fulfilled its responsibilities.

To ensure conflicts of interest are managed appropriately, no member of the Remuneration Committee is involved in decision making on their own pay.

The Remuneration Committees of the five CCGs in North Central London (Barnet, Camden, Enfield, Haringey and Islington CCGs) ('NCL CCGs') meet by themselves or together as committees in common when considering matters of common interest.

When they meet together, each individual Remuneration Committee has its own membership and makes its decisions independently. This arrangement strengthens the robustness and quality of oversight by bringing together the collective expertise from the five CCGs, provides significant time and cost savings, and supports cross system decision-making.

During the financial year, the Remuneration Committee met twice by itself and four times with the other NCL CCGs' Remuneration Committees as committees in common. The meetings in common were held in August and November 2019 and in January and March 2020.

The Remuneration Committee met independently in order to:

- Agree the remuneration of a newly appointed NCL Cancer Lead – a post established by NHSE and hosted by Barnet CCG; and,
- Agree additional remuneration for the NCL executive director of quality duties assumed by the Barnet CCG Chief Operating Officer until 31 March 2020.

The Remuneration Committee met as committees in common to:

- Consider and agree the remuneration rates for the Director of Strategic Commissioning and Director of Clinical Quality, both newly created positions in the NCL Senior Management Team
- Consider and agree the Voluntary Redundancy Scheme. This Scheme is aligned with the NHS Agenda for Change terms for Redundancy
- Approve the remuneration terms for Clinical Leads and appointed Governing Body Members of the single NHS North Central London Clinical Commissioning Group which was due to be established on 1 April 2020
- Approve the remuneration terms for Lay Governing Body Members of the single NHS North Central London Clinical Commissioning Group; and

- Consider uplift payments for executive members at Very Senior Manager ('VSM') level.

The following voting members of the NCL CCGs' Remuneration Committees attended the meetings held in common:

Barnet CCG:

- Lay Members Ian Bretman (Chair) and Dominic Tkaczyk
- Elected GP Representatives Clare Stephens, Tal Helbitz, and Charlotte Benjamin; and
- Nursing Representative Claire Johnston.

Camden CCG:

- Lay Members Glenys Thornton (Chair) and Dominic Tkaczyk
- Elected GP Representative Birgit Curtis; and
- Practice Manager Representative Mags Heals.

Enfield CCG:

- Lay Members Kevin Sheridan (Chair) and Karen Trew;
- Elected GP Representative Mo Abedi; and
- Nursing Representative Claire Johnston.

Haringey CCG:

- Lay Member Adam Sharples (Chair until 31 August 2019) and Cathy Herman (Chair from 01 September 2019)
- Elected GP Representatives Peter Christian and Dominic Roberts; and
- Nurse Representative Sarah Timms.

For Islington CCG:

- Lay Members Sorrel Brooks (Chair) and Lucy de Groot; and
- Elected GP Representative Imogen Bloor.

Audit Committee (meeting as NCL Audit Committee in Common)

The Audit Committee is a statutory committee which provides oversight and scrutiny of the effectiveness and robustness of the governance and assurance processes on which the Governing Body relies. This includes but is not limited to:

- Integrated governance, risk management, internal and external controls
- Internal and external audit
- Counter fraud arrangements; and
- Financial reporting.

In May 2018, the Governing Bodies of the five CCGs in North Central London (Barnet, Camden, Enfield, Haringey and Islington CCGs) agreed for their individual Audit Committees to meet together under a common framework, at the same time, in the same place, with a common agenda, forward plan and Chair. They named this meeting the 'NCL Audit Committee in Common' ('NCL ACIC').

At the NCL ACIC, whilst the five CCG Audit Committees meet together, each individual Audit Committee makes its decisions independently. This arrangement strengthened the robustness and quality of oversight by bringing together the collective expertise from the five CCGs, providing significant time and cost savings, and supports the development and implementation of an integrated governance and control framework.

Each individual Audit Committee comprises of three members:

- The CCG's Lay Member for Audit and Governance (who is also the audit chair)
- An additional voting member of the Governing Body; and
- The Lay Member for Audit and Governance from another CCG in North Central London.

The membership of Barnet CCG's Audit Committee was made up of both of its Lay Members, Dominic Tkaczyk and Ian Bretman as well as the Chair of Enfield CCG's Audit Committee, Karen Trew.

Adam Sharples was Chair of NCL ACIC until he stood down from his role on 31 August 2019. The Chair of Camden CCG, Richard Strang, stood down from his position on 20 June 2019. As such, NCL ACIC agreed that each one of the three remaining audit committee chairs within NCL would chair one of the remaining three meetings of the 2019-20 financial year (Dominic Tkaczyk for Barnet, Karen Trew for Enfield, and Lucy De Groot for Islington).

Meetings of NCL ACIC were attended by the Chief Finance Officer, Director of Corporate Services and other senior officers as required to facilitate the holding of account of the NCL senior management team by committee members.

During the 2019-20 financial year, NCL ACIC met in May and September 2019 and January and March 2020.

During the reporting period NCL ACIC fulfilled its responsibilities and:

- Approved the Annual Report and Accounts of the five NCL CCGs with authority delegated from their respective Governing Bodies
- Provided scrutiny of the work undertaken by internal and external auditors and appointed local counter fraud specialists undertaken on the CCG's behalf
- Ensured issues raised through audits were being managed appropriately with recommended actions from audit reviews being followed up and completed
- Reviewed Head of Internal Audit Opinions for internal audit work undertaken during 2019-20
- Approved the annual plans for internal and external audit and counter fraud work for 2020-21
- Received additional assurance in relation to the effectiveness of the refreshed risk management strategy and framework implemented across NCL CCGs during the financial year
- Provided scrutiny of NCL CCGs' performance in delivery against the Information Governance Toolkit, and arrangements in relation to General Data Protection Regulations and cyber security

- Sought extra assurance in relation to a range of matters following review of

financial management an internal audit reports; and

- Reviewed the progress of the governance work underpinning the merger of the five NCL CCGs.

NCL Joint Commissioning Committee (JCC)

The CCG is committed to working in partnership with the other four Clinical Commissioning Groups in North Central London to jointly commission acute services, integrated urgent care services, learning disability services associated with the Transforming Care Programme and specialist services not commissioned by NHS England.

The Committee generally meets bi-monthly. However, due to the need to ensure that its business was progressed in a timely way, an additional meeting was scheduled in May 2019, and the Committee therefore met seven times in 2019/20. In addition, the Committee met a further two times as meetings in common with representatives from a total of 14 Clinical Commissioning Groups to consider the proposed relocation of Moorfields Eye Hospital.

Barnet CCG is represented at the committee by the CCG's Chair (Charlotte Benjamin), a lay member (Dominic Tkaczyk), the Accountable Officer (Helen Pettersen until 28 February 2020 and subsequently Frances O'Callaghan) and the Chief Finance Officer (Simon Goodwin).

The Committee received regular Acute Performance and Quality Reports, Acute Contracts Reports and NCL JCC Risk Registers, as well as updates on Adult Elective Orthopaedic Services, NCL cancer commissioning, contract negotiations, the Transforming Care Programme and planning for 2020/21.

The highlights of the Committee's work include:

- Agreeing to change the name of the Procedures of Limited Clinical Effectiveness Policy (PoLCE) to Evidence Based Interventions and Clinical Standards and receiving updates on the monitoring of its application
- Agreeing the NCL Adult Elective Orthopaedic Services (AEOS) Review 2019/20 budget and CCG contributions

- Agreeing the proposed Clinical Delivery Model for AEOS and the Options Appraisal Process
- Approving the AEOS Pre-Consultation Business Case
- Approving proceeding to launch the AEOS public consultation
- Approving the Committee's revised Terms of Reference
- Identifying 'legacy' issues for consideration by the new NCL CCG.

As participants in two Committees in Common meetings the Committee also:

- Approved the Pre-Consultation Business Case to relocate the Moorfields Eye Hospital site at City Road
- Approved the proposal to move to public consultation
- Approved the Decision Making Business Case
- Approved the proposal to relocate services from Moorfields Eye Hospital's City Road site to St Pancras.

North Central London Primary Care Committee in Common

In April 2017, the five Clinical Commissioning Groups (CCGs) in North Central London agreed to undertake full delegation of primary care medical services commissioning (GP contracts) from NHS England. The CCGs each agreed to establish a Primary Care Commissioning Committee to exercise decision making for this delegated function and to hold their committee meetings together as a committee in common.

The committee considered regular reports on finance, quality and risks for primary care medical services and made a number of decisions relating to GP contracts in North Central London. Committee decisions across the five CCGs included practice mergers, changes to practice boundaries, the addition and retirement of GP partners, relocation of GP Practices and approving proposals for Primary Care Networks.

The committee met six times in 2019/20. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy.

Barnet CCG is represented by three members consisting of a lay member, the director responsible for Primary Care and a GP representative as per the other CCGs. The committee is chaired by Catherine Herman, one of Haringey CCG's lay members.

In 2019/20 the membership of Barnet CCG's committee changed in that Dr Charlotte Benjamin ceased to be a member of the committee on 18 April 2019 and was replaced by Dr Murtaza Khanbhai.

Committee Attendance

Attendance was as follows:

Barnet CCG Governing Body Members	Position	Governing Body	Clinical Commissioning, Finance and QIPP	Quality and Performance Committee	Primary Care Procurement Committee	Patient and Public Engagement Committee	Remuneration Committee	NCL Remuneration Committee in Common [1]	NCL Joint Commissioning Committee	NCL Primary Care Co-Commissioning in Common	NCL Audit Committee in Common
Elected Governing Body Members (General Practitioners)											
Charlotte Benjamin	Chair and GP Member of the Governing Body	4/4	6/10	3/6			2/2	2/2	6/9	0/1	
Barry Subel	GP Member and Clinical Vice Chair of the Governing Body; Chair of Clinical Commissioning, Finance and QIPP Committee; Chair of Quality and Performance Committee	2/4	9/10	6/6							
Aashish Bansal	GP Member of the	2/4		4/6							

[1] The committee met four times (two teleconference and two virtual meetings). Some members were excluded from attending because of a conflict of interest with the subject matter which is why no one was able to attend all four meetings

	Governing Body										
Tal Helbitz	GP Member of the Governing Body	4/4	7/10				2/2	1/2			
Nick Dattani	GP Member of the Governing Body	4/4	10/10								
Clare Stephens	GP Member of the Governing Body	4/4		5/6			2/2	1/2	2/2		
Murtaza Khanbhai	GP Member of the Governing Body; Chair of Quality and Performance Committee	2/4		4/6		2/4				2/5	
Louise Miller	GP Member of the Governing Body	4/4	7/10	1/6							
Appointed Governing Body Members											
Claire Johnston	Governing Body Nurse Member	3/4		6/6	5/5	4/4	2/2	3/3			
Jon Baker	Governing Body Secondary Care Member	2/4	6/10	2/6	2/5		2/2				
Ian Bretman	Lay Member of the Governing Body (Patient and Public Engagement); Chair of Primary Care Procurement Committee; Chair of Patient and Public	4/4		5/6	5/5	4/4	2/2	3/3		4/6	2/4

	Engagement Committee; Chair of Remuneration Committee										
Dominic Tkaczyk	Lay Member and Deputy Chair of the Governing Body (Audit and Governance); Chair of the Barnet CCG Audit Committee	4/4	10/10		5/5			3/3	6/9		4/4
Executive Governing Body Members											
Helen Pettersen	Accountable Officer for Barnet, Camden, Enfield, Haringey and Islington CCGs *(until 20 February 2020*)	3/3							8/8		
Frances O'Callaghan	Accountable Officer for Barnet, Camden, Enfield, Haringey and Islington CCGs *(from 1 February 2020)*	1/1							1/1		
Simon Goodwin	Chief Finance Officer for Barnet, Camden, Enfield, Haringey and Islington CCGs	3/4	7/10		3/5				5/9	0/6	4/4

Non-Voting Stakeholder Governing Body Members											
Dawn Wakeling	Local Authority Representative (Executive Director, Adults and Health)	4/4									
Tamara Djuretic	Public Health Representative (Director of Public Health Barnet)	3/4									
Selina Rodrigues	Healthwatch Representative (Head of Healthwatch Barnet) on the Governing Body, Quality and Performance Committee and Patient and Public Engagement Committee (until 6 September 2019)	1/1		2/4							
Rory Cooper	Healthwatch Representative (Head of Healthwatch Barnet) on the Governing Body, Quality and Performance Committee and Patient and Public Engagement Committee (from 6 September 2019)	3/4		1/2		3/4					

	Barnet and NCL CCG Officers and other attendees										
Kay Matthews	Chief Operating Officer, Barnet CCG	4/4	4/10	2/6	3/5						
Sarah D'Souza	Director of Commissioning, Barnet CCG	2/4	5/10	2/6	3/5	2/4					
Ruth Donaldson	Director of Commissioning, Barnet CCG	4/4	7/10	2/6	3/5	1/4					
Jenny Goodridge	Director of Quality and Clinical Services, Barnet CCG	1/4		3/6							
Swetlana Wolf	Deputy Director of Quality and Clinical Services, Barnet CCG			4/6							
Anne Walker	Interim Deputy Director of Quality and Clinical Services, Barnet CCG	2/4		2/6							
Colette Wood	Director of Primary Care Transformation, Barnet CCG	3/4	2/10	1/6	3/5					3/6	
Dan Glasgow	Deputy Director of Primary Care Transformation, Barnet CCG	1/4									
Matt Backler	Director of Finance, Barnet CCG	3/4	9/10		4/5				1/1		

Ali Malik	Director of Performance, Planning and QIPP	4/4	7/10	3/6							
Ian Porter	NCL Director of Corporate Services	2/4							4/7		4/4
Karl Thompson	NCL Senior Head of Corporate Services	1/4									4/4
Paul Sinden	NCL Director of Planning, Performance and Primary Care	1/4							6/7	4/6	
Eileen Fiori	Director of Acute Commissioning and Integration								2/7		
Will Huxter	NCL Director of Strategy								3/7		
Karen Trew	Lay Member for Audit and Governance, Enfield CCG; Member of Barnet CCG's Audit Committee								9/9	4/6	4/4
Meera Rajah	Independent GP for Primary Care Procurement Committee *(from 1 October 2019)*				2/2						
Arnold Fertig	Independent GP for Primary Care Procurement Committee (interim, August to				1/4					1/1	

	October 2019)										
Sarah Brown	Patient Representative (Patient and Public Engagement Committee)					1/4					
Derrick Edgerton	Patient Representative (Patient and Public Engagement Committee)					4/4					
Balbir Jagpal	Patient Representative (Patient and Public Engagement Committee)					2/4					
Marilyn Rowland	Patient Representative (Patient and Public Engagement Committee)					1/4					
Ella Goschalk	London Borough of Barnet Representative (Patient and Public Engagement Committee)					3/4					
Emdad Haque	Senior Equality, Diversity and Inclusion Manager					2/4					

Register of Interests

The CCG maintains a Register of Interests in line with its Conflict of Interest Policy and Constitution. The Register of Interests is updated regularly. In addition, at the start of each meeting of the Governing Body and formal committee meetings, members are required to declare any conflicts of interests in the items for consideration on the

agenda, and these are formally recorded in the minutes. A full refresh of organisation-wide register of interests is undertaken annually in line with statutory requirements for NHS commissioners. The register can be viewed on the website.

Personal data related incidents

There were no serious untoward incidents relating to data security breaches for Barnet CCG in 2019/20 and no personal data related incidents reported to the Information Commissioners Office.

Statement of Disclosure to Auditors

Each individual who is a member of the CCG at the time the Members' Report is approved confirms:

- So far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report
- The member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Modern Slavery Act

Barnet CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2020 is published on our website at www.barnetccg.nhs.uk

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Frances O'Callaghan to be the Accountable Officer of all NCL CCGs, including Barnet CCG, since 20 February 2020. The previous post-holder was Helen Pettersen.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).

The relevant responsibilities of accounting officers under Managing Public Money are:

- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and Social Care and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health and Social Care have been followed, and disclose and explain any material departures in the financial statements
- Prepare the financial statements on a going concern basis.

To the best of my knowledge and belief I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my CCG Accountable Officer Appointment Letter. I also confirm that:

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.
- That the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Frances O'Callaghan
Accountable Officer
23 June 2020

Governance Statement

Introduction and context

Barnet CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The clinical commissioning group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2019, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Clinical Commissioning Group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

The CCG operates in line with the good governance standards including the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the Nolan Principles, the Standards for Members of NHS Boards and CCGs in England (2012) and the seven key principles of the NHS Constitution. This includes the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business.

The CCG's overarching governance arrangements are set out in its constitution, which explains the powers that the member practices have elected to reserve for themselves as members of the CCG and those that they have delegated to the Governing Body of the CCG and its various committees.

The constitution describes the governing principles, rules and procedures that the member practices have established to ensure accountability and probity in the day-to-day running of the CCG. It contains the Standing Orders, Standing Financial Instructions and a Scheme of Reservation and Delegation which describes how responsibilities and powers have been delegated or reserved across the CCG, its Governing Body and membership.

The CCG uses its Internal Audit function to independently audit its governance arrangements and check compliance with legislative requirements and public sector good practice.

The Governing Body is responsible for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance. The Governing Body is a mixture of primary care and secondary care clinicians, experienced NHS managers,

lay members and representatives from other key stakeholder organisations such as the London Borough of Barnet and Healthwatch Barnet.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Corporate Governance Code. Nevertheless in the interests of good governance practice the CCG complies with the relevant principles of the code and with NHS England statutory guidance.

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

Risk management arrangements and effectiveness

The five NCL CCGs agreed a new risk management framework in April 2019 which introduced a single approach to risk management across the organisations. The framework was developed in accordance with Management of Risk best practice guidance issued by the Office of Government Commerce, part of the Cabinet Office. The framework was fully implemented and embedded in each organisation during the financial year.

The new framework strengthened the CCG's approach to risk management with the annual risk management audit showing that all five CCGs had achieved a 'substantial' (green) assurance rating. This was the first time any of the CCG's had achieved this rating.

The CCG's robust approach to risk management supports the organisation and its staff in taking risks in a measured, considerate and appropriate way to meet its objectives for the overall benefit of our patients. The aims of the risk management approach are to:

- Promote organisational success and help achieve the CCG's objectives
- Have grip of key risks at all levels of the organisation
- Empower staff to manage risks effectively
- Promote and support proactive risk management
- Help create a culture that recognises uncertainty and supports considered, measured and appropriate risk taking and effective risk management
- Support new ways of working and innovation
- Provide clear guidance to staff
- Have a consistent, visible and repeatable approach to risk management
- Support good governance and provide internal controls
- Evidence the importance of risk management to the CCG.

The CCG views good risk management as a tool that supports and empowers staff by enabling them to identify, assess and control risks in a way that is visible, consistent and repeatable. Staff are supported in this by a comprehensive training programme, a robust Corporate Risk Register, comprehensive risk management processes and procedures and a central Governance and Risk Team.

Staff are encouraged to proactively identify, manage and control negative risks (threats) to help ensure they are dealt with before they become issues. The Governing Body has overall responsibility for risk management and sets the organisation's risk appetite. This risk appetite then informs the CCG's decision making. The Governing Body undertook a review of its risk appetite in June 2019 to ensure the risk appetite levels were appropriate.

The CCG ensures that Equality Impact Assessments are integrated into its core business and is supported in doing so by the CCG's Senior Equality, Diversity and Inclusion Manager. The CCG visibly demonstrates its commitment to robust Equality

Impact Assessments by requiring staff to identify these, as appropriate, on the coversheets for all Governing Body and Governing Body committee reports.

The CCG actively involves a range of key stakeholders in managing risks that impact on them through wider engagement, formal meetings, briefings and engaging with formal representatives.

Capacity to Handle Risk

There is a robust oversight and reporting structure and effective leadership of risk management in the CCG. This includes:

- An open, honest and transparent risk management culture
- Staff being trained and empowered to manage risks appropriate to their authority and duties with solid reporting lines to management
- All teams within the directorates being required to meet regularly to discuss their risks. Risks are reviewed by directors, managers and their teams
- All risks within a directorate being owned by the director with each directorate having its own risk register that captures the key risks in the directorate
- Key risks from the directorate risks registers that are assessed at the corporate level to have a current risk score of eight or higher are escalated to the Corporate Risk Register. This is reviewed regularly by the senior management team
- The risks on the Corporate Risk Register that score 12 or higher are also escalated to the appropriate Governing Body committee at each meeting. These committees provide oversight and scrutiny of these risks and hold the senior management team to account for the management of risks
- Risks on the Corporate Risk Register with a current risk score of 15 or higher are reported to both the Governing Body and the appropriate Governing Body committee to ensure that there is the highest level of oversight of these risks
- Key system wide risks overseen by NCL wide committees are reported to every Governing Body meeting
- In addition to the above, every Governing Body and Governing Body committee report must identify its key risks in the report coversheet.
  This enables the organisation to have oversight and control of its key risks at all levels.

The systems and processes that the CCG has in place ensures that there is timely and accurate information to assess risks at all levels. This includes risks to compliance with the CCG's statutory obligations.

Staff are trained and empowered to manage risks appropriate to their authority and duties. There are solid reporting lines to management and all risks have a risk owner who is accountable for the risk and a risk manager who is responsible for the day to day management of the risk.

The risk management strategy and policy is based on best practice Management of Risk ('MOR') principles. Each directorate has a risk lead to support and empower staff to manage their risks effectively, learn from each other and share best practice. They are also supported by a central Governance and Risk Team that has oversight of the Governing Body risk reporting and provide training and advice to staff.

Risk Assessment

At the CCG, risks are assessed continually throughout the year and have appropriate oversight as set out above. There were two major governance, risk management and internal control risks over the reporting period, which were discussed at committee:

Risk	**Mitigating Actions**
Lack of Clarity on STP and NCL CCG Governance Arrangements (Threat) Cause: If there is a lack of clarity on STP and NCL CCGs' governance arrangements; Effect: There is a risk of confusions as to where decisions are made and that decisions are not made in the correctly or at all	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: • Establishing an STP governance structure which includes significant clinical and public oversight • Establishing an advisory board which includes councillors, Healthwatch and the Chairs of STP partner organisations • Creating an STP governance handbook • Engaging with key stakeholders across the system including their formal structures. This includes other CCGs, local councils, providers and third sector organisations

Impact: This may result in decision freeze or in decisions being made ultra vires which may result in significant delay in delivering integrated services due to an inability to act or legal challenge.	• Recruiting an STP communications and engagement team, having named communications leads and teams in each organisation and having clear communication channels • Ensuring skilled programme management support is in place • Using existing patient and public participation structures and systems in each partner organisation.
Failure to effectively deliver a corporate merger of the five North Central London (NCL) CCGs Cause: If the five North Central London (NCL) CCGs fail to deliver a merger to a single CCG that effectively manages financial, staffing, quality and performance, and broader statutory requirements, without the full support of CCG members, stakeholders and partners Effect: There is a risk that a single CCG will not be established, or that an NCL-wide CCG will not meet its NHS England Control Total, retain sufficient workforce and strong partnership working to meet its strategic objectives and operational goals or otherwise fails in maintaining mandated goals and associated standards	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: • In September 2019 the five NCL CCGs agreed to merge to form one organisation • In November 2019 the member practices approved the Constitution for the new CCG • In January 2020 GPs and Practice Nurses working in each of the Member Practices across NCL voted to elect their Clinical Representatives on the new CCG's Governing Body • NHS England approved the merger and the Constitution with the new CCG being established on 1 April 2020 • A Medium Term Financial Strategy was developed • A staff restructure was undertaken at the Director level to ensure appropriate staff leadership in the new CCG • A Governing Body for the new CCG has been recruited to.

Impact: This may result in the destabilisation of CCG functionality and the delivery of workstreams, a negative impact on the local health economy and a potential negative impact on patient care and experience. In addition it may result in potential inability to comply with the direction of NHS policy and the imposition of legal directions or special measures.	

Principle risks to compliance with the CCG's licence

No significant governance, risk management and internal control risks have been identified in relation to complying with the CCG's licence in 2019-20.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

In addition to our risk management system the CCG has policies, procedures and processes in place to ensure smooth, safe and sustainable business operations and to empower and support the CCG to meet its objectives for the benefit of our patients.

Internal and External Auditors

To ensure that the CCG's internal control mechanisms are effective, they are subject to regular targeted review by RSM our internal auditors. This ensures that:

- Our internal control mechanisms are subject to external assessment by expert and independent third parties
- We are not overly reliant on our own assessment of the effectiveness of our control mechanisms
- We can incorporate lessons learned from other organisations into our internal control mechanisms to make them more effective.

To ensure the CCG's arrangements to manage its finances are effective, they are subject to review by KPMG, our external auditors. This ensures that there is an independent opinion on whether:

- The CCG's financial statements are prepared properly, are free from material error and give a 'fair and true' view of the CCG's financial position
- The CCG's income and expenditure is in accordance with laws and regulations
- The CCG has arrangements in place to secure value for money.

Peer Review

The CCG has a shared central Corporate Services Directorate. This includes highly skilled and experienced Board Secretaries and a specialist corporate governance and risk team. These professional governance colleagues regularly work together to develop new policies, systems and practices and ensures that colleagues from the wider commissioning system add their collective perspective, expertise and challenge.

Constitution

The CCG's Constitution is the organisation's primary governance document which sets out how the organisation is governed. Member practices and the Local Medical Committee are engaged extensively on any proposed Constitutional changes. NHS England must also give its approval to any proposed changes and carries out its own assurance process on any changes prior to approval.

Key stakeholders and representatives sit as non-voting members of the Governing Body. This helps to ensure that colleagues from the wider system, including social care, influence Governing Body decisions using their collective perspective, expertise

and challenge. The CCG is regulated by NHS England and regularly provides assurance through the CCG assurance framework and annual reporting.

The system of internal control has been in place in the CCG for the year ending 31 March 2020 and up to the date of approval of the Annual Report and Accounts.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The annual internal audit of conflicts of interest report was published in January 2020. Overall compliance was noted for the requirements reviewed. The outcome against the eight key conflicts of interest areas reported was as:

Conflict of Interest Area	**Compliance Assessment Level**
Governance arrangements	Compliant
Declarations of interests	Partially Compliant
Declarations of gifts and hospitality	Compliant
Register of interests	Partially Compliant
Register of gifts and hospitality	Compliant
Procurement decisions	Compliant
Decision making processes and contract monitoring	Compliant
Reporting concerns and identifying and managing breaches/ non-compliance	Compliant

Taking account of the issues identified, a reasonable assurance rating was reported that the controls in place were suitably designed, consistently applied and operating effectively. An Action Plan is in place to address the areas of partial compliance.

Data Quality

The CCG ensures the information and data quality used by Governing Body members are of high standards. The Governing Body members are satisfied with the quality of the data provided by the CCG.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees. This applies to both personal confidential data and special category data. The NHS Information Governance Framework is supported by the Data Security and Protection toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

In 2019/20, the CCG met 106 out of the 106 mandatory assertions and 47 out of 51 non-mandatory assertions in the Data Security and Protection Toolkit. The CCG maintains a privacy by design and default approach by ensuring a Data Protection Impact Assessment is completed for any new project, new system or service redesign. This enables the CCG identify potential data security risks.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the new Data Security and Protection Toolkit. We have ensured all staff undertake their annual information governance training and are aware of their information governance roles and responsibilities. The CCG has processes in place for incident reporting and investigation of serious incidents.

Business Critical Models

The key business critical models that the Governing Body relies on are in-year financial forecasts, medium-term financial planning and financial evaluation and forecasting. These models are the responsibility of the Chief Finance Officer.

North East London Commissioning Support Unit (CSU) supplies the CCG's ICT (Information and Communication Technology) and Business Intelligence functions. Business critical models in use within ICT are subject to a number of quality assurance processes which link into the overall framework and management commitment to quality.

Business critical models in use within Business Intelligence include processes which support the identification and maintenance of a list of all business critical models and a schedule for periodic review. These processes are subject to review by internal audit, who review management information data and process owners, and external audit whose work covers the quality assurance processes of financial models.

Third party assurances

The CSU provides a wide range of commissioning support services including: human resources, finance, contract management, business support services, business intelligence services and clinical services. The third party services provided have been assured through contract review meetings, monthly scores to indicate effectiveness and periodic audits are undertaken by RSM, our internal auditors.

Control Issues

No significant internal control issues or gaps have been identified. We will continue to work with our internal auditors on any CCG and pan NCL CCGs issues identified in the future.

Review of economy, efficiency and effectiveness of the use of resources

The Governing Body has overarching responsibility for ensuring the CCG carries out its activities effectively, efficiently and economically. To ensure this:

- The Governing Body receives a finance report from the Chief Finance Officer at each of its meetings

- The Governing Body has established the Clinical Commissioning, Finance and QIPP Committee which receives regular finance reports and provides scrutiny and oversight of financial planning, budgets, costs and financial performance
- The Audit Committee, held as the NCL Audit Committee in Common, receives regular reports on financial governance, monitors the Internal Audit programme and reviews the draft and final annual accounts
- The CCG has a programme of Internal Audits that provides assurance to the Governing Body and Executive Team of the effectiveness of its internal processes
- The CCG's annual accounts are reviewed by the Audit Committee and audited by our external auditors. Following completion of the planned audit work, our external auditors will issue an independent and objective opinion on the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources
- The CCG has QIPP programmes in place to deliver cost and efficiency savings
- The CCG has a robust risk management system in place with key risks being reviewed by the Governing and its committees at every meeting
- The CCG has robust and appropriate policies in place.

Delegation of functions

The CCG has solid arrangements in place regarding the exercise and oversight of any delegated functions. This includes:

- An NCL Audit Committee in Common being established between the five NCL CCGs in 2018. These arrangements strengthen the oversight of the CCG's internal controls and assurance processes by bringing together the five audit chairs and other key individuals and the wealth of expertise and experience they bring. This is supported by a single, aligned, corporate governance framework which is in place across the five NCL CCGs
- The NCL Primary Care Commissioning Committee being established in 2017 to oversee and make decisions on the commissioning of primary medical care services

- The NCL Joint Commissioning Committee being established in 2017 to support the joint exercise by the NCL CCGs of the commissioning of acute and integrated care services
- The Joint Individual Funding Requests Panel being established in 2018 to make collective decisions on individual funding requests for the residents of Barnet, Enfield, Haringey and Islington;
- Pan-organisation committees being supported by clear Terms of Reference with regularly scheduled meetings. Each committee's approved minutes are also reported to Governing Body meetings
- A single suite of corporate governance policies being agreed by the NCL CCGs to ensure a consistent and aligned approach to internal controls. This includes:
    - The NCL Risk Management Strategy and Policy
    - The NCL Standards of Business Conduct Policy
    - The NCL Conflicts of Interest Policy
    - The NCL Counter Fraud, Bribery and Corruption Policy.
- A central management team to ensure efficient and effective operations of delegated functions
- Robust internal audit and counter fraud arrangements and plans. These are overseen by the NCL Audit Committee in Common
- Robust policies and procedures in place to support whistle-blowing
- A robust risk management framework and risk management processes. In 2019 the internal auditors undertook a review of the CCG's risk management framework and rated it as having 'substantial assurance' (green).

Counter fraud arrangements

The CCG is committed to reducing fraud and bribery against the NHS to a minimum. We have appointed an accredited Local Counter Fraud Specialist (LCFS), through RSM our internal auditors, who works to a risk based annual plan which has been agreed by the Chief Finance Officer and the Audit Committee.

The plan is designed around the NHS Counter Fraud Authority's standards for commissioners and compliance with these standards is reported to the Audit Committee on an annual basis.

We work closely with our LCFS and the NHS Counter Fraud Authority to implement any actions arising from quality assurance reviews and to ensure that our anti-fraud and bribery arrangements remain sufficiently robust. Training is provided as appropriate. The CCG's Counter Fraud, Bribery and Corruption Policy is reviewed annually and updated to be fully compliant with the NHS Counter Fraud Standards 2019-20.

EU Exit

After extended preparations on a 'no deal' Brexit throughout 2019, including local, regional and national exercises and conferences, the EU Exit withdrawal agreement finally went to parliament and the House of Commons in December, where it was approved.

In line with the successful second vote of the withdrawal agreement, the government stood down all preparations for a no-deal. This meant that all communications related to a no-deal ceased, our preparations stopped and any staff involved in the EU Exit preparations, were released back into previous roles and business as usual. However, NHS England asked all organisations to retain a key point of contact in case the negotiations between the UK and Europe would not conclude prior to 31 December 2020, and advice is needed for those negotiations.

Following the approval of the withdrawal agreement, the UK left the European Union on the 31 January 2020. There is an implementation period until 31 December 2020, in which the UK will continue to follow the rules and legislation of the EU.

Head of Internal Audit Opinion

Following completion of the planned audit work for the CCG (as part of a plan covering North Central London) and the quality assurance work for the Commissioning Support Unit, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control for 2019/20. The Head of Internal Audit concluded that:

The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

During the year, Internal Audit issued the following audit reports:

Area of Audit	**Level of Assurance Given**
Local Authority Integration and Better Care Fund	Substantial Assurance
Board Assurance Framework and Risk Management	Substantial Assurance
Primary Care Commissioning	Reasonable Assurance
Health Information Exchange	Reasonable Assurance
Data Quality and Invoice Validation	Reasonable Assurance
GP Federations	Reasonable Assurance
Provider Quality Management and Commissioning of Acute Clinical Services	Reasonable Assurance
Financial Management – (Design and Application)	Reasonable Assurance
QIPP	Reasonable Assurance
Conflicts of Interest	Reasonable Assurance
Personal Health Budgets	Partial Assurance

Financial Management – (Outcomes)	Partial Assurance

The enhancements referred to in the opinion were driven by the following partial assurance opinions:

Personal Health Budgets – There was no evidence of patients' bank statements being reviewed, guidance did not incorporate statutory updates from NHS England, some relevant documentation was unauthorised and not filed, some clinical reviews were outstanding from three to fifteen months and there was no evidence of some patients being informed of indicative budgets. Of the eight management actions raised, two have been implemented and the rest will be followed up when they become due.

Financial Management (Outcomes) – At the time of review, the north central London CCGs were reporting an underlying deficit and an overall net risk of £14.98m, with no contingency. Barnet's budget improved from a deficit of £11.7m to one of £6.7m only by releasing the planning contingency, putting the control total at risk. Additional risks of £2.7m materialised. The two medium and one low priority management actions will be followed up when they become due for implementation.

Based on the work undertaken on the CCG's system of internal control, the CCG concluded that no issues identified required reporting as significant control issues within the governance statement.

The CCG has agreed appropriate actions regarding the recommendations associated with these opinions.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Conclusion

No significant internal control issues have been identified. However, where there are further enhancements to the framework of risk management, governance and internal control to ensure it remains adequate and effective these are being addressed, as set out earlier in this report, through action plans. With the exception of these less significant internal control points the review confirms that the CCG has a generally sound system of internal control, which supports the achievements of its policies, aims and objectives.

Frances O'Callaghan
Accountable Officer
23 June 2020

REMUNERATION AND STAFF REPORT

Remuneration Report

Introduction

The NHS has adopted the recommendations outlined in the Greenbury Report in respect of the disclosure of senior managers' remuneration and the manner in which it is determined.

Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling major activities within the CCG. This means those who influence the decisions of the CCG as a whole rather than the decisions of individual directorates or departments.

This section of the report outlines how those recommendations have been implemented by the CCG in the year to 31 March 2020.

Remuneration Committee

CCGs are required to have a remuneration committee to oversee the pay, terms and conditions of service of senior managers.

Members of the CCG Remuneration Committee during 2019/20 were:

Member	Role
Mr Ian Bretman	Lay member & Chair of Remuneration Committee
Ms Claire Johnston	Elected Nursing Representative
Dr Clare Stephens	Elected GP Representative
Dr Tal Helbitz	Elected GP Representative
Dr Charlotte Benjamin	Elected GP Representative
Mr Dominic Tkaczyk	Lay member

The main function of the Committee is to make recommendations to the Governing Body on the remuneration, allowances and terms of service of other officer members to ensure that they are fairly rewarded for their individual contribution to the CCG,

having regard for the organisation's circumstances and performance, and taking into account national arrangements.

Remuneration policy

Senior managers' remuneration is in line with Agenda for Change terms and conditions. There has been no payment of performance related pay during the year ending 31 March 2020.

No compensation was payable during the year and no amounts are included that are payable to third parties for the services of senior managers. In the event of redundancy, standard NHS packages apply.

All decisions on the remuneration of senior management, including payments over £150,000 are reviewed and approved by the Committee, which is independent of senior management. The approval of senior management remuneration is made on the basis of a number of factors including market review to ensure remuneration is fair and competitive.

Contractual arrangements

The Accountable Officer and other directors are on permanent contracts, except the Interim Chief Finance Officer. The Accountable Officer is subject to a three-month notice period and other directors, twelve weeks, except the Interim Chief Finance Officer, who is subject to a two-week notice period.

Senior manager remuneration (including salary and pension entitlements)

			2019-20			Dates served	
	NAME	TITLE	Salary (bands of £5,000) £000	All Pension Related Benefits (Bands of £2,500) £000	Total (Bands of £5000) £000	Commenced	Ceased
	VOTING MEMBERS						
	Executive Directors						
(1)	Ms Frances O'Callaghan	Accountable Officer	0 - 5	0	0 - 5	17/02/2020	
(1)	Ms Helen Pettersen	Accountable Officer	25 - 30	0	25 - 30	03/04/2017	28/02/2020
(1)	Mr Simon Goodwin	Chief Finance Officer	25 - 30	2.5 - 5	30 - 35	01/06/2017	
(1) & (2)	Mr Rob Larkman	Interim Chief Finance Officer	0 - 5	0	0 - 5	04/02/2019	06/04/2020
	Lay Members						
	Mr Ian Bretman	Lay Member for Patient & Public Engagement	20 - 25	0	20 - 25	01/04/2017	
	Mr Dominic Tkaczyk	Lay Member for Audit & Governance and Conflict of Interest Guardian	20 - 25	0	20 - 25	01/06/2018	
	GP/ Clinical Members						
	Dr Louise Miller	CCG GP Member	40 - 45	0	40 - 45 0	10/01/2019	
(3)	Dr Nick Dattani	CCG GP Member	65 - 70	0	65 - 70	01/03/2018	
	Dr John Baker	Secondary Care Director	10 - 15	0	10 - 15	06/04/2017	
	Ms Claire Johnston	CCG Registered Board Nurse	10 - 15	0	10 - 15 0	22/10/2018	
	Dr Clare Stephens	CCG GP Member	35 - 40	0	35 - 40 0	01/04/2013	
	Dr Barry Subel	CCG GP Member and Clinical Vice Chair	80 - 85	0	80 - 85 0	01/07/2013	
	Dr Charlotte Benjamin	CCG GP Member and Chair	120 - 125	0	120 - 125 0	01/04/2013	
	Dr Murtaza Khanbhai	CCG GP Member	30 - 35	0	30 - 35 0	01/05/2017	
(4)	Dr Aashish Bansal	CCG GP Member	40 - 45	0	40 - 45 0	01/05/2017	
	Dr Tal Helbitz	CCG GP Member	35 - 40	0	35 - 40	01/05/2017	
	NON VOTING MEMBERS						
(5)	Ms Kay Matthews	Executive Managing Director	125 - 130	42.5 - 45	170 - 175	01/06/2017	
(6)	Mr Matt Backler	Director of Finance	145-150	25 - 27.5	175 -180	01/12/2017	31/03/2020
	Ms Sarah D'Souza	Director of Commissioning (Job share)	65 - 70	35 - 37.5	105 -110	02/01/2018	
	Ms Ruth Donaldson	Director of Commissioning (Job share)	65 - 70	15 - 17.5	85 - 90	02/01/2018	
	Ms Jenny Goodridge	Director of Quality & Clinical Services	110 -115	25 - 27.5	135 - 140	01/08/2017	
	Ms Colette Wood	Director of Care Closer to Home	105 -110	35 - 37.5	145 - 150	09/10/2017	
	Mr Ali Malik	Director of Performance & QIPP	95 -100	0	95 -100	30/04/2018	
(7)	Ms Jennie Williams	Director of Quality	0 - 5	0 - 2.5	0 - 5	01/02/2019	31/01/2020
(1)	Mr Paul Sinden	Executive Director of Performance & Assurance	20 - 25	2.5 - 5	25 - 30	01/04/2017	
(1)	Mr Will Huxter	Executive Director of Strategy	25 - 30	0 -2. 5	25 - 30	01/06/2017	
(1)	Ms Eileen Fiori	Director of Acute Commissioning & Integration	20 - 25	2.5 - 5	20 - 25	01/05/2018	31/01/2020
(1)	Mr Ian Porter	Executive Director of Corporate Services	20 - 25	5 - 7.5	25 - 30	08/01/2018	
(1)	Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	10 - 15	2.5 - 5	25 - 30	01/10/2019	

(1) North central London shared management team members split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.
(2) Sick leave cover for seven weeks.
(3) Includes £25-30k for clinical lead role.
(4) Includes an arrears payment of £5-10k for an additional clinical lead role.
(5) Additional allowance for role as Director of Clinical Quality for north central London from 14 October 2019..
(6) Includes severance payment agreed before deparature but payable afterwards and disclosed in the Exit Packages section of this Annual Report.
(7) Additional allowance until 31 January 2020 in lieu of responsibilities as lead Director of Quality for north central London.

There were no taxable expenses, annual or long term performance related bonuses paid in 2019-20.

The full salaries, including all pension-related benefits, of senior managers in shared management arrangements are:
Frances O'Callaghan (£15-20k)
Helen Pettersen (£140-145k)
Simon Goodwin (£160-165k)
Rob Larkman (£5-10k)
Kay Matthews (£175-180k)
Jennie Williams (£400-405k)
Paul Sinden (£135-140k)
Eileen Fiori (£115-120k)
Will Huxter (£140-145k).
Ian Porter (£140-145k)
Sarah Mansuralli (£170-175k).

	NAME	TITLE	2018-19 Salary (bands of £5,000) £000	2018-19 All Pension Related Benefits (Bands of £2,500) £000	2018-19 Total (Bands of £5000) £000	Dates served Commenced	Dates served Ceased
	VOTING MEMBERS						
	Executive Directors						
(1)	Mrs Helen Pettersen	Accountable Officer	30 - 35	37.5-40	65 - 70	03/04/2017	
(1)	Mr Simon Goodwin	Chief Financial Officer	25 - 30	22.5 - 25	50 - 55	01/06/2017	
(1)	Mr Rob Larkman	Interim Chief Financial Officer	5 - 10	0	5 - 10	04/02/2019	
	Lay Members						
	Ms Bernadette Conroy	Lay Member for Strategy & Operational Development	10 - 15	0	10 - 15	01/04/2013	20/09/2018
	Mr Ian Bretman	Lay Member for Patient & Public Engagement	20 - 25	0	20 - 25	01/04/2017	
	Mr Robin Somerville	Lay Member for Audit & Conflict of Interests	0 - 5	0	0 - 5	06/04/2017	31/05/2018
	Mr Dominic Tkaczyk	Lay Member for Audit and Governance and Conflict of Interest Guardian	20 - 25	0	20 - 25	01/06/2018	
	GP/ Clinical Members						
	Dr Jonathan Lubin	CCG GP Member	15 - 20	0	15 - 20 0	24/08/2017	04/10/2018
	Dr Louise Miller	CCG GP Member	5 - 10	0	5 - 10 0	10/01/2019	
(3)	Dr Nick Dattani	CCG GP Member	70 - 75	0	70 - 75	01/03/2018	
	Dr John Baker	Secondary Care Director	10 - 15	0	10 - 15	06/04/2017	
	Mrs Helen Donovan	CCG Registered Board Nurse	0 - 5	0	0 - 5 0	01/04/2013	31/05/2018
	Ms Claire Johnston	CCG Registered Board Nurse	0 - 5	0	0 - 5 0	22/10/2018	
	Dr Deborah Frost	Chair	90 - 95	0	90 - 95 0	01/04/2013	24/01/2019
	Dr Clare Stephens	CCG GP Member	30 - 35	0	30 - 35 0	01/04/2013	
	Dr Barry Subel	CCG GP Member	80 - 85	0	80 - 85 0	01/07/2013	
	Dr Charlotte Benjamin	CCG GP Member and Chair (commence 21 Jan)	60 - 65	0	60 - 65 0	01/04/2013	
	Dr Murtaza Khanbhai	CCG GP Member	30 - 35	0	30 - 35 0	01/05/2017	
	Dr Aashish Bansal	CCG GP Member	30 - 35	0	30 - 35 0	01/05/2017	
	Dr Tal Helbitz	CCG GP Member	35 - 40	0	35 - 40	01/05/2017	
	NON VOTING MEMBERS						
	Ms Kay Matthews	Chief Operating Officer	125 - 130	95 - 97.5	220 - 225	01/06/2017	
	Mr Matt Backler	Director of Finance	100 - 105	25 - 27.5	125 -130	01/12/2017	
	Ms Sarah D'Souza	Director of Commissioning (Job share)	65 - 70	40 - 42.5	105 -110	02/01/2018	
	Ms Ruth Donaldson	Director of Commissioning (Job share)	65 - 70	25 - 27.5	90 - 95	02/01/2018	
	Ms Jenny Goodridge	Director of Quality & Clinical Services	105 - 110	62.5 - 65	170 - 175	01/08/2017	
(4)	Ms Vicky Aldred	Director of Quality & Clinical Services	5 - 10	0	5 - 10	15/11/2017	30/04/2018
	Ms Colette Wood	Director of Care Closer to Home	100 - 105	72.5 - 75	175 - 180	09/10/2017	
	Mr Ali Malik	Director of Performance and QIPP	85 -90	0	85 -90	30/04/2018	
	Mr Dominic Tkaczyk	Associate Lay Member for Finance	0 - 5	0	0 - 5	06/04/2017	31/05/2018
(2)	Ms Jennie Williams	Lead Director of Quality	0 - 5	0	0 - 5	01/02/2019	
(1)	Mr Paul Sinden	Director of Planning, Performance & Primary Care	20 - 25	2.5 - 5	25 - 30	01/04/2017	
(1)	Mr Will Huxter	Director of Strategy	25 - 30	0 -2. 5	25 - 30	01/06/2017	
(1)	Ms Eileen Fiori	Director of Acute Commissioning & Integration	20 - 25	15 - 17.5	35 - 40	01/05/2018	
(1)	Mr Ian Porter	Director of Corporate Services	15 - 20	2.5 - 5	20 - 25	08/01/2018	

(1) North central London shared management team members split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.
(2) North central London shared management team member split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs from 1 February 2019 as lead Director of Quality for North Central London
(3) The salary figure for this individual includes £15,438 for their clinical lead role
(4) Secondment from NHS England
There were no taxable expenses, annual or long term performance related bonuses paid in 2018-19

The full salaries, including all pension-related benefits, of senior managers in shared management arrangements are shown in the following table.

NAME	TITLE	Salary (bands of £5,000) £000	All Pension Related Benefits (Bands of £2,500) £000	Total (Bands of £5000) £000	Commenced
Voting board members					
Helen Pettersen	Accountable Officer	150-155	190-192.5	340-345	03/04/2017
Simon Goodwin	Chief Financial Officer	145-150	117.5-120	265-270	01/06/2017
Rob Larkman	Interim Chief Financial Officer	35-40	0	35-40	04/02/2019
Jennie Williams	Lead Director of Quality	95-100	17.5-20	110-115	14/11/2016
Other Senior Managers					
Paul Sinden	Director of Planning, Performance & Primary Care	115-120	15-17.5	135-140	01/04/2017
Eileen Fiori	Director of Acute Commissioning & Integration	110-115	82.5-85	195-200	01/05/2018
Will Huxter	Director of Strategy	130-135	10-12.5	140-145	01/06/2017
Ian Porter	Director of Corporate Services	95-100	17.5-20	115-120	08/01/2018

Rob Larkman was appointed on a seven week contract to cover sick leave

Pensions

Most staff, including executive senior managers, are eligible to join the NHS pension scheme. The scheme's employer's contribution for the year was 20.68% of the individual's salary as per the NHS Pensions regulations. Employee contribution rates for CCG officers and practice staff during the year were as follows:

Member contribution rates before tax relief (gross)

Annual pensionable pay	Gross contribution rate
Up to £15,431.99	5.0%
£15,432 to £21,477.99	5.6%
£21,478 to £26,823.99	7.1%
£26,824 to £47,845.99	9.3%
£47,846 to £70,630.99	12.5%
£70,631 to £111,376.99	13.5%
£111,377 and over	14.5%

Scheme benefits are set by NHS Pensions and applicable to all members. Past and present employees are covered by the provisions of the NHS pension scheme. Full details of how pension liabilities are treated are shown in note 4 of the annual accounts.

Salary and pension entitlements of directors and senior managers

The following table discloses further information regarding remuneration and pension entitlements. There are no entries in the cases of members with non-pensionable remuneration or GP members with a contract for services.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are

calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

The real increases reflect benefits funded by the employer. They do not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Benefits shown in the table are the totals for the individuals concerned, irrespective of the shared management arrangements described above in the salaries and allowances of senior managers table.

Pension benefits as at 31 March 2020 & 31 March 2019

Name	Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31st March 2020	Lump sum at pension age related to accrued pension at 31st March 2020	Cash equivalent transfer value at 1st April 2019	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31st March 2020
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(to nearest £1,000)	(to nearest £1,000)	(to nearest £1,000)
		£000	£000	£000	£000	£000	£000	£000
Frances O'Callaghan	Accountable Officer	(0-2.5)	(0-2.5)	40-45	115-120	812	(4)	821
Helen Pettersen	Accountable Officer	0-2.5	0-2.5	60-65	180-185	1,352	17	1,426
Simon Goodwin	Chief Finance Officer	0-2.5	(2.5-5)	50-55	110-115	912	18	974
Kay Matthews	Executive Managing Director	2.5-5	0-2.5	45-50	105-110	844	48	932
Ruth Donaldson	Director of Commissioning	0-2.5	(2.5-0)	20-25	50-55	323	11	350
Sarah D'Souza	Director of Commissioning	0-2.5	0-2.5	25-30	35-40	369	31	418

Jenny Goodridge	Director of Quality and Clinical Services	0-2.5	0-2.5	15-20	5-10	180	12	212
Colette Wood	Director of Primary Care Transformation	2.5-5	0-2.5	30-35	75-80	596	35	660
Matt Backler	Director of Finance	0-2.5	0	5-10	0	39	4	59
Ian Porter	Executive Director of Corporate Services	0-2.5	0	5-10	0	61	10	88
Paul Sinden	Executive Director of Performance & Assurance	0-2.5	(0-2.5)	35-40	70-75	618	15	665
Will Huxter	Executive Director of Strategy	0-2.5	(2.5-5)	40-45	105-110	823	16	877
Sarah Mansuralli	Executive Director of Strategic Commissioning	2.5-5	0-2.5	35-40	75-80	607	37	677
Eileen Fiori	Director of Acute Commissioning & Integration	0-2.5	(0-2.5)	50-55	125-130	993	17	1,057
Jennie Williams	Director of Quality	5-7.5	17.5-20	35-40	115-120	715	158	904

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in related lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	Total accrued related lump sum at pension age at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value
		£000	£000	£000	£000	£000	£000	£000
Board Members								
Mrs Helen Pettersen (1)	Accountable Officer	7.5 -10	27.5 - 30	55 - 60	175 - 180	1,352	1,007	293
Mr Simon Goodwin (1)	Chief Finance Officer	5 -7.5	10 - 12.5	45 - 50	110 - 115	912	690	180
Non Voting								
Ms Jennie Williams (1)	Lead Director of Quality	0 -2.5	2.5 - 5	30 - 35	95 - 100	715	603	81
Mrs Helen Donovan	CCG Registered Board Nurse	-2.5 - 0	-5 -2.5	25 - 30	80 - 85	599	694	-21
Ms Kay Matthews	Chief operating Officer	5 -7.5	7.5 - 10	40 - 45	100 - 105	844	648	158
Mr Matt Backler	Director of Finance	0 -2.5	0	0 - 5	0	39	19	6
Ms Sarah D'Souza	Director of Commissioning (Job share)	0 -2.5	0 -2.5	20 - 25	30 - 35	369	282	70
Ms Ruth Donaldson	Director of Commissioning (Job share)	0 -2.5	0 -2.5	20 - 25	50 - 55	323	249	57
Ms Jenny Goodridge	Director of Quality & Clinical Services	2.5 -5	0 -2.5	10 - 15	5 - 10	180	121	39
Ms Colette Wood	Director of Care Closer to Home	2.5 -5	5 -7.5	30 - 35	75 - 80	596	455	113
Mr Paul Sinden (1)	Director of Acute Commissioning & Performance	0 -2.5	-0 -2.5	30 - 35	70 - 75	618	518	66
Mr Will Huxter (1)	Director of Strategy	0 -2.5	-0 -2.5	35 - 40	105 - 110	823	711	72
Ms Eileen Fiori (1)	Director of Acute Commissioning & Integration	2.5 -5	5 -7.5	45 - 50	120 - 125	993	796	142
Mr Ian Porter (1)	Director of Corporate Services	0 -2.5	0	5 - 10	0	61	34	13

Payments to past members

No such payments were made in 2019/20.

Fair pay

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid member in Barnet CCG in the financial year 2019/20 was £130-135k (2018/19: £125-130k). This was 2.62 times (2018/19: 2.59) the median remuneration of the workforce, which was £50k (2018/19: £49k).

In 2019/20, no (2018/19: 0) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0-£5k - £130k-135k (2018/19: £0-£5k - £120k-£125k)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Staff Report

Staff composition

Very Senior Manager Information

At 31 March 2020, there were two individuals on a Very Senior Manager grade in the CCG and five individuals on Very Senior Manager grade in north central London shared management positions.

Senior Manager Information

At the 31 March 2020, there were six Senior Managers on Band 9 and two in north central London shared management positions.

Staff numbers and costs

	2019-20		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	7,008	778	7,785
Social security costs	640	0	640
Employer Contributions to NHS Pension scheme	971	0	971
Other pension costs	0	0	0
Apprenticeship Levy	15	0	15
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	41	0	41
Gross employee benefits expenditure	**8,674**	**778**	**9,453**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	**8,674**	**778**	**9,453**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**8,674**	**778**	**9,453**

	2018-19		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	6,095	861	6,956
Social security costs	527	0	527
Employer Contributions to NHS Pension scheme	544	0	544
Other pension costs	0	0	0
Apprenticeship Levy	10	0	10
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	39	0	39
Gross employee benefits expenditure	**7,215**	**861**	**8,076**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	**7,215**	**861**	**8,076**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**7,215**	**861**	**8,076**

Average number of people employed

	2019-20			2018-19		
	Permanently employed	Other	Total	Permanently employed	Other	Total
	Number	Number	Number	Number	Number	Number
Total	93	6	99	80	11	91

Gender breakdown of Barnet CCG Governing Body members at 31 March 2020

	Male	Female	Total
Elected	6	3	9
Appointed	3	2	5
Non-Voting	2	5	7
Total	**11**	**10**	**21**

Gender breakdown of all staff including Senior Managers and Very Senior Managers at 31 Mar 2020

Pay Group	Female	Male	Total
Band 4	0	1	1
Band 5	5	1	6
Band 6	10	2	12
Band 7	6	3	9
Band 8a	18	6	24
Band 8b	14	4	18
Band 8c	7	6	13
Band 8d	3	2	5
Senior Managers (Band 9 and above inclusive of VSM & local salary)	7	2	9
Grand total	**70**	**27**	**97**

These figures only include those who have declared their gender, through Equality, Diversity and Inclusion monitoring.

Sickness absence data

Sickness absence data is available from the NHS Digital publication series on NHS Sickness Absence Rates.

Local ESR data shows sickness figures for the CCG for the calendar year January - December 2019 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
3.05%	1,007	995.04	32,651.25

Staff policies

The CCG is committed to advancing equality of opportunity for all employees regardless of their protected characteristics or backgrounds. The way the CCG demonstrates this is by ensuring the robustness of effective implementation of its employment practices, policies and procedures, which ensure that no employee, or potential employee receives less favourable treatment on the grounds of their protected characteristics, as required by the Equality Act 2010 and the CCG policies. All our Human Resource (HR) policies reflect the public sector equality duty and the need to show 'due regard' to it. The impact of HR policy/organisational change are thoroughly analysed to ensure there would be no unintended negative consequences on staff from protected groups (e.g. disability, race).

The CCG has in place an open, fair and transparent system for recruiting staff and Governing Body Members, which places emphasis on individual's skills, abilities and experience. This enables the CCG to ensure diversity of people to represent the local community it serves.

The CCG's Resourcing Policy and Procedure explicitly states that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled. Reasonable steps are taken accordingly to ensure all disabled applicants are treated fairly which includes making adjustments in terms of interviewing venue, selection and aptitude tests. Recruitment and selection and unconscious bias training is provided to managers involved in recruitment and selection in addition to equality and diversity. The selection criteria contained within the job descriptions and person specifications are regularly reviewed to ensure that they are consistent with duties and responsibilities and are essential for the effective performance of the role and do not unfairly discriminate directly or indirectly any potential candidates discriminate.

The CCG is committed to organisational improvement through organisational, team and personal development. This means that all employees need to continually develop their skills and expertise so that they are able to carry out their role efficiently and effectively and can fully contribute to the success of the CCG.

The Appraisal Policy and Procedure provides a framework for maximising the effectiveness and potential of each employee so that they can contribute successfully to the achievements of the CCG's objectives. It also helps staff and managers to develop objectives by ensuring links to team/service objectives and ensures the right support, tools and mechanisms are in place to achieve the objectives. The Workforce System has the necessary functions to help staff and mangers to plan and complete their appraisals and also monitor and record progress.

The CCG continues to review how it positively supports staff with their health and wellbeing whilst in employment.

Trade Union Facility Time

Reference	Question	Figures
Table 1 Relevant Union Officials	Number of employees who were relevant union officials during the relevant period	1
	Full-time equivalent employee number	1
Table 2 Percentage of time spent on facility time	How many of your employees who were relevant union officials employed during the relevant period spent a) 0% b) 1% - 50% c) 51%-99% or d) 100% of their working hours on facility time?	b) 1-50%
Table 3 Percentage of pay bill spent on facility time	Total cost of facility time	£3,073
	Total pay bill	£7,414,107
	Percentage of the total pay bill spent on facility time	0.041%

Table 4 **Paid Trade union activities**	Time spent on paid trade union activities as a percentage of total paid facility time hours	104 hours divided by 180,516 total hours by all staff is 0.08%

Employee consultation

The CCG continues to undertake staff engagement as necessary to:

- Strengthen and focus the staff establishment and structure
- Add new roles to the overall establishment to respond to NHS priorities
- Amend current roles to provide a clearer focus on the strategic challenges of the CCG
- Limiting recruitment to internal only during the transition to North Central London CCG therefore providing greater certainty and assurance to current members of the CCG about their roles in the organisation.

Equality and diversity

The CCG recognises employees as its greatest asset and it wants to continue attracting, developing and retaining staff from diverse backgrounds. In accordance with the Equality and Diversity policy, all staff will be treated equitably, fairly and with respect. Selection for employment, promotion, training or any other benefit will be on the basis of aptitude and ability. All employees will be helped and encouraged to develop their full potential and the talents and resources of the workforce will be fully utilised to maximise the efficiency of the organisation. The CCG is committed to:

- Reflecting in its workforce the diversity of the population it serves
- Undertaking annual equality reviews by examining workforce data against protected characteristics
- Continuously refreshing its induction and equality information for staff and external stakeholders to raise awareness
- Ensuring that each manager will work to create an environment in which individual differences and the contributions of all our staff are recognised and valued
- Ensuring that all staff are aware of the policy, and the reasons for the policy

- Supporting the completion of the annual equality audit and the review of findings.

Expenditure on consultancy

2019/20 Total	2019/20 Admin	2019/20 Programme	2018/19 Total
£000	£000	£000	£000
233	99	134	229

Off-payroll engagements

Table 1: All Off-payroll engagements longer than six months
For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:

Number of existing engagements as of 31 March 2020	8
Of which, the number that have existed:	
for less than one year at the time of reporting	3
for between one and two years at the time of reporting	2
for between two and three years at the time of reporting	2
for between three and four years at the time of reporting	1
for four or more years at the time of reporting	

Table 2: New Off-payroll engagements
For all new off-payroll engagements between 1 April 2019 and 31 March 2020, for more than £245 per day and that last longer than six months:

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	2
Of which...	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	2
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements.	20

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000								
£10,000 - £25,000								
£25,001 - £50,000	1	41,380			1	41,380		
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 – £200,000								
>£200,000								
TOTALS				Agrees to A below				

Exit costs in this note are accounted for in full in the year of departure. Where Barnet CCG has agreed early retirements, the additional costs are met by Barnet CCG and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice*		
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval**		
TOTAL		**A – agrees to total in table 1**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 1 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation (list amounts) relating to non-contractual payments in lieu of notice.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Signature notes approval of all content within the Remuneration and Staff Report

Frances O'Callaghan
Accountable Officer
23 June 2020

PARLIAMENTARY ACCOUNTABILITY AND AUDIT REPORT

The CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report at page 126.

Signature notes approval of all content within the Accountability Report

Frances O'Callaghan
Accountable Officer
23 June 2020

INDEPENDENT AUDITORS REPORT

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP IN RESPECT OF NHS BARNET CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Barnet Clinical Commissioning Group ("the CCG") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note one.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the NHS Commissioning Board with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the CCG in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Emphasis of Matter – Going concern basis of preparation

We draw attention to the disclosure made in note 1.1 to the financial statements which explains that whilst the CCG is not a going concern due to its dissolution on 31 March 2020 and the transfer of its activities to the newly formed NHS North Central London CCG, the financial statements of the CCG have been prepared on a going concern basis because its services will continue to be provided by the newly established public sector body. Our opinion is not modified in respect of this matter.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement does not comply with guidance issued by the NHS Commissioning Board. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

Accountable Officer's responsibilities

As explained more fully in the statement set out on pages 87 to 89, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 25(1) of the Local Audit and Accountability Act 2014.

The CCG reported a deficit of £6.7 million in its financial statements for the year ending 31 March 2020, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraph 223I of Section 27 of the Health and Social Care Act 2012, to ensure that its revenue resource use in a financial year does not exceed the amount specified by NHS England.

Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if the CCG has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Qualified conclusion

Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects NHS Barnet CCG put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

In assessing the arrangements in place to secure the CCG's sustainable resource deployment we identified that the CCG set a deficit budget of £6.7 million and as at 31 March 2020 reported excess expenditure of £6.7 million against its revenue resource allocation of £598.7 million. As a result the CCG was in breach of its statutory requirement to ensure that revenue resource did not exceed the amount specified in Directions. The cumulative underlying deficit of the CCG is £12.2 million.

This evidences challenges in the CCG having proper arrangements in place for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on pages 87 to 89, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in December 2019 and updated in April 2020 as to whether the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

We refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.in relation to the above.

On 12 May 2020 we wrote to the Secretary of State in accordance with section 30 (1) (b) of the 2014 act in respect of the CCG's breach of its revenue resource limit. The CCG's financial statements for the financial year ended 31 March 2020 identified a deficit of £6.7 million against its revenue resource limit in 2019/20.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Governing Body of NHS North Central London CCG, in respect of NHS Barnet CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Governing Body of the CCG, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Governing Body, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Barnet CCG for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Joanne Lees

for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London, E14 5GL

25 June 2020

ANNUAL ACCOUNTS

NHS Barnet CCG - Annual Accounts 2019-20

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Other operating income	2	-	(86)
Total operating income		**-**	**(86)**
Staff costs	4	9,453	8,076
Purchase of goods and services	3	595,642	567,191
Depreciation and impairment charges	3	24	-
Provision expense	3	-	488
Other Operating Expenditure	3	288	262
Total operating expenditure		**605,407**	**576,017**
Net Operating Expenditure		**605,407**	**575,931**
Comprehensive Expenditure for the year		**605,407**	**575,931**
CCG cumulative position			
Revenue resource limit		593,193	570,423
Comprehensive expenditure		(605,407)	(575,931)
Surplus/(Deficit)		**(12,214)**	**(5,508)**

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	7	47	71
Total non-current assets		**47**	**71**
Current assets:			
Trade and other receivables	8	9,737	7,207
Cash and cash equivalents	9	62	106
Total current assets		**9,799**	**7,313**
Total assets		**9,846**	**7,384**

Current liabilities			
Trade and other payables	10	(61,265)	(60,358)
Provisions	11	(488)	(488)
Total current liabilities		**(61,753)**	**(60,846)**
Total Assets less Liabilities		**(51,907)**	**(53,462)**
Financed by Taxpayers' Equity			
General fund		(51,907)	(53,462)
Total taxpayers' equity:		**(51,907)**	**(53,462)**

The notes within these accounts form part of this statement.

The financial statements were approved by the Audit Committee under delegated authority from the Governing Body on the 17th June 2020 and signed on its behalf by:

Frances O'Callaghan
Accountable Officer
23 June 2020

Statement of Changes In Taxpayers Equity for the year ended 31 March 2020

	General fund £'000
Changes in taxpayers' equity for 2019-20	
Balance at 01 April 2019	(53,462)
Net operating expenditure for the financial year	(605,407)
Net Recognised CCG Expenditure for the Financial Year	**(605,407)**
Net funding	606,962
Balance at 31 March 2020	**(51,907)**

	General fund £'000
Changes in taxpayers' equity for 2018-19	
Balance at 01 April 2018	(48,715)
Impact of applying IFRS 9 to Opening Balances	(18)
Adjusted CCG balance at 31 March 2018	**(48,733)**
Net operating costs for the financial year	(575,931)
Net Recognised CCG Expenditure for the Financial Year	**(575,931)**
Net funding	571,202
Balance at 31 March 2019	**(53,462)**

The notes within these accounts form part of this statement.

The statement of changes in taxpayer's equity represents the taxpayer's investment and analyses the cumulative movement on reserves. The net funding represents the main actual cash funding requested by the CCG for the year. Refer to note 17 for the financial performance of the CCG.

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(605,407)	(575,931)
Depreciation and amortisation	7	24	0
Non-cash movements arising on application of new accounting standards		0	(18)
(Increase)/decrease in trade & other receivables	8	(2,530)	2,258
Increase/(decrease) in trade & other payables	10	907	2,066
Increase/(decrease) in provisions		0	488
Net Cash Inflow (Outflow) from Operating Activities		**(607,006)**	**(571,137)**
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	(71)
Net Cash Inflow (Outflow) from Investing Activities		**0**	**(71)**
Net Cash Inflow (Outflow) before Financing		**(607,006)**	**(571,208)**
Cash Flows from Financing Activities			
Funding Received		606,962	571,202
Net Cash Inflow (Outflow) from Financing Activities		**606,962**	**571,202**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(44)**	**(6)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**106**	**112**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**62**	**106**

The notes within these accounts form part of this statement.

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

NHS Barnet CCG was dissolved on 31 March 2020 having joined with NHS Camden CCG, NHS Enfield CCG, NHS Islington CCG and NHS Haringey CCCG to establish NHS North Central London CCG with effect from 1 April 2020. More detail on the merger is shown in note 18 (Events after the end of the reporting period) but as the services provided by the existing CCGs will continue under the merged organisation, the going concern principle is satisfied.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Joint arrangements

Arrangements over which the clinical commissioning group has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.
A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the clinical commissioning group is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.4 Section 75 Budget Arrangements (Pooled Budgets)

Where a clinical commissioning group has entered into an agreement under Section 75 of the National Health Service Act 2006, the clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities identified in accordance with the section 75 budget agreement.

Under section 75 arrangements, Barnet Clinical Commissioning Group and London Borough of Barnet work together to deliver agreed aims and outcomes whilst retaining accountability and responsibility for their own resources. These arrangements are not regarded as jointly controlled as no financial risk sharing is agreed with the London Borough of Barnet. The CCG recognises the expenditure it incurs under the section 75 agreements in these accounts.
If the clinical commissioning group is involved in a "jointly controlled assets" arrangement, in addition to the above, the clinical commissioning group recognises:

Barnet Clinical Commissioning Group has eight section 75 budget arrangements with the London Borough of Barnet during 2019-20. Funds are aligned under Section 75 of the NHS Act 2006 for (i) Learning Disabilities Campus Reprovision, (ii) Integrated Learning Disabilities Service,(iii) Voluntary Services , (iv) Speech and Language Therapy , (v) Occupational Therapy , (vi) Looked After Children,(vii) Community Equipment Services and (viii) Better Care Fund

1.5 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7 (a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.

1.6 **Employee Benefits**

1.6.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.6.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.
The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.8 **Property, Plant & Equipment**

1.8.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

1.8.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

1.9 **Leases**

All leases are classified as operating leases.

1.9.1 **The Clinical Commissioning Group as Lessee**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.10 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.11 **Provisions**

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.12 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure.
Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

1.13 **Non-clinical Risk Pooling**

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 **Financial Assets**

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.
All the clinical commissioning group's financial assets are categorised as financial assets at amortised cost.

1.15.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15.2 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument

has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.16 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17 **Value Added Tax**

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.19 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.19.1 **Critical accounting judgements in applying accounting policies**

There have been no critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the CCG's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.19.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Partially completed spells

Expenditure relating to patient care spells that are part-completed at the year-end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay or costs incurred to date compared to total expected costs.

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the CCG makes an accrual based on the contractual arrangements that are in place and its legal obligation. See trade and other payables Note 10.

Prescribing liabilities

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately two months in arrears. The CCG uses a forecast based on previous in year charges from the NHS Business Authority to estimate the full year expenditure.

Maternity pathways

Expenditure relating to all antenatal maternity care is incurred at the start of a pathway. At the year-end, part-completed pathways are therefore treated as prepayments. The CCG uses the figures calculated by the local provider organisations.

1.20 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2020 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The CCG has commenced the assessment of the application of IFRS 16 to its financial statements. This work sought to test whether any lease arrangements currently identified as operating leases should be reclassified and accounted for as finance leases. The CCG's regulator NHSE requested that as a result of the COVID19 pandemic the implementation of this standard be deferred until 2020/21. Work on this standard is expected to recommence in Autumn 2020.

Operating Income

	2019-20 Total £'000	2018-19 Total £'000
Other operating income		
Other non-contract revenue	0	86
Total Operating Income	**-**	**86**

Revenue is generated wholly from the supply of services. The CCG receives no revenue from the sale of goods.
Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the General Fund.

Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	5,737	5,685
Services from foundation trusts	261,882	255,230
Services from other NHS trusts	145,743	132,172
Purchase of healthcare from non-NHS bodies	78,797	72,504
Prescribing costs	49,077	48,426
GPMS/APMS and PCTMS	50,968	47,693
Supplies and services – clinical	400	410
Supplies and services – general	60	354
Consultancy services	57	228
Establishment	862	499
Transport	4	4
Premises	1,627	3,532
Audit fees *	51	60
Other non-statutory audit expenditure		
· Internal audit services	41	39
· Other services **	11	10
Other professional fees	205	171
Legal fees	91	111
Education, training and conferences	29	63
Total Purchase of goods and services	**595,642**	**567,191**
Depreciation and impairment charges		
Depreciation	24	-
Total Depreciation and impairment charges	**24**	**-**
Provision expense		
Provisions	-	488

Total Provision expense	**-**	**488**
Grants to Other bodies		
Other Operating Expenditure		
Chair and Non-Executive Members	279	213
Research and development (excluding staff costs)	26	-
Expected credit loss on receivables	(17)	49
Total Other Operating Expenditure	**288**	**262**
Total operating expenditure	**595,954**	**567,941**

The 2019/20 statutory audit fee to the CCG's external auditors, KPMG, is £42,750 excluding VAT £8,550.

The CCG will be required to obtain assurance from the external auditors over reported compliance with the requirements of the Mental Health Investment Standard. The CCG has received £10,000 of resource allocation in relation to this work. The final fee is not yet confirmed.

The CCG has commenced the assessment of the application of IFRS 16 to its financial statements. This commenced with work to identify leases which are currently operating leases and should be reclassified as finance leases as well as a broader review of recurring expenditure streams where right to use assets may be embedded in contracting arrangements. The work has progressed to March 2020, when the CCG revised it operational priorities and working patterns to deal with the COVID19 pandemic and combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2021 means that it has not been practical to complete this work or present it for audit. The CCG has accrued £1k in relation to this work.

The contract signed on 22 November 2017 states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £500k, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2019-20		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	7,008	778	7,786
Social security costs	640	0	640
Employer Contributions to NHS Pension scheme	971	0	971
Apprenticeship Levy	15	0	15
Termination benefits	41	0	41
Gross employee benefits expenditure	**8,675**	**778**	**9,453**

4.1.1 Employee benefits

	2018-19		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	6,095	861	6,956
Social security costs	527	0	527
Employer Contributions to NHS Pension scheme	544	0	544
Apprenticeship Levy	10	0	10
Termination benefits	39	0	39
Gross employee benefits expenditure	**7,215**	**861**	**8,076**

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed	Other	Total	Permanently employed	Other	Total
	Number	Number	Number	Number	Number	Number
Total	93	6	99	80	11	91

4.3 Exit packages agreed in the financial year

	2019-20					
	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000						
£10,001 to £25,000						
£25,001 to £50,000	1	41,380	-	-	1	41,380
Total	**1**	**41,380**	0	0	**1**	**41,380**

	2018-19					
	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	2	15,812	2	15,812
£10,001 to £25,000	1	22,764	-	-	1	22,764
Total	**1**	**22,764**	**2**	**15,812**	**3**	**38,576**

Analysis of Other Agreed Departures

	2019-20		2018-19	
	Other agreed departures		Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	-	-	2	15,812
Total	**0**	**0**	**2**	**15,812**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.
Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Terms & Conditions.
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.
The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if

it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.
In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

5. Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	16,071	130,764	14,366	124,555
Total Non-NHS Trade Invoices paid within target	14,456	117,226	13,792	114,652
Percentage of Non-NHS Trade invoices paid within target	**89.95%**	**89.65%**	**96.00%**	**92.05%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	4,310	424,170	3,220	397,528
Total NHS Trade Invoices Paid within target	3,913	418,818	2,798	389,491
Percentage of NHS Trade Invoices paid within target	**90.79%**	**98.74%**	**86.89%**	**97.98%**

The Better payment practice code requires the CCG to aim to pay 95% of all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
In 2019-20, no payments were made in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998 (nil in 2018-19).

6. Operating Leases

6.1 As lessee

6.1.1 Payments recognised as an Expense

	2019-20			2018-19		
	Buildings £'000	Other £'000	Total £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense					-	
Minimum lease payments	297	(1)	296	3,470	-	3,470
Total	**297**	**(1)**	**296**	**3,470**	**-**	**3,470**

The CCG has a lease with London Borough of Barnet and Comer for the rental of our office premises and car park.

7. Property, plant and equipment

2019-20	Information technology £'000	Total £'000
Cost or valuation at 01 April 2019	71	71
Cost/Valuation at 31 March 2020	**71**	**71**
Depreciation 01 April 2019		
Charged during the year	24	24
Depreciation at 31 March 2020	**24**	**24**
Net Book Value at 31 March 2020	**47**	**47**
Purchased	47	47
Total at 31 March 2020	**47**	**47**
Asset financing:		
Owned	47	47
Total at 31 March 2020	**47**	**47**

7.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	5

8. Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	1,099	2,345
NHS prepayments *	2,578	2,526
NHS accrued income	3,980	145
Non-NHS and Other WGA receivables: Revenue	1,062	2,177
Non-NHS and Other WGA prepayments	98	-
Non-NHS and Other WGA accrued income	818	21
Expected credit loss allowance-receivables	(50)	(67)
VAT	152	60
Total Trade & other receivables	**9,737**	**7,207**
Included above:		
* NHS maternity pathway prepayments	2,578	2,526

8.1 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	(206)	481	258	-
By three to six months	40	113	-	-
By more than six months	484	467	151	442
Total	**318**	**1,061**	**409**	**442**

8.2 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 01 April 2019	(67)	-	**(67)**
Lifetime expected credit losses on trade and other receivables-Stage 2	17	-	**17**
Total	**(50)**	**-**	**(50)**

9. Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April	106	112
Net change in year	(44)	(6)
Balance at 31 March	**62**	**106**
Made up of:		
Cash with the Government Banking Service	62	106
Cash and cash equivalents as in statement of financial position	**62**	**106**
Balance at 31 March	**62**	**106**

10. Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: Revenue	15,091	30,160
NHS accruals *	4,235	(4,001)
Non-NHS and Other WGA payables: Revenue	14,316	17,600
Non-NHS and Other WGA accruals	26,491	15,451
Social security costs	97	86
Tax	84	83
Other payables and accruals **	951	979
Total Trade & Other Payables	**61,265**	**60,358**

Included above:

* NHS partially completed spells	2,481	1,989

** Other payables include £436,194 outstanding pension contributions at 31 March 2020 (£440,481 for 31 March 2019).

11. Provisions

	Current 2019-20 £'000	Current 2018-19 £'000
Legal claims	488	488
	488	**488**
Expected timing of cash flows:		
Within one year	488	488
Balance at 31 March 2020	**488**	**488**

Legal Claims
Legal claim for care costs from 2013 relating to child's complex care case.

Continuing Care
Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the CCG. However, the legal liability remains with the CCG.

12. Financial instruments

12.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the CCG is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The CCG has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the CCG in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCG standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the CCG and internal auditors.

12.1.1 Currency risk

The CCG is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The CCG has no overseas operations. The CCG therefore has low exposure to currency rate fluctuations.

12.1.2 Interest rate risk

The CCG has no interest-bearing loans and therefore low exposure to interest rate fluctuations.

12.1.3 Credit risk

Because the majority of the CCG's revenue comes from parliamentary funding, it has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.4 Liquidity risk

The CCG is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The CCG draws down cash to cover expenditure, as the need arises. The CCG is not, therefore, exposed to significant liquidity risks.

12.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

13. Related party transactions - 2019/20

Employees of NHS Barnet CCG are required to disclose any relevant and material interests they may have in other organisations (related parties). This is recorded in the Register of Interests.

The transactions listed below are payments made to the related parties declared by NHS Barnet CCG's Governing Body members (other than payments to practices, other NHS bodies, and other government departments):

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Barndoc Healthcare LTD	1,310	0	116	0
Barnet Federated GPS LTD	4,084	0	385	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS Barnet CCG's Governing Body during 2019-20. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Millway Medical Practice	2,578	0	156	0
Watling Medical Centre	2,008	0	128	0
East Barnet Health Centre	1,516	0	171	0
The Speedwell Practice	1,355	0	60	0
St Georges Medical Centre	1,300	0	68	0
The Everglade Medical Practice	975	0	108	0
Ravenscroft Medical Centre	800	0	19	0

The Department of Health and Social Care is regarded as a related party. During 2019-20 NHS Barnet CCG has had a significant number of material transactions (with expenditure more than £8.8m based on materiality level) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Royal Free London NHS Foundation Trust	203,339	0	4,450	(2,882)
Central London Community Healthcare NHS Trust	44,361	0	924	0
Barnet, Enfield & Haringey Mental Health NHS Trust	39,842	0	2,280	0
University College London Hospitals NHS Foundation Trust	35,623	0	520	(265)
London Ambulance Service NHS Trust	15,020	0	199	0
Whittington Health NHS Trust	13,753	0	1,363	(179)
London North West Healthcare NHS Trust	13,351	0	3,447	0

Barnet, Camden, Enfield, Haringey and Islington CCGs operate under a shared management team, comprising a single accountable officer, chief finance officer, and other director-level posts. Details of the individuals concerned can be found in the annual report.

During 2019-20 NHS Barnet CCG has also had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Barnet London Borough Council	15,525	0	12,839	(1,782)
HM Revenue and Customs	2,348	0	181	0
National Health Service Pension Scheme	5,620	0	426	0

Employees of NHS Barnet CCG are required to disclose any relevant and material interests they may have in other organisations (related parties). This is recorded in the Register of Interests.

The transactions listed below are payments made to the related parties declared by NHS Barnet CCG's Governing Body members (other than payments to practices, other NHS bodies, and other government departments):

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Barndoc Healthcare LTD	1,383	0	66	0
Barnet CEPN	80	0	0	0
Barnet Federated GPS LTD	2,797	0	443	0
Dattani Medical Group LTD	8	0	0	0
North London Estate Partnership LTD	120	0	0	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS Barnet CCG's Governing Body during 2018-19. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
The Speedwell Practice	1,464	0	144	0
The Everglade Medical Practice	901	0	91	0
Millway Medical Practice	2,489	0	120	0
Watling Medical Centre	1,784	0	54	0
Derwent Crescent Medical Centre	770	0	22	0
Ravenscroft Medical Centre	899	0	41	0
East Barnet Health Centre	1,552	0	288	0
St Georges Medical Centre	1,242	0	62	0

The Department of Health and Social Care is regarded as a related party. During 2018-19 NHS Barnet CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

Department of Health and Social Care
NHS NEL CSU
Barnet, Enfield & Haringey Mental Health NHS Trust
Barts Health NHS Trust
Central London Community Healthcare NHS Trust
Imperial College Healthcare NHS Trust
London Ambulance Service NHS Trust
London North West Healthcare NHS Trust
North Middlesex University Hospital NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Whittington Health NHS Trust
West Hertfordshire Hospitals NHS Trust
Central & North West London NHS Foundation Trust
Chelsea And Westminster Hospital NHS Foundation Trust
East London NHS Foundation Trust
Guy's & St Thomas' NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
North East London NHS Foundation Trust
Royal Free London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust

In 2018/19, Barnet CCG has made payments to its partner CCGs within the North Central London Sustainability and Transformation Plan (NCL STP), namely Camden, Enfield, Haringey and Islington CCGs. These five CCGs in the NCL STP have shared the same Accountable Officer since the 1st April 2017.

During 2018-19 NHS Barnet CCG has also had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

HM Revenue and Customs
National Health Service Pension Scheme
Barnet London Borough Council

14. Pooled budgets

The shared budgets below involve Barnet CCG and London Borough of Barnet working together to align their activities to deliver agreed aims and outcomes, while retaining accountability and responsibility for their own resources.

	2019-20 Expenditure £'000	2019-20 Liabilities £'000	2018-19 Expenditure £'000	2018-19 Liabilities £'000
Learning Disabilities Campus Reprovision	823	-	614	0
Integrated Learning Disabilities Service	1,763	-	1,176	1,176
Voluntary Services	482	94	409	90
Speech & Language Therapy	3,259	0	2,537	0
Occupational Therapy	341	0	341	0
Looked After Children	91	0	91	0
Community Equipment Svs (Better Care Fund)	1,136	0	1,680	0
£5 Per Head (Better Care Fund)	-	0	0	0
CLCH Contract - Block (Better Care Fund)	11,816	0	11,608	0
Enablement (Better Care Fund)	103	0	100	0
Hospice Contracts (Better Care Fund)	1,421	0	1,500	0
Memory Assessment - BEH (Better Care Fund)	227	0	223	0
Additional Enablement (Better Care Fund)	1,090	197	846	71
Additional BCF Funding tfr to LBB (re s256)	7,454	1,864	7,112	0
Acute Winter Pressures	0	0	132	0
	0	0	0	0
	30,006	**2,155**	**28,369**	**1,337**

The Pooled Fund is governed by Section 75 agreements between Barnet Council and NHS Barnet CCG. These agreements set out the detailed arrangements for the funds, including risk sharing, risk management, and escalation routes.

The mechanism recognises that the initial level of risk sharing is at an individual organisation or project/programme level, utilising established contingencies, which are in existence outside of the core pool to mitigate risks in the first instance.

15. Contingencies

	2019-20 £'000	2018-19 £'000
Contingent liabilities		
Employment Tribunal	0	135

16. Operating segments

The CCG has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

17. Financial performance targets

Barnet CCG has a number of financial duties under the NHS Act 2006 (as amended).

The performance of Barnet CCG against these duties were as follows:

	2019-20				2018-19			
	Target	**Performance**	**Surplus/ (deficit)**	**Duty Achieved**	**Target**	**Performance**	**Surplus/ (deficit)**	**Duty Achieved**
Expenditure not to exceed income	598,701	605,407	(6,706)	No	566,712	576,088	(9,376)	No
Capital resource use does not exceed the amount specified in Directions	-	-	-	n/a	71	71	-	Yes
Revenue resource use does not exceed the amount specified in Directions	598,701	605,407	(6,706)	No	566,555	575,931	(9,376)	No
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	n/a	-	-	-	n/a
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	n/a	-	-	-	n/a
Revenue administration resource use does not exceed the amount specified in Directions	9,087	7,911	1,176	Yes	8,857	8,597	260	Yes

18. Events after the end of the reporting period

NHS Barnet CCG was dissolved on 31 March 2020 having merged with NHS Haringey CCG, NHS Camden CCG, NHS Enfield CCG, and NHS Islington CCG to establish NHS North Central London CCG with effect from 1st April 2020. This followed approval by NHS England confirmed 17th October 2019.

The merger of CCG's within the NHS England 'group' is regarded as a 'transfer of function'. The DHSC Group Accounting Manual directs that such changes should be accounted for as a 'transfer by absorption'. NHS North Central London CCG will recognise the assets and liabilities received as at the date of transfer (1 April 2020) after taking into account inter company transactions.

The closing balances of the CCGs to merge are shown in the following table:

	NHS Barnet CCG £'000	NHS Camden CCG £'000	NHS Enfield CCG £'000	NHS Haringey CCG £'000	NHS Islington CCG £'000
Properties, Plant and Equipment as at 31 March 2020	47		163	59	69
Intangibles as at 31 March 2020					
Inventories as at 31 March 2020					
Cash and cash equivalents as at 31 March 2020	62	50	17	19	46
Receivables as at 31 March 2020	9,737	12,725	6,929	14,351	6,937
Payables as at 31 March 2020	(61,265)	(56,905)	(47,892)	(60,750)	(51,696)
Provisions as at 31 March 2020	(488)				
General fund balance at 31 March 2020	(51,907)	(44,130)	(40,782)	(46,321)	(44,644)

19. Losses and special payments

The CCG had no losses and made no special payments during the financial year (nil in 18.19).