NHS
Camden
Clinical Commissioning Group

Annual Report and Accounts 2019/20

Contents

PERFORMANCE REPORT

Foreword – Accountable Officer's introduction

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

During the past year Camden CCG has delivered a wide range of programmes to improve the health and wellbeing of our residents and service users. The performance overview in the report provides a summary of our achievements from the past 12 months against our 2019/20 business plan priorities and how we have discharged our statutory functions (page 6-19).

In the most recent review by NHS England (via the NHSE Oversight Framework 2019/20) we were pleased that Camden CCG was assessed as 'Good' and found to be the highest performing CCG in England in three indicators:

1. Diabetes patients that have achieved all the NICE recommended treatment targets
2. Appropriate prescribing of antibiotics in primary care
3. Utilisation of the NHS e-referral service to enable choice at first routine elective referral.

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 (pages 20-22).

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. Across 2019/20, NCL system partners worked 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 NHS 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, in 2019/20 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 Camden 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 Camden CCG into the new NCL CCG.

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. 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.

Frances O'Callaghan

Accountable Officer

23 June 2020

Purpose and activity of the organisation

Our role is to plan and buy (commission) the majority of health services for people in the borough. We are a clinically-led and member-driven organisation, made up of 34 GP member practices in Camden, which places us in a unique position to understand the needs of our residents.

Our CCG's vision since 2013 has been: "Working with the people of Camden to achieve the best health for all. We work to ensure access to, and delivery of safe, effective and responsive services that reduce inequalities, meet identified needs and ensure the maximum positive health impact with the resources available".

Camden's population is diverse, growing and continually changing, and is marked by significant differences in health experience and outcomes between the most and least deprived communities. Alongside this, the NHS faces significant healthcare challenges and in Camden these include health inequalities, an aging population, high levels of mental illness and obesity.

Performance Overview

Commissioning arrangements

During 2019/20, the five CCGs across North Central London (NCL) continued to work closely together to deliver a shared financial strategy. The NCL CCGs have a shared senior management team, Joint Commissioning Committee, Audit Committee in Common and Primary Care Commissioning Committee in Common. You can read more about our work to prepare to form one NCL CCG from April 2020 later in the report.

The opportunities to improve care and the quality of health and care services for Camden are considerable. The ambition is that everyone in Camden and across NCL is able to get the care they need when they need it. This ensures children have the best start in life, supports people to be healthy throughout their lives, are able to access timely specialist care and be fully supported to recover in the setting most suited to their needs.

Across 2019/20, these arrangements helped to ensure commissioning and future health services across the NCL system became increasingly joined up, with a focus on equitable and coordinated care for local patients. You can read more about working as the NCL Sustainability and Transformation Partnership, and beginning to work towards an NCL Integrated Care System, later in the report.

One of the key ways that Camden CCG's performance is measured is the NHS Oversight Framework, which replaced the Improvement and Assessment Framework (IAF) in August 2019. In the most recent results, Camden CCG was awarded an overall rating of 'Good'. Detailed information can be found in the Performance Analysis section on page 23.

North Central London Sustainability and Transformation Partnership

Since we came together as a partnership of 28 health and social care organisations in North London we have invested time, energy and resources into building strong relationships with each

other and developing a shared vision for a health and care system that can deliver high quality services to our community where and when they need, while becoming more sustainable.

We have embraced the opportunities that working together can deliver, including focusing more on a preventative approach as well as improving health and care outcomes for people. We have looked at emerging technologies and finding new and better ways of working that can eliminate duplication and waste and we must develop and support a motivated, highly skilled and professional workforce to serve North London.

We are proud to have worked collectively to deliver our plan, which included the following achievements in 2019/20:

- Dementia care across NCL 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
  A clinical delivery model and process for NCL's Adult Elective Orthopaedic Services was agreed, following a year of work led by clinicians. The aim is to deliver consistent, high-quality care and reduce long waits and cancellations. A public consultation on the proposal for how these services could be delivered by two partnerships across NCL was run in 2019-20. More information on this can be found on the North London Partners' website.

- 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.

- 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.

- 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.

- Tele-dermatology service pilot
  This 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

in one year. By using tele-dermatology patients' images can be 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
  Our 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 to 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.

In 2019/20, the following three major programmes were delivered as part of the NCL STP:

NCL digital programme
One key arm of the NCL STP is our digital programme, joining up health and care information. As part of our digital programme, we are introducing 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.

In 2019/20, 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.

Moorfields Eye Hospital consultation

In 2019/20 a national consultation was undertaken on a proposal to move Moorfields Eye Hospital, University College London's Institute of Ophthalmology and Moorfield's Charity to a new site at St. Pancras in London. The consultation was overseen by a CCG Committee in Common comprising the 14 'lead' CCGs with contracts at Moorfields' City Road site, including all five NCL CCGs. In February 20202, 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.

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.

Implementing the Long Term Plan in North Central London

In 2019, all 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 can be viewed on the North London Partners in Health and Care website, and 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. With evidence showing that as little as 10% of a population's health and wellbeing is linked to access to healthcare 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 integrating 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:

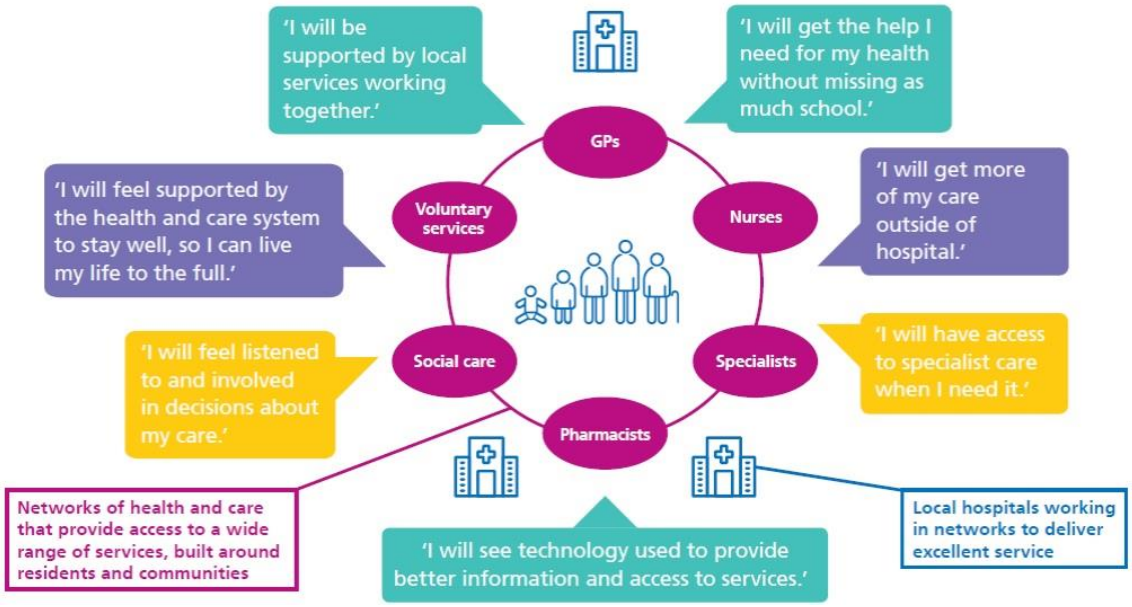
- Integrate and develop a wide range of out of hospital, community and mental health services to improve health and wellbeing of residents and communities
- Support hospitals to work together more often to deliver excellent, efficient services to maximise impact.

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 will be different for residents?

We have spoken to residents and service users from all five boroughs in developing plans, to ensure their priorities are woven into our planning. The below diagram showcase some of the areas that residents' feedback have focused on:



These two stories illustrate some of the ways that our local response to the NHS Long Term Plan will make a real different to how residents experience care, and to their health outcomes:

What will be different?

Joan is 80 years old and lives at home in Camden. 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.

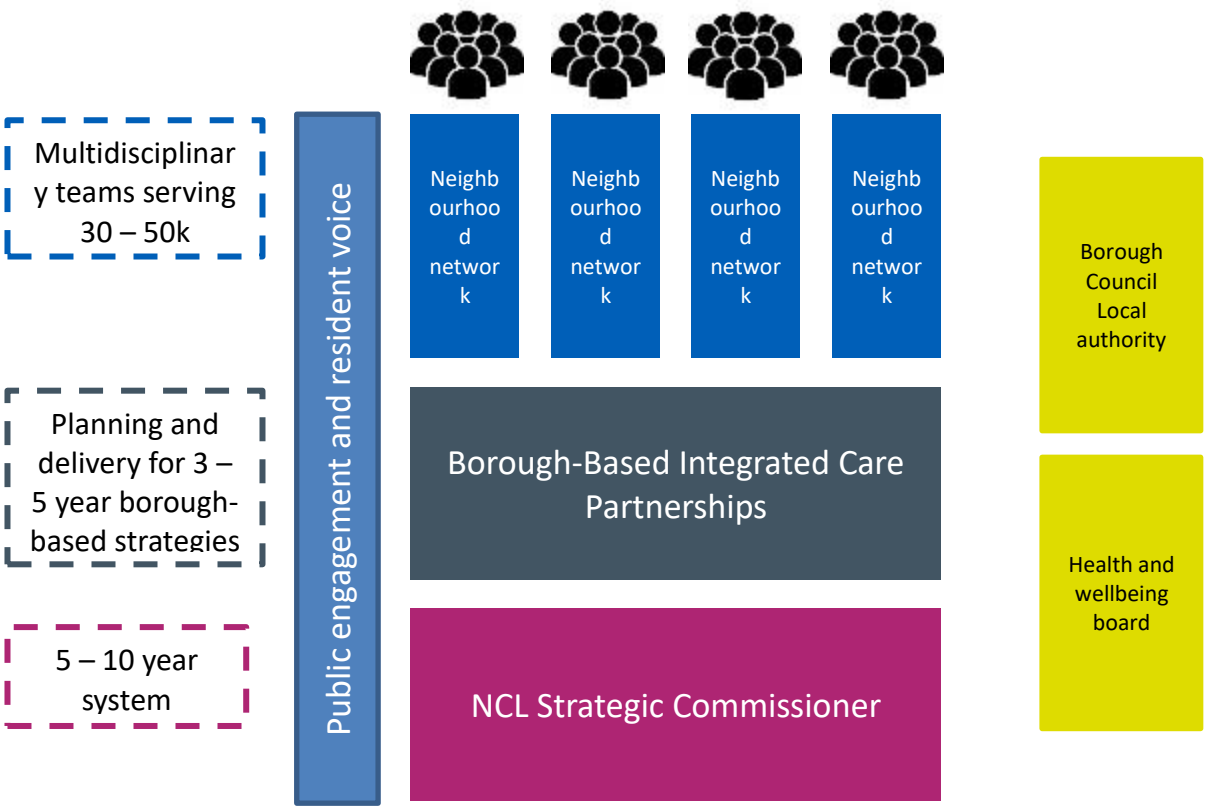
Development of an North Central London Integrated Care System

The NHS Long Term plan set out an ambition that every STP footprint would work towards forming an Integrated Care System by April 2021. 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. We will be better able to tackle long-term issues that single organisations can't solve on their own, such as taking collective action to reduce air pollution, or creating a joined-up health and care record.

This will be an evolution of the collaborative working models we have already embedded through the NCL STP:

- 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 Integrated Care Partnerships: These 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 our 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.

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



Forming one North Central London Clinical Commissioning Group (April 2020)

A key part of moving towards an Integrated Care System in NCL is the formation of one strategic commissioning organisation for NCL.

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 develop our Case for Change and 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 that support improved opportunities for seamless integrated care to deliver by quality and experience for patients and more 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 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 on our website. More information on NCL plans for our Integrated Care System can be found on page 27.

Healthy London Partnership achievements in 2019/20

NHS Camden 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 NHS Camden 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 is 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 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 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 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 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 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 working 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 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.

Exit from the European Union

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 advised 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.

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 eight 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. Failure to deliver the initiatives in the 2019/20 QIPP plan (Threat): At year end, Camden CCG had delivered £14.4m or 97% of our total QIPP plan. In addition, a number of actions were taken in-year to enable the CCG to achieve financial balance at year end. A number of the schemes started in 2019/20 are expected to deliver additional benefits during 2020/21.

2. Failure to identify and implement a robust financial recovery plan to deliver a 2019/20 balanced budget (Threat): The CCG proactively managed this risk throughout the year and exceeded the delivery of its agreed financial control total by £0.2m, resulting in a deficit of £4.6m rather than the planned £4.8m. The CCG had a financial recovery action plan in place which was monitored and reviewed at monthly Finance, Performance and QIPP Committees and via corporate financial monitoring processes.

Performance analysis

Financial performance: 2019/20 financial review

Introduction

The 2019/20 financial year signals the final year in which Camden CCG will exist as a separate NHS commissioning entity following the decision to merge with Barnet, Haringey, Enfield and Islington CCGs to form North Central London CCG from 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 £445.5m 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 deficit of £4.8m 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, Continuing Healthcare, and nationally set price increases of drugs prescribed by General Practitioners (GPs). The CCG realised pressures from increased registrations with digitally based GPs outside Camden. Overall, these heighted costs resulted in a total in-year deficit of £4.6m 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 £5.9m in this area which is in line with the planned spending target.

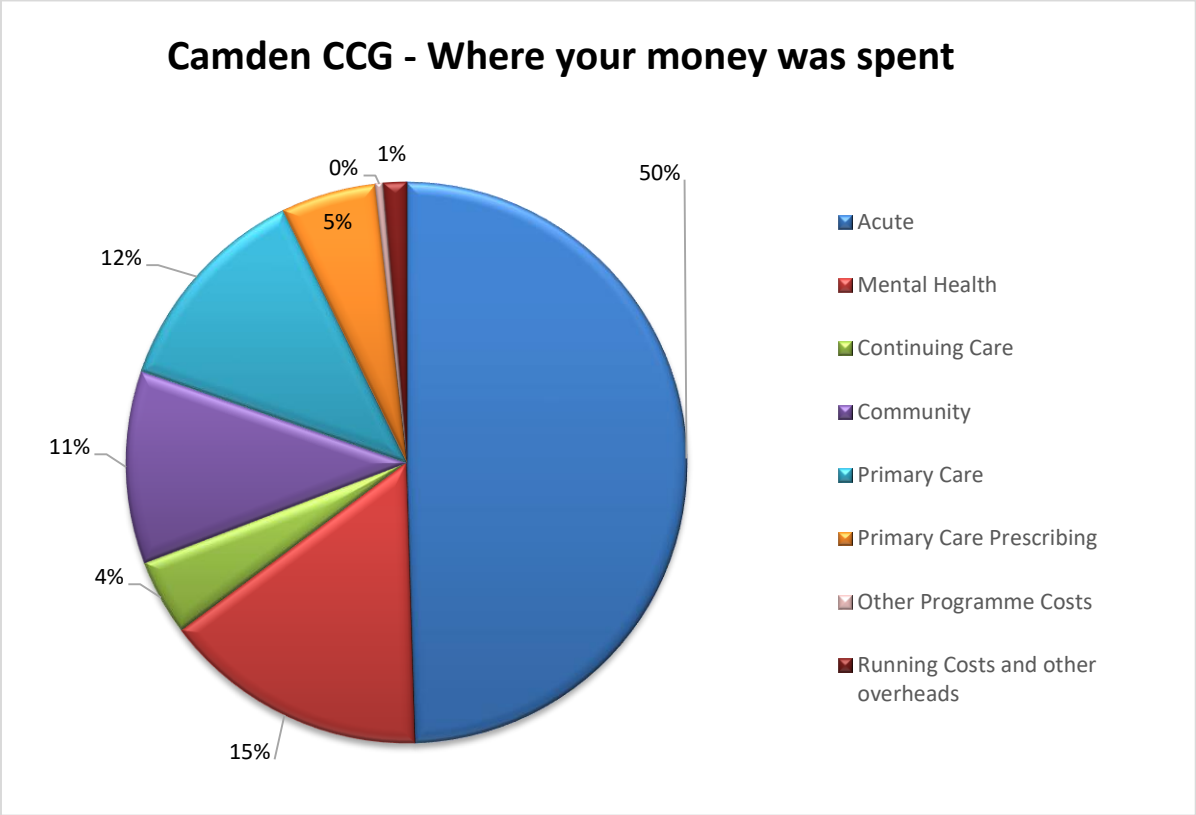
Financial performance

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 the health, local authority and third sector to ensure care is provided in the most appropriate setting.
Of the CCG's total £450m expenditure in 2019/20, £273m (61%), 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 two main acute hospitals: University College London Hospitals NHS Foundation Trust and Royal Free London NHS Foundation Trust. The CCG's main provider of mental health services, Camden & Islington NHS Foundation Trust, accounted for over 60% of the £69m 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 Camden 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.

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 University College London Hospitals NHS Foundation Trust, and Royal Free London NHS Foundation Trust and Imperial College Healthcare NHS Trust contracts.

Spending pressures in Mental Health were driven by increased salary support costs in relation to Improving Access to Psychological Therapies (IAPT). Primary Care Prescribing cost pressures 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 Camden.

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 £19.3m 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 Camden CCG spent £41m 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 £15m QIPP target for 2019/20. The QIPP programme, set at 3.4% of the CCG allocation in 2019/20, focussed 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 £14.4m (or 96.5%) of the targeted £15m QIPP savings programme in 2019/20. Non-achievement of several schemes within the 2019/20 QIPP plan came as a result of delays in start-up. The CCG expects to realise the full year effect of these schemes in 2020/21.

2020/21 planning guidance and financial outlook

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

In the autumn of 2019, North Central London STP set out its response to the NHS 5-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 to reduce transactions and allow cash to flow to frontline 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-19 response period comes to an end. North Central London CCG will need to plan for a continued heightened response to COVID-19 activity throughout the year whilst addressing elective workloads not undertaken during the response period. This will sit alongside the 2020/21 planning requirements to meet important performance and spending targets in Mental Health, Community services and Primary Care.

Delivery of Camden CCG Constitutional Standards

Camden CCG's performance is measured is the NHS Oversight Framework. In the most recent results, Camden CCG was awarded an overall rating of 'Good' and in addition, we were found to be very high performing in 12 other key areas:

- Estimated diagnosis rate for people with dementia
- People with diabetes diagnosed less than a year who attend a structured education course
- Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions
- Provision of high quality care: hospital
- One-year survival from all cancers
- Proportion of people on GP severe mental illness register receiving physical health checks
- Maternal smoking at delivery
- Dementia care planning and post-diagnostic support
- Emergency admissions for urgent care sensitive conditions
- Population use of hospital beds following emergency admission
- Overall size of the waiting list
- Staff engagement index.

The CCG also achieved a Green rating with full compliance in the following areas:

- Reducing the rate of low priority prescribing
- Delivery of the mental health investment standard
- Evidence based interventions
- Expenditure in areas with identified scope for improvement
- Probity and corporate governance
- Quality of CCG leadership
- Compliance with statutory guidance on patient and public participation in commissioning health and care.

Other key 2019/20 successes include:

- Uptake of the Faecal Immunochemical Test (FIT) – a quick way to rule out colorectal cancer for symptomatic patients with "low risk but not no risk" of cancer. Implemented with GPs, uptake of the FIT test exceeded expectations in Camden, with usage increasing each month. Patients would otherwise have been referred on a two-week wait suspected cancer pathway.

- Camden's Rapid Response service – expanded its urgent community response and admission avoidance activity in 2019/20. Efforts to increase referrals from GPs, London Ambulance Service and other health and care partners to avoid unnecessary conveyances and admissions paid off. An average of 146 unnecessary hospital admissions were avoided a month in 2019/20 – up from 90 per month in 2018/19. This increase in urgent community response activity is matched by a commensurate reduction in reported hospital admissions for the clinical scenarios and conditions which Rapid Response supports in the community.

- CNWL and Camden CCG agreed to introduce EMIS as the clinical system for Camden's adult community services. This will align primary and community care clinical systems

delivering significant benefits around productivity and workload and enabling new models of care and integrated working that underpin system sustainability. [This was paused during the NCL Covid-19 response].

- A Community Gastrointestinal Nurse service was commissioned to provide high quality care for irritable bowel syndrome and other gastric conditions located in local general practices. The service, which has received positive patient feedback, provides a more tailored approach to patients' needs than provided by outpatients and has improved accessibility by providing clinics closer to home.

- Learning Disability Register – the number of people registered as having learning disabilities on the general practice register increased in Camden to 1059 (up from 1014 in 2018/19) in line with NHS England expectations. This work enables practices to better track the progress of annual health checks and is key to meeting the NHS Long Term Plan objective of reducing mortality in patients with a learning disability.

- Care Navigation and Social Prescribing service – this service has continued to support residents who want or need support or help on issues such as social isolation, carers support, benefits, housing issues and unemployment or who have trouble navigating the complex health and care system or who want to be more active in their communities and do the things that they want to do. Age UK Camden's care navigators provide up to 6 weeks of personalised case management support for Camden residents who are aged 18+, are registered with a Camden GP, and living with one or more long term health conditions.

Delivery of Camden CCG Business Plan in 2019/20

The 2019/20 Business Plan sets out Camden CCG's key priorities for 2019/20. It reflects work to deliver our Constitutional Standards, as well as the North London Partners Sustainability and Transformation Partnership priorities, local priorities and the QIPP Plan. Business Plan priorities are refreshed each year to provide a single coherent view of what needs to be done, providing an important shared focus as well as clarity for partners and the public in understanding the CCG's priorities.

The plan aligns Camden CCG's efforts on continued delivery of improved outcomes around our eight strategic objectives:

A. Commission the delivery of NHS constitutional rights and pledges.

B. Improve the quality and safety of commissioned services.

C. Improve health outcomes, address inequalities and achieve parity of esteem.

D. Integrate and enable local services to deliver the right care in the right setting at the right time.

E. Work jointly with the people and patients of Camden to shape services we commission.

F. Involve member practices and commissioning partners in key commissioning decisions.

G. Maintain financial stability and ensure sustainability through robust planning and commissioning of value for money services.

H. Build a high performing organisation that attracts, develops and retains a skilled and motivated workforce.

Camden CCG's Governing Body receive bi-annual updates on the Business Plan, highlighting progress and setting out actions being taken to manage key issues and risks. In 2019/20, progress has been made across all eight strategic objectives of the Business Plan. Examples include:

- Simplified Discharge – The delayed transfer of care (DToC) targets have been met thus far in 2019/20 (April to October) with an average of 13.14 cases of DToC per day being reported against a target of maximum 18 cases.
- Last Phase of Life – A new service specification for end of life care has led to an increase in Coordinate My Care (CMC) records being created. This year 304 CMC records have been created and it is anticipated that 405 will be created by the end of 2019/20. This is an increase from 2018/19 where 276 CMC records were created.
- Quality Improvement Support Teams (QISTs) – local QISTs have made good progress in addressing Camden's population health needs. Working across general practice (and with partners) to deliver the Camden Neighbourhood Outcome targets. Key achievements include:
    - Over 250 patients with undiagnosed diabetes have been diagnosed and offered the follow up care they need, reducing their risk of complication and hospital admission.
    - GP neighbourhoods have achieved 98% against their target for atrial fibrillation detection with 81 new cases diagnosed and patients offered the care they need.
- Continuing Healthcare (CHC) – Camden CCG has consistently delivered the CHC national targets of:
    - Less than 15% CHC assessments being carried out in acute hospital settings (2.3% in Q1 2018/19 and 3% in Q2)
    - 80% of CHC assessments are completed within a 28 day timeframe (95.4% in Q1 2018/19 and 93.9% in Q2).
- The Mental Health Primary Care service was launched in April 2019. This multi-agency service delivers initial assessment and consultations with GPs for people with complex mental health needs. The service is organised into multidisciplinary neighbourhood teams, co-located in practices and integrated with primary care multi-disciplinary teams and is the routine referral point for patients whose needs are too complex for iCope and GP care.

Where issues have been experienced, much of this is reflective of the inherent challenges in delivering complex transformational change involving multiple system partners. Issues are varied and dependent on the initiative. Examples include the time required to agree and mobilise system-wide change, IT and system issues such as data sharing and system access and the recruitment of staff to deliver new services.

Transformation and integration

Tele-dermatology

A successful proof of concept for a tele-dermatology service took place in Camden in 2019/20. This required primary care staff to send photos of patients skin conditions to secondary care for review with the aim of improving diagnosis a treatment times for patients. There was positive feedback from patients, GPs and secondary care consultants and as a result approval was gained to implement the tele-dermatology model across NCL.

The proof of concept found that 53% of patients could be managed in primary care with a consultant led triage and management plan. The pathway is for routine referrals but five cancers have been identified through the tele-dermatology service which otherwise may have waited several weeks to be seen. The model is being rolled out across NCL in 2020/21.

Sleep Apnoea

In 2019/20 Camden CCG worked with the Royal Free to pilot a community based diagnostic service for sleep apnoea, with the aim of providing care closer to home for patients and reducing the time it took to provide a diagnosis. The pilot was successful with 80 patients being seen by the service, with the majority of patients reporting improved experience of care and shorter waiting times during the pilot period.

Camden CCG are in the process of implementing the service for all residents and are working in partnership with the Royal Free and UCLH. The aim is to expand the service across Camden and eventually pan NCL. The Sleep Apnoea pilot won a *BMJ Diagnostic Award* and was also shortlisted for a *Sir Peter Carr Award* which has resulted in opportunities for the team to participate in national learning and training.

Camden CCG and UCLH Joint Transformation Team

As part of our commitment to developing integrated working, a Joint Transformation Team was established with ULCH and Camden CCG. This provided a shared agenda for the two organisations and opportunity to plan and work more closely together. This is particularly important as we move toward an NCL Integrated Care System. The team will oversee and deliver a joint transformation programme – tackling issues jointly, sharing resources and strengthening UCLH's links with primary and community care and local stakeholders in Camden.

Six transformation initiatives have been identified as a priority as listed below:

- Gastroenterology (Outpatients)
- Outpatients Model of Care (Outpatients)
- Clinical Advice and Guidance (Outpatients)
- Evergreen Ward (Inpatients)
- Reducing Length of Stay (Inpatients)
- Mental Health Specialling (Inpatients).

The key enablers for the Joint Transformation Programme include:

- Patient engagement

- Estates.

The establishment of the Joint Transformation Team has provided a range of benefits, including:

- Creating services that are more responsive to the needs of patients and their carers
- Moving toward genuine integrated working and aligned priorities
- Financial efficiencies for UCLH and Camden CCG
- Building relationships to support effective joint working and learning between staff in both organisations
- Enabling quick access to resources held by both organisations to support joint work.

Key achievements of the Joint Transformation Programme include:

- An outpatient model of care was developed to set out a plan for how UCLH will work with system partners to improve outpatient care and meet key targets set out in the NHS Long Term Plan.
- An Evergreen Ward project group to improve discharge for medically optimised patients and includes representatives from across the local health and care system. Since the group was established, UCLH has seen a reduction in the number of delays in transferring patients to the most appropriate care setting. The two organisations are now implementing a plan to reduce usage and eventually stop using this ward as part of the discharge process by providing intermediate care in the community instead.
- A set of guiding principles for patient engagement have been developed between UCLH and Camden CCG:
    - We will tailor and target our engagement to involve different groups and remove barriers that may stop people from getting involved.
    - We will make use of best practice and learn from each other.
    - We will be clear about how people's involvement will be used and give feedback on the results of involvement.

Camden Integrated Care Partnership Development (ICP)

During 2019/20, in line with the NHS Long Term Plan, Camden CCG progressed its agenda to improve integrated working and develop an integrated care partnership.

Achievements include:

- Camden Integrated Care Partnership (ICP) arrangements were established. The 'Camden ICP' includes a Camden Integrated Care Executive (CICE) established with CEX level representation from each Trust, the Council, CCG and GP Federation. This is supported by the Integrated Care Partnership Board (ICPB) including operational leads, GPs and stakeholders (Camden patient representative, Healthwatch). An integrated care roadmap was produced and two priority areas for the partnership to initially focus on were agreed. Priority area (1) Improving Urgent Community Response, which is an immediate system challenge and is about ensuring people are treated in the best setting as possible; Priority area (2) Increasing Community Connectedness, which is a preventative project that aims to tackle social isolation through a variety of means.

- Camden Citizens Assembly was established in partnership with Camden Council, for Camden residents to share their thoughts on what they want for the future of health and care in the borough and what they think our health and care priorities should be. Feedback from the Citizens Assembly will be used to inform the work of the Camden ICP and the new Camden Joint Health and Wellbeing Strategy.
- Supporting the development of the new Camden Joint Health and Wellbeing Strategy to ensure the integration agenda and our agreed ICP priority areas (Improving Our Urgent Community Response and Increasing Community Connectedness) are emphasised.
- Improved multi-disciplinary team (MDT) working across Camden neighbourhoods through streamlining administrative processes across neighbourhood MDTs with the recruitment of MDT coordinators, and increasing MDT's understanding of the health and care needs of residents in their neighbourhoods through the provision of population health data. There has also been work with frontline MDT members to design a series of organisational development events that aim to build relationships and improve communication and collaboration amongst front-line staff members working in Camden's neighbourhood MDTs.

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 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. There will be a lot of improvement on this section once the five NCL CCGs are merged from 1 April 2020.
- 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.

Improve quality

NHS Camden CCG has a duty to ensure that commissioned services for our local population are safe, effective, well led, responsive and in accordance with the Health and Social Care Act 2012. There is a strong culture of collaborative working with our statutory partners and providers on quality improvement, which includes local medicines optimisation outcomes and safeguarding arrangements for children and adults at risk, within the London borough of Camden.

The Quality and Clinical Effectiveness Directorate, (including the Medicines Management Team, Quality and Safety team and the CCG's Designates for Safeguarding Adults and Children), worked collaboratively throughout 19/20 to ensure that quality and patient safety is incorporated into commissioning intentions and business cases through their respective work plans.

One of our strategic objectives for 2019/20 was to improve the quality and safety of commissioned services. The teams work in conjunction with the CCG's clinical leads and commissioning colleagues, interpreting and analysing published evidence and legislation, to drive forward a culture of continuous Quality Improvement, while ensuring the CCG is discharging its statutory duties to deliver this objective.

The quality and safety of Camden CCG's commissioned services are monitored through a number of forums including:

- Clinical Quality Review Group (CQRG) meetings held with each provider on a regular basis. These enable the CCG to apply appropriate scrutiny and challenge, seeking assurance on the quality of services provided including reviewing incidents ranging from near misses, serious incidents and never events. CCCG is also represented at CQRGs where the CCG is a material (high value contract holder) associate commissioner.
- Camden CCG obtains its assurance on quality of care, through its Quality and Safety Committee (QSC), which is a subcommittee of the CCG's Governing Body. This provides an opportunity for committee members to critically appraise the quality and safety of commissioned services, and escalate and share concerns, as appropriate, to the Governing Body.
- The QSC provides a quarterly report to the Governing Body on the quality and safety of commissioned services. This is an opportunity for Governing Body to discuss and make decisions on measures that need to be taken, to support improvements and reduce the risk of patient harm.

Engaging people and communities

One of Camden CCG's Business Plan objectives is to "Work jointly with the people and patients of Camden to shape the services we commission". We want to work with our local communities to ensure that healthcare is outstanding and people have the opportunity to help design services that fit their needs.

Across 2019/20, our patient and public engagement activity was presented at every CCG Governing Body meeting, and these reports can be accessed via the public website (patient

voice reports). These were discussed at Camden Patient and Public Engagement Group (CPPEG) bi-monthly meetings (more detail on CPPEG is included later in this section).

Patient and community involvement is proactively promoted via our public website Get Involved page (click here), our bi-monthly public e-newsletter (to view click here) and Twitter, highlighting opportunities to get involved at Camden, NCL and London-level. In 2019/02 Camden CCG continued to promote opportunities for involvement through community networks that our local partners have access to such as Healthwatch and other local voluntary and community groups (e.g. Voluntary Action Camden, Camden Lesbian, Gay, Bisexual and Transgender (LGBT) Forum+, Voluntary Action Camden, Age UK Camden Disability Action, Camden Carers Service, Bengali Workers Association and many more).

In the last year we asked a number of local stakeholders to feedback on our community and patient engagement during 2019/20 and published a summary online (stakeholder feedback). Some highlights were:

- **Pat Callaghan - Deputy Leader, Health and Wellbeing Board Member and Cabinet Member for Healthy and Caring in Camden**.

  Involving the public in governance - "*In order to deliver the right services with the most impact for our community 'Involving the public in governance '- is seen as a very necessary priority in Camden CCG, in order to deliver the right services with the most impact for our community. Who better to take advice from than 'experts by experience' - we are all here to improve the health of the population, and who better than our population to help us do just that.*"

  Feedback and evaluation – *"I never fail to be impressed with the dedication of our health professionals and their teams, I have a good relationship with members of the CCG and get regular feedback from the two Non-exec Directors, the Chair and the Chief Operating Officer and the Senior Engagement Manager. This is extremely useful in our forward planning around the Health integration agenda."*

  Equalities and health inequalities – "*Within Camden, the CCG, Healthwatch, the VCS and other organisations all work together to promote and improve health services for those in most need. We are also very aware of the determinants and their impact on the quality of life of our residents. We are all committed to developing strategies and policies which will translate in to better services for our community. Alongside this one of our primary focus's will now be on the prevention agenda within our communities, helping to improve our populations health, and making neighbourhood resources accessible so that care closer to home can benefit all our residents who need care.*"

- **Allegra Lynch - Chief Executive Officer - Camden Carers Centre**
  "For Camden Carers it has been an absolute pleasure working with Camden Clinical Commissioning Group; there was a real commitment to listen to the challenges that carers face on a daily basis and involve them decision making".

- **Matthew Parris, Healthwatch Camden Chief Officer**
  "During 2019/20, Camden CCG has continued to demonstrate that it recognises the value of patient and community engagement and we see a clear commitment from senior leadership to put patient voice at the heart of decision making. In the current work around integration…Camden CCG has shown it recognises the importance of patient engagement that is strongly rooted in local connections. The working relationship between the CCG and Healthwatch Camden continues to grow. The Chair of Healthwatch Camden sits on the CCG Board and her contribution on matters of governance is welcomed. Healthwatch Camden is a stakeholder member of the Camden CCGs Patient and Public Engagement Group (CPPEG) and our active participation is always sought and encouraged. Our staff team are in regular contact with the engagement leads for the CCG, sharing insight around patient experience. The CCG senior leadership take an interest in the work programme of Healthwatch Camden and indicate a willingness to learn from the findings of our own engagement work. Healthwatch Camden is regularly invited by the CCG to present at their patient engagement events. This year has seen us working closely together to hear from patients about their experience of attending outpatient appointments at our local hospitals. The CCG has also reached out to Healthwatch Camden to ask us to play a significant role in Camden's new Integrated Care Partnership Board which we welcome as evidence of the value placed on patient and community engagement".

NHS England Improvement and Assessment Framework (CCG IAF)
We submitted our 2019/20 report under the NHS England CCG Improvement and Assessment Framework Patient and Community Engagement Indicator, and we were rated as 'good' overall - achieving outstanding in one domain, and good in four.

NHS Camden CCG Overall RAG rating	Green
Overall score	11
Domain A **(Governance)**	Grade 3 (outstanding)
Domain B **(Annual Reporting)**	Grade 2 (good)
Domain C **(Day to Day Practice)**	Grade 2 (good)
Domain D **(Feedback and Evaluation)**	Grade 2 (good)
Domain E **(Equalities and Health Inequalities)**	Grade 2 (good)

Key	Grade
0	Inadequate
1	Requires improvement
2	Good
3	Outstanding

We developed an action plan to move the remaining four domains to outstanding which was overseen by CPPEG in 2019/02. Stakeholders, patients and the public were involved with developing and implementing actions to improve our performance.

Patient and community involvement in governance

The Camden Patient and Public Engagement Group (CPPEG) supports Camden CCG to make sure patients, carers, voluntary/community groups and local residents play a role in our planning, decision making and the delivery of our work. CPPEG is made up of representatives from local general practice patient participation group members (PPGs) and local VCS groups. CPPEG holds 6 operational and 4 open/public meetings annually. To view additional information about CPPEG click here.

CPPEG PPG members sit on our Governing Body and a range of CCG committees, ensuring we are involving the public in governance of the CCG and meet our values of being open and transparent. Importantly, in 2019/20, local groups were involved in transformation of services via the Local Care Delivery Board, with representation from Healthwatch Camden and Voluntary Action Camden.

Through 2019/20, CPPEG committee members presented reports on committee decisions taken and actions at all CPPEG operational meetings. They also produced bi-monthly committee reports disseminated to the general practice PPGs via the public e-newsletter, our public website and @camden_ccg.

CPPEG local community groups (Camden Disability Action, Age UK Camden, Camden Carers Service, Voluntary Action Camden and Healthwatch Camden) also hold positions on CCG committees, to strengthen the voice of local people and gives an avenue and the opportunity to bring matters to our attention as well as assisting in supporting our patient and community engagement plans.

In 2019/20 we also hosted a number of Camden PPG forum meetings – more information is available on the PPG forum webpage.

- **Hilary Lance, Chair of CPPEG.**

  "I have chaired CPPEG since August 2017…It is rewarding that CPPEG agendas are so full and at times it has been difficult to programme in all the requests received for a slot on the agenda. This is an indication of the value placed on CPPEG's contribution. During the last year patients continued to be represented and welcomed on all key Camden CCG committees/groups. In addition, collectively we have experienced the power of patient stories in understanding how the patient experience can be improved thus contributing to better clinical outcomes…With the merger of five CCGs into the NCL CCG, we are in a time of some uncertainty. We have received assurances about: the value NCL places on Public and Patient Engagement; and on the continuation of CPPEG. Camden has been exceptional in its openness and inclusion of patient representatives. The challenge now is to build on what has been achieved locally; to include patient representatives at the start of any change

process; to work within the context of integrated health and social care; and to ensure the patient experience remains at the forefront of NCL CCG work".

Patient and community involvement in commissioning/business plans
Patients and stakeholders are regularly involved in individual procurement of new services. When the CCG undertakes engagement and community work we refer to the nine protected characteristic groups (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) to ensure that local people and seldom heard groups are not neglected in our work. This is also respected in our commissioning and procurement approach.

In 2019/20, elected patients sat on the CCG commissioning and procurement committees, and sought assurance that appropriate engagement had taken place. The following link shows how patients are involved in the commissioning plans of the CCG (patient engagement in commissioning plans).

- **John Levite, CPPEG Representative on Finance and Performance Committee**
  "When first being elected to CPPEG four years ago I was not only interested, but also pleasantly surprised, to learn that amongst the committees on which CPPEG members were invited to sit was Finance and Performance (F&P). That the CCG Governing Body felt it important to have a voting patient representative on F&P seemed to me then, as now, indicative of the seriousness with Camden CCG takes the issue of patient representation and participation. Having served on the F&P committee through four years of increasing financial challenge, I continue to be impressed by the diligence with which the committee undertakes its task and answers to its Terms of Reference."

- **Bridget Davies (member of Parent Advisory Board)**
  "I'm a member of PAB and have many opportunities to listen and feedback on pilot schemes, new services/websites and other projects that are being considered."

The following are highlight shows how we responded to feedback received from patients, local residents and stakeholders during the last 12 months. Additional examples can be viewed via the following link (what difference did it make).

You Said	We Did	Difference Made
Feedback from consultation on the proposed move of the Moorfields Eye Hospital's City Road services highlighted a number of challenges. The main concerns were with the last half-mile of the journey from the current transport hubs to the St Pancras site. Examples	Camden CCG, leading the consultation on behalf of other commissioners, will host a Committees in Common 12 February 2020 to approve the proposals and ensure consultation feedback is addressed.	The proposals were approved early February, and Moorfields Eye Hospital Trust are committed to developing and implementing a robust accessibility plan, which is co-designed in partnership with sight loss charities, patients, transport providers, local authorities, commissioners and

of these concerns included: - The size and complexity of King's Cross and St Pancras stations, which may be difficult to navigate, particularly for people with sight loss and mobility issues. - The current journey on foot from the main rail and underground stations, which may be too long for people with mobility issues. - Issues concerning pedestrian safety in the King's Cross area, particularly for people with sight loss. These include major road crossings and the lack of tactile demarcation of cycle lanes.		voluntary organisations. They will ensure plans and processes are in place to enable patients to travel to the new service safely. The work will be part of the development of a Full Business Case and Planning Application in 2020/21.

North Central London Residents Health Panel

In 2019/20 we supported a Residents Health Panel made up of more than 1,000 residents (and counting) who are representative of NCL's population, including people of varying age, gender, geographical area within NCL, ethnicity, socio-economic status, mental health conditions, physical health conditions and learning disabilities. The panel was accessed through the year to gather residents' insight and opinion on a range of local health and care topics across the year such as the planned adult orthopaedic service review. Additional information is available here: Residents Health Panel.

Pre-engagement and public consultation

In Camden, it is important to us that local people influence the CCG's plans and local health services. Resident and patient feedback helps us with planning and buying NHS services to meet the diverse needs of local people.

Consultations are one important way residents and patients can have their say, in both national programmes and local Camden proposals. Consultations are most usually undertaken when there is a proposal to make major changes to health services, develop new ones or create new strategies or policies for health services in Camden. Sometimes a formal public consultation is not required, but we undertake a detailed programme of pre-engagement to inform our planning. For both, we are committed to ensuring that the engagement process is transparent, easy to understand and that the views gathered inform final plans.

In 2019/20, we undertook a range of engagement and consultation work, including around a Public Consultation related to the proposed move of Moorfields Eye Hospital's City Road Mental Health Acute Day Units, the St Pancras Hospital Site redevelopment, the NCL Acute Elective Orthopaedics Service Review, the NCL Procedures of Limited Clinical Effectiveness policy, and a national consultation on medicines which should not routinely be prescribed). Detail on all of these can be accessed by clicking on our get involved page (click here).

Feedback and Evaluation

Our engagement with patients, local residents, stakeholders and other partners is vital to our work and we always provide feedback to those who have engaged with us and shared their views. We do this in a number of ways:

- Feedback reports which record the purpose of the engagement, the discussion and outcomes. These are shared with all those involved and published on our website.
- Specific 'you said, we did and what difference did this make' in the bi-monthly Governing Body Patient Voice reports.
- Meetings to bring people together to feedback on how we have used their views.
- Phone calls to people who have been involved.
- Emails to people who have been involved.
- At our Annual General Meeting.
- At our Camden Patient and Public Engagement operational, open meetings and thank you event.
- At our PPG forum meetings.

Reducing Health Inequality

Reducing health inequalities has continued to be a focus for Camden CCG (and in collaboration with Camden Council) throughout 2019/20.

We collaborate with Health and Wellbeing Board partners and community group networks to collate evidence under the Camden Joint Strategic Needs Assessment on diabetes, cancer, frailty, falls, CKD, COPD and alcohol which highlight inequalities among sex/ethnic groups and take recommendations forward in these area.

Our engagement network membership is annually reviewed to ensure it meets the needs of Camden's local communities.

Public Sector Equality Duty

At Camden CCG, we are passionate about and committed to promoting equality and fairness for all patients, carers and staff. Our Diversity and Inclusion Plan 2016/20 sets out the CCG's approach to promoting equality and diversity and how we aim to meet the public sector equality duty. The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous antidiscrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. The intention of the general equality duty is to ensure that a public authority, like Camden CCG, must have due regard to three main aims:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Diversity and Inclusion Plan

The CCG is required by the public sector equality duty to develop and publish equality objectives at least once every four years. In order to meet this duty we have refreshed our Diversity and Inclusion Plan for 2016-2020 in consultation with stakeholders, which was overseen by the Equality and Inclusion Strategy Group. The objectives in the Plan cover commissioning, engagement, workforce and governance.

An annual action plan is produced based on EDS2 grading outcomes and Equality Impact Assessments monitored by the Equality and Inclusion Strategy Group. The three areas in the Plan were primary care, mental health, and end of life.

Equality Impact Assessment

The CCG is continuously improving its approach to equality impact analysis (EIA). We routinely analyse our existing and new policies to ensure there is no unintended negative or disproportionate impact on groups that are protected by the Equality Act. At the CCG, no policy decision is made without an equality impact analysis being undertaken and this includes all QIPP projects and engagement activities. Our Governing Body report cover sheet includes a section specifically about equality impact prompting managers to carry out an equality analysis of the proposal being presented to the Governing Body. We maintain a log of all our equality impact assessment and ensure the actions arising from the analyses are implemented and monitored. Our staff also receive appropriate training and support to complete equality impact analysis. In 2019-20 we developed a standard EQIA feedback template to ensure robustness and efficiency.

Embedding Equality Delivery System (EDS2)

Camden CCG with other NCL CCGs decided to use the EDS2 outcomes selectively to ensure relevance and added value which the tool can offer to the CCG across functions. This is why in 2019/20, the focus of our EDS2 work was primarily on access and engagement. The current EDS2 grades are published in the CCG Equality Information Report 2019/20, which will be published on our website in July 2020.

Workforce Race Equality Standard (WRES)

Although CCGs are required to seek assurance and receive an annual report from providers, they are not required to apply the WRES to themselves, but pay due regard to it, due to the small size of CCG organisations. However, as part of NCL CCGs, Camden CCG has been publishing its WRES report every year since 2015 to show compliance with the WRES indicators. Since 2017 WRES progress report is published as part of the CCG's annual Equality Information Report. The report feeds into our equality objective setting and EDS2 grading processes. We

are also working with NEL Commissioning Support Unit and our providers to implement the WRES and ensure they meet the standard.

In 2019/20 the CCG was required to submit its WRES data online to NHS England, a recurrent process which the CCG is required to comply with every year around July/August. In 2020 this will be done by pulling together the data from all five NCL CCGs which has been agreed with the NHS England's WRES Team. This will help the new NCL CCG report progress based on the 2020/21 baseline – and develop future action plans.

Equality Information Report

Our annual Equality Information Report provides an overview of how we are meeting our public sector equality duty, both through commissioning and employment. It is an annual performance report which we publish every year. The report outlines the work we have done in relation to policy development, commissioning, engagement, current workforce and recruitment of staff from diverse backgrounds.

It also provides links to our main providers' equality information which sets out how they are meeting their equality duty. In our 2019/20 Equality Information, which will be published by July 2020, we will provide information on the progress on our equality objectives. More information about various equality and diversity activities can be found in our equality information report 2019/20 on our website.

Our vision for future equality, diversity and inclusion

The CCG will remain committed to the inclusion agenda beyond 2019/20 and will continue working with staff, NCL STP, providers, local partnerships and the Primary Care Networks to deliver the equality objectives. In 2020/21 our focus will be on three key areas:

- Effective and inclusive engagement of patients and communities in commissioning.
- Equality of access to services by protected and disadvantaged groups.
- Staff experience and support; and career progression and promotion.

Health and Wellbeing strategy

The CCG plays an active role in Camden Health and Wellbeing Board with four CCG Governing Body members on the board:

- Neel Gupta, Chair
- Sarah Mansuralli, Chief Operating Officer (Until December 2019) /Sarah McDonnell-Davies, Chief Operating Officer (From December 2019)
- Dr Philip Taylor, Governing Body Elected GP
- Baroness Glenys Thornton, Governing Body Lay Member.

Chaired by the leader of Camden Council, the Board is responsible for promoting greater integration and partnership between the NHS, public health and local government. In 2019 work started to refresh the Health and Wellbeing Board to make it the key forum with responsibility for overseeing and driving increased integration and improvements to health and care in Camden.

Members of Camden's Health and Wellbeing Board work together to understand the needs of the Camden population through the development of a Joint Strategic Needs Assessment (JSNA). The Board also produces a Joint Health and Wellbeing Strategy for the borough, which sets out the Board's ambitions and priorities for improving health and wellbeing and reducing health inequalities in Camden.

Camden's Joint Health and Wellbeing Strategy (2016-18) was refreshed and extended for a further year in 2019. In line with this, the Board continued to focus on tackling the root causes of health inequality and improving the health and wellbeing of our residents, building on the progress made against each of the five strategic priority areas:

1. Healthy weight, healthy lives
2. Reducing alcohol-related harm
3. Resilient families
4. The first 1,001 days
5. Ensuring good mental health for all.

In addition, the Board sponsored innovative work to deliver against two key areas of focus:

Whole systems approach to obesity
The first is exploring all the levers at our disposal to tackle obesity in Camden under the 'Camden Can' banner. We know to make a positive impact, we require a 'whole system' approach, bringing together partners from across the community to work together to address the multiple drivers of obesity. This approach has built on progress to date under our Healthy Weight, Healthy Lives strategic priority.

Four thematic Camden Can conversations were held in 2019 covering: early years; schools; businesses; and places/housing. An action plan has been developed setting out high impact opportunities and actions emerging from the conversations that is now being taken forward.

Citizen-led neighbourhood approach to health and wellbeing
The second area of focus is around developing a citizen-led approach to health and wellbeing in the west of the borough (across Kilburn, West Hampstead, Fortune Green and Swiss Cottage) working closely with residents to explore opportunities to improve health and wellbeing outcomes.

The neighbourhood based pilot centred on the 'Neighbourhood Assembly' – a small group of local residents broadly reflective of the diversity of the area. In 2019, the Assembly was convened as a vehicle for innovative partnership working, tasked to identify local challenges, develop ideas and prototype solutions, then test and learn from the process.

The pilot generated valuable insights on how partners across the health and wellbeing system can best work with residents to improve health outcomes in response to specific local needs.
Camden's Joint Health and Wellbeing Strategy is currently being refreshed for 2020, presenting the opportunity to lay out a clear, unifying vision to tackle the root causes of health inequality and improve the health and wellbeing of our residents across the life course.

The new strategy will drive the work of our local partnership and cement a population health approach, characterised by an increased focus on prevention and a shift away from high cost services to more community-based models of care. It will include a clear set of system owned outcomes that address key health challenges, and most importantly, matter to our residents.

The CCG is working with the council and other Health and Wellbeing Board partners to hold a borough-wide Citizens' Assembly, looking at the future of healthcare in Camden and encouraging residents to have their say. Starting in February 2020, the Assembly will bring together residents, health and care providers, the CCG and the Council in order to find ways to make Camden the best place to live and grow now and in the future.

Signature notes approval of all content within the Performance Report

Frances O'Callaghan

Accountable Officer

23 June 2020

ACCOUNTABILITY REPORT

Corporate Governance Report

Members Report

Camden CCG is a corporate body (a legal entity) and has 34 Member Practices which are GP practices in the London Borough of Camden. The practices are organised into North, South and West Localities.

Member practices

The CCG's member practices are:

Member practices in the North Locality	
1	Adelaide Medical Centre
2	Brookfield Park Surgery
3	Caversham Group Practice
4	Daleham Gardens Health Centre
5	Hampstead Group Practice
6	Keats Group Practice
7	Park End Surgery
8	Parliament Hill Surgery
9	Primrose Hill Surgery
10	Prince of Wales Group Practice
11	Rosslyn Hill Surgery
12	Swiss Cottage Surgery
Member practices in the South Locality	
1	Ampthill Practice
2	Bloomsbury Surgery
3	Brunswick Medical Centre
4	CHIP
5	Gower Street Practice
6	Gray's Inn Road Medical Centre
7	Holborn Medical Centre
8	James Wigg Practice
9	Kings Cross Surgery
10	Museum Practice
11	Dr Matthewman Practice
12	Queens Crescent Surgery
13	Regents Park Practice
14	Ridgmount Practice (previously Gower Place)
15	Somers Town Medical Centre
16	St Phillips Medical Centre
Member practices in the West Locality	
1	Abbey Medical Centre
2	Belsize Priory Medical Practice
3	Brondesbury Medical Centre
4	Cholmley Gardens Medical Centre
5	Fortune Green Practice
6	West Hampstead Medical Centre

Composition of Governing Body

Camden CCG is governed by the Governing Body. The Governing Body is responsible for Camden CCG's strategy, financial control and probity, risk management, oversight and assurance, and deciding which services to commission to improve the health and wellbeing of the people of Camden. The Governing Body consists of 17 voting members and six non-voting members. Nine of the 17 voting members are directly elected to the Governing Body by Camden CCG's member practices. Seven are elected by Camden GPs, one is elected by Camden practice nurses and another is elected by Camden practice managers. This ensures solid local clinical representation on the Governing Body so that the people that deal with the day to day health care needs of the people of Camden play a key role in decision making.

The members of the Camden CCG Governing Body are:

Member	Role	Voting Status
Dr Neel Gupta	Chair of the Governing Body	Voting
Ms Helen Pettersen	Accountable Officer, NCL CCGs (to February 2020)	Voting
Ms Frances O'Callaghan	Accountable Officer, NCL CCGs (from February 2020)	Voting
Dr Martin Abbas	Elected GP Representative	Voting
Dr Julie Billett	Director of Public Health, Camden & Islington Councils	Voting
Dr Matthew Clark	Secondary Care Doctor	Voting
Ms Charlotte Cooley	Elected Practice Nurse Representative	Voting
Dr Birgit Curtis	Elected GP Representative	Voting
Ms Jane Davis OBE	Secondary Care Nurse Representative	Voting
Ms Kathy Elliott	Vice Chair and Lay Member for Patient and Public Involvement	Voting
Mr Simon Goodwin	Chief Finance Officer, NCL CCGs	Voting
Ms Mags Heals	Elected Practice Manager	Voting
Dr Jonathan Levy	Elected GP Representative	Voting
Ms Sarah Mansuralli	Chief Operating Officer (to December 2019)	Attendee
Ms Sarah McDonnell-Davis	Chief Operating Officer (from December 2019)	Attendee
Dr Sarah Morgan	Elected GP Representative	Voting
Dr Kevan Ritchie	Elected GP Representative	Voting
Mr Dominic Tkaczyk	Lay Member for Audit and Governance	Voting
Dr Philip Taylor	Elected GP Representative	Voting
Baroness Dorothea Glenys Thornton	Lay Member with General Portfolio	Voting
Cllr Pat Callaghan	Health and Wellbeing Board Observer	Non-Voting
Mr Kevin Nunan	Voluntary Representative	Non-Voting
Ms Hilary Lance	Patient Representative	Non-Voting
Mr Richard Lewin	Representative, London Borough of Camden	Non-Voting
Dr Farah Jameel[1]	LMC Observer	Non-Voting
Ms Saloni Thakrar	Healthwatch Representative	Non-Voting

[1] Represented by Dr Claire Chalmers-Watson and Dr Tina Agrawal in her absence.

The Camden CCG Chief Operating Officer attends Governing Body meetings as a standing attendee in their capacity as an executive director. Sarah Mansuralli was the Chief Operating Officer in attendance until the September 2019 meeting. Sarah McDonnell-Davies was the Chief Operating Officer in attendance from the December 2019 meeting.

The profiles of the Governing Body members can be viewed on the Camden CCG website: https://www.camdenccg.nhs.uk/aboutus/governing-body-members.htm

Register of Interests

Camden CCG maintains and publishes a register of interests on-line in accordance with NHS England statutory guidance. The register of interest is on Camden CCG's website at: http://www.camdenccg.nhs.uk/aboutus/conflicts-of-interests.htm

Personal data related incidents

There were no serious untoward incidents relating to data security breaches for Camden 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

Camden 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.camdenccg.nhs.uk

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each CCG shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Frances O'Callaghan to be the Accountable Officer of NHS Camden CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the CCG 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 CCG 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
- 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 CCG to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the CCG and of its net expenditure, changes in taxpayers' equity 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

Camden CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended). The CCG'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, in particular, 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 2018, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of Accountable Officer 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 CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG 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 CCG 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.

Constitution

Camden CCG's constitution sets out the operational arrangements which have been put in place to meet its responsibility as a commissioner of healthcare services for the population of Camden. The constitution confirms the CCG's membership and accountability, the Governing Body roles and responsibilities, and the governance structure and decision-making arrangements. The constitution lists 34 member practices which are split into three areas – North, South and West Localities. Under the constitution member practices have chosen to retain some key decisions which include any changes to the constitution and delegation of primary care commissioning.

Governing Body

The Governing Body comprises 17 voting members, including nine elected posts, two executives, three lay members, a registered nurse and secondary care doctor. Under the constitution the CCG Chair must be a GP and a lay member must be the Vice Chair. A Clinical Vice-Chair role has also been created by the Governing Body, although this role has no constitutional authority.

The Governing Body met in public on five occasions in public during 2019/20. This included an Extraordinary Governing Body. Details of member attendance at public meetings is confirmed at Appendix One.

Governing Body performance

In 2019/20 the Governing Body continued with the regular cycle of away days, workshops and seminars for strategic development, training and to resolve matters or to mitigate risks that had been identified.

Individual Governing Body members are appraised by the Chair, with personal objectives set within individual personal development plans. Governing Body members in turn supported and oversaw the work of our Clinical Leads. Governing Body training and development guidance was developed during the year to support individual learning needs. Some Governing Body members received leadership development coaching during the year.

Apart from the formal business of the Governing Body meeting in public, its members continued to meet in a variety of ways which included:

- Governing Body Forums and Governing Body Workshops for voting members, the Camden Executive Team and partners to maintain focus on key business priorities and the major issues facing the CCG
- Continuing with Governing Body 'Breakfast Meetings' for voting members to meet informally and to build relationships
- Embedding the patient voice as part of decision making processes through the inclusion of CPPEG representatives at committee meetings
- Entrenching the Integrated Performance Reports to highlight provider performance against the constitutional targets, financial performance, quality and outcomes
- Having effective risk management processes in place.

The Governing Body considered a range of regular reports on finance, risk, quality and safety, patient voice, localities and sub-committees as well as deliberating and supporting novel reports and business cases. These included:

- Safeguarding Children Annual Report
- Safeguarding Adult Annual Report
- Learning Disabilities (LeDeR) Annual Report
- Budget and Business Plans for 2019/20
- GP Neighbourhood Outcomes Achievement 2018/19
- Delivering the NHS Long Term Plan in North Central London: Developing our collective

plans
- Proposed Merger of the NCL CCGs
- Better Care Fund Section 75 Agreement.

Membership review of own performance

Camden CCG is committed to being member-led and has the following objective in our Business Plan: 'Involve member practices and commissioning partners in key commissioning decisions'.

The CCG funded and coordinated Locality Committee meetings (North, South and West) which met eight out of 12 months in 2019/20. These are chaired by Governing Body elected GPs. Through these meetings the membership influences CCG commissioning plans, informs the development of new services and feedbacks successes and issues.

Key discussion topics in 2019/20 included the merging of the five borough CCG's to form NCL CCG, mobilisation of the Camden Primary Care Mental Health (PCMH) Network, implementation of a wound care pilot and regular quarterly updates from the Medicines Management, QIPP and Finance teams. Feedback and recommendations given by members at the Locality Committees are fed back via a formal report to the CCG Governing Body at every meeting.

The CCG held a GP membership summit in June 2019 where practices were invited to share their views on the proposal to merge the five CCGs in North Central London into a single organisation with 203 member practices. At the summit it was noted that if the CCG's merged it would require a new constitution. It was confirmed that Camden members would receive a draft version of the constitution for review and would be able to submit feedback prior to holding any vote on whether to approve the Constitution.

A further provider summit was hosted by the CCG in September 2019 to provide a space to discuss Primary Care Networks.

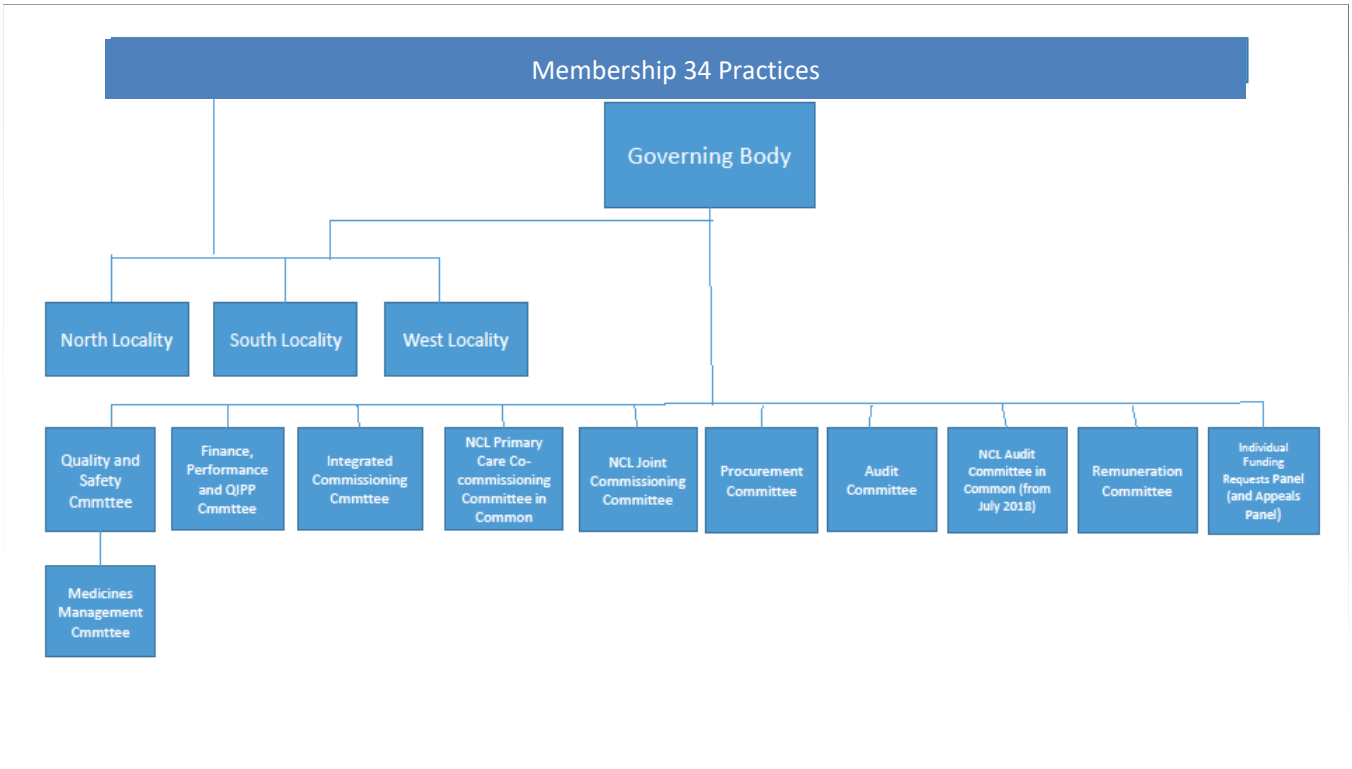
Practices were offered the opportunity of privately meeting with our Chair and Chief Operating Officer in 2019/20. These provided an opportunity for all practice staff – including sessional GPs, practice nurses and healthcare assistants – to feedback views on the CCG's strategic approach, planning and delivery, and to raise any issues which the CCG could support them to resolve. The themes from the visit were used to inform plans and our member engagement.

The CCG continues to disseminate information to member practices via our monthly electronic newsletter with commissioning news, and the bespoke website for GP teams.

Camden CCG also continued to invest in a robust clinical leadership program in 2019/20, to provide expert support on a range of priority areas, including cancer, diabetes, mental health, maternity and learning disabilities. Clinical leads were overseen by Governing Body sponsors. The CCG continues to align resources to delivering the annual business plan priorities.

Committees under Camden CCG constitution

The CCG's governance structure for 2019/20 is illustrated below. The Governing Body received assurance on the effectiveness of its committees through reports of the work carried out at each of the meetings.



A QIPP Challenge Panel also reports into the FPQ Committee.

Committees of the Governing Body

Audit Committee (meeting as the 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
- 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 strengthening 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
- The Lay Member for Audit and Governance from another CCG in North Central London.

The membership of Camden CCG's Audit Committee during 2019-20 was made up of the Chair, Richard Strang, who stood down from this position on 30 June 2020. The Chair role was then taken up by Dominic Tkaczyk, Chair of Barnet CCG's Audit Committee and member of Camden's (as Lay Member for Audit and Governance at both CCGs). The final member was Dr Kevan Ritchie, GP Member of Camden's Governing Body.

Adam Sharples was Chair of NCL ACIC until he stood down from his role on 31 August 2019. The Chair of Camden CCG's Audit Committee, Richard Strang, also stood down from his position on 20 June 2019. As such, NLC 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
- Reviewed the progress of the governance work underpinning the merger of the five NCL CCGs.

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 did not meet by itself and met 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 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
- 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 Dominc Tkaczyk
- Elected GP Representatives Clare Stephens, Tal Helbitz, and Charlotte Benjamin
- Nursing Representative Claire Johnston.

Camden CCG:

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

Enfield CCG:

- Lay Members Kevin Sheridan (Chair) and Karen Trew
- Elected GP Representative Mo Abedi
- 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
- Nurse Representative Sarah Timms.

For Islington CCG:

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

<u>Procurement Committee</u>
The purpose of the Procurement Committee is to provide a forum within the CCG's governance structure that has responsibility for identifying and recommending the best procurement method or approach to securing services by Camden CCG.

The Committee ensures that the clinical services commissioned are free of bias and that procurement decisions are defensible to challenge and scrutiny. The Committee has an important role to mitigate the possibility of conflicts of interest in the procurement of primary care clinical services and to ensure fairness for all practices, networks and companies who may bid by complying with standards of business conduct for the NHS.

The Committee only meets when required and met on five occasions in 2019/20. All meetings were quorate and in accordance with its terms of reference. The committee considered the

procurement route for primary care initiatives and projects in an environment that removed any potential conflict of interest for GP Governing Body members. To ensure robust independent scrutiny, no GP Governing Body members sit on the Committee. The membership of the committee includes two lay members, the Governing Body secondary care doctor and registered nurse members, a patient representative and a non-conflicted GP.

Finance, Performance and QIPP Committee

The Finance, Performance and QIPP Committee meets monthly (12 times in 2019/20). All meetings were quorate and in accordance with its terms of reference. The overall purpose of the Committee is to provide the Governing Body with assurance on financial performance and associated planning and performance against delivery indicators and targets. The Governing Body is provided with regular exception reports and where appropriate with recommendations for action to ensure financial plans and performance targets are met.

In 2019/20 the Committee oversaw the Financial Recovery Plan and scrutinized a range of key areas to support the CCG:

- Recommending the approval of the budget to the Governing Body, which was in turn reviewed each time the committee met
- Agreeing the QIPP programme for the year as well as planning for the next financial year, which was in turn reviewed each time the committee met
- Reviewing and commenting on the Primary Care Finance budget
- Assessing the Risk Registers for Finance and Performance, making recommendation to improve the level of risk where possible
- Reviewing data assurance as part of the claims and challenge process with its providers;
- Performance of how the NHS England's constitutional targets were being achieved and taking appropriate action and providing support with the providers where targets were not achieved
- Reviewing some innovative projects such as the Health Information Exchange, the CCG's Estates Strategy
- Oversight of contractual negotiations between the CCG and its providers.

In 2019/20 the Committee provided detailed review and scrutiny of the NCL Medium Term Financial Strategy (MTFS). In particular, the Committee concentrated on the CCG's risk profile and the measures needed to assess and manage financial risk. Another area of focus has been the review the CCG's QIPP programme to monitor progress against implementation plans.

Quality and Safety Committee

CCCGs Quality and Safety Committee (QSC) met on 11 occasions during 2019/20, to monitor the quality and safety of commissioned services within acute, community and Mental Health providers, medicines management and the CCG's statutory duties under safeguarding children and adults at risk. The Quality and Clinical Effectiveness Risk Register is included as a standing agenda item at each meeting.

The purpose of the Committee is to scrutinise the quality and safety of commissioned services, seeking assurance of providers' compliance with terms and conditions of contracts relating to clinical quality and patient safety.

The committee members are very focused on how providers include the voice of the patient within their services, utilising this valuable source of Patient experience is taken account of to ensure that patients have effective and safe care and with a positive experience of services.

Oversight of safeguarding processes and assurance for children and adults at risk is monitored through this committee. The membership of the committee includes members of Camden Council, who provide oversight and assurance of services commissioned by them within Camden in relation to Care Homes, Domiciliary care and Transforming care for Clients with a Learning Disability.

Key documents approved by the committee:

1. The Safeguarding Adults Partnership Board (SAPB) met in April 2019, and approved the Safeguarding Adults Review toolkit with was presented to the committee in September 2019. The toolkit is designed for selecting, commissioning and quality assuring Safeguarding Adults Reviews, providing assurance that all agencies are working in partnership to safeguard adults at risk within the borough.

2. The committee reviewed the 2019 Safeguarding Children Annual Report in July 2019, providing assurance in regards to the Governing Body's statutory responsibilities to Safeguarding Children.

3. The CCGs Designated nurse for Safeguarding Children presented a series of briefing papers describing the proposed changes to the Child Death Overview Panel (CDOP) which was presented to Camden Safeguarding Children's Board (CSCB) throughout the year, providing assurance that until new process are place Camden CDOP, will continue to run current processes until agreement is reached by NCL partners in regards to new processes. The QSC endorsed this process and agreed that this should be added to the Directorate Risk Register.

4. In June 2019, North Central London (NCL) CCGs Senior Management team (SMT) received a paper from a Consultant in Public Health within the London Borough of Enfield and chair of the North Central London (NCL) Child Death Overview Transformation Group regarding the revised national guidance on the review of child deaths (published in 2018). A requirement of the new guidance is the CDR processes must review at least 60 deaths per year. Within NCL there are currently an average of 80 deaths (<18 year olds) per year.

To deliver this ambition and oversee the transformation an NCL CDOP Transformation steering group was established. Group members have under taken a process of strategic engagement, which has engaged with NCL Children and Young Peoples Programme Board, NCL Information Governance Committee, and Directors of Public Health. Representatives from the steering group have also presented papers to a range of other strategic groups (slightly different for each borough) including LSCBs, Local Authority Directors, CCG Quality and Safety Committees, and

Directors of Children's Services with the aim of ensuring awareness of responsibilities under the new guidance and required actions.

5. The CCGs Designated nurse for Safeguarding Adults, has worked with statutory partners to ensure that they and CCCG are prepared for implementing the legislative responsibilities associated with The Mental Capacity Act (MCA) Amendment Bill passed by Parliament which received Royal Assent on 16 May 2019. This will introduce the Liberty Protection Safeguards (LPS) scheme following a year's transition period from Deprivation of Liberty Safeguards (DoLS).

CCGs will become a 'Responsible Body' meaning they must provide 'Authorising Arrangements' for those eligible for the LPS in relation to care they fund.

The Local Authority will be the Responsible Body for individuals they fund plus those who self-fund or are in independent hospitals. NHS Hospitals will become the Responsible Body for their patients, therefore commissioners will require assurance provider arrangements are robust as well.

The draft Statutory Code of Practice, was published for consultation in 2019. Each responsible organisation is preparing for their respective accountabilities and awaits the publication of the final Statutory Code of Practice.

Medicines Management committee

CCCGs Medicines Management Committee (CMMC) met on 6 occasions during 2019/20. The CMMC is a sub-committee of the Quality and Safety Committee (Q&SC). The CMMC advises the Camden CCG Governing Body on medicines optimisation, medicines management, pharmaceutical and prescribing matters.

The purpose of the committee is to provide oversight and assurance on the CCG's statutory functions on medicines; provide oversight and assurance on medicines to ensure that safe, effective and value for money medicines are available and their proper use is promoted; oversee the development and implementation of the CCG's medicines management strategy and procedures; oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry.

Key documents approved and reports heard relating to medicines include:

Prescribing budget; Quality, Innovation, Productivity and Prevention (QIPP) plan; Camden Prescribing Quality Scheme; Camden Prescribing Recommendations; Several Camden Prescribing Guidelines for clinicians; Several clinical treatment pathways; NCL position statements; NHS England consultation and subsequent guidance on Items which should not routinely be prescribed in primary care and Conditions for which over the counter items should not routinely be prescribed in primary care. Central Alerting System (CAS) alerts; Drug shortage reports and actions; NHS England Medicines Optimisation Dashboard and World Health Organisation medicines safety indicators including local positioning; National Institute Clinical Excellence (NICE) guidance; Local Joint Formulary Committee and Medicines Optimisation

Committee and also and Regional Medicines Optimisation Committee outputs and guidance; Camden GP website updates and developments; Acute, community and mental health provider updates; NCL shared care guidelines and fact sheets; Patient information leaflets; NHS Oversight framework and Quality Premium performance; Terms of reference review; Controlled drug monitoring reporting including review of the Care Quality Commission annual report; Medicines Safety Officer, risk and safety updates and actions.

In 2019-20 the CCG:

- Sustained clinically effective and cost efficient prescribing in Camden
- Reduced variations in prescribing to ensure Camden's patients get the best outcomes from their medicines
- Produced high quality evidence based clinical guidelines and pathways along with associated education for clinicians
- Worked to ensure the use of high-risk medications was effective and safe
- Supported reviews of patients with long term conditions so they continued to benefit from their medications
- Supported primary care networks and GP practices with prescribing quality improvement, also workforce development
- Supported digital developments to support prescribing and monitoring
- Worked with local healthcare Providers and partners to standardise clinical practice in using medicines, helping to improve patient outcomes
- Provide easy to understand information about medicines
- Focused on appropriate antibiotic prescribing, in line with the national Antimicrobial Resistance Strategy, to combat global issues of increasing drug resistance
- Supported contracts and performance in relation to the commissioning of medicines.

Camden CCG Committees – Governing Body Membership

Name	**Position**	**Governing Body Committee Membership**										
		Attendance	NCL Audit Committee in Common	Integrated Commissioning	Finance, QIPP & Performance	NCL Joint Commissioning	Medicines management	Procurement	Quality and Safety	Remuneration	NCL Remuneration Committee in Common	NCL Primary Care Commissioning
Elected Voting Members												
Dr Neel Gupta	Chair and GP	5/5				x						
Dr Martin Abbas	GP Representative	3/5		x	x							
Dr Birgit Curtis	GP Representative	5/5	x		x[2]				x	x	X	
Mags Heals	Practice Manager	4/5			x					x	X	

[2] Committee Chair for Finance QIPP and Performance Committee

	Rep.											
Dr Sarah Morgan	GP Representative	5/5		x								
Dr Philip Taylor	GP Representative	5/5					X		x			
Dr Jonathan Levy	GP Representative	3/5		x								
Dr Kevan Ritchie	GP Representative	5/5	x	x[3]	x							x
Charlotte Cooley	Elected Practice Nurse	4/5					X		x			x
Appointed voting members												
Dr Julie Billett	Director of Public Health	5/5		x								
Helen Pettersen[4]	Accountable Officer	4/4										
Frances O'Callaghan[5]	Accountable Officer	1/1										
Simon Goodwin	Chief Finance Officer	3/5			x			x				
Dr Matthew Clark	Secondary Care Doctor	5/5		x[6]		x		x				
Jane Davis OBE	Registered Nurse	4/5		x[7]				x	x			
Kathy Elliott	Lay Member	4/5		x		x						
Dominic Tkaczyk	Lay Member	5/5	x[8]		x			x		x	x	
Richard Strang	Lay Member	0/0	x[9]		x					x		
Baroness Glenys Thornton	Lay Member	5/5	x					x[10]	x	x	x	x
Non-voting members												
Hilary Lance	CPPEG Chair	5/5										
Richard Lewin	London Borough of Camden	5/5		x								
Cllr Pat Callaghan	Health and Wellbeing Board	4/5										
Saloni Thakrar	Healthwatch	5/5										
Dr Farah Jameel/ Dr Tina Agrawal	LMC Observer	4/5										
Kevin Nunan	Voluntary Action Camden	5/5										

Camden Integrated Commissioning Committee

The Camden Integrated Commissioning Committee (CICC) is the CCG's primary decision-making committee for transformational (non-delegated) primary care, children's services, mental health, community services and our Better Care Fund (BCF). It met seven times in 2019/20 (including a Seminar). All meetings were quorate and in accordance with its terms of reference.

The CICC was established in 2016/17 to formalize existing links between Camden CCG and Camden Council to bring together health and health related social care decision making for the benefit of our patients and residents. The ICC:

[3] Committee Chair for Integrated Commissioning Committee from October 2019
[4] Accountable Officer for NCL CCGs until 28 February 2020
[5] Accountable Officer for NCL CCGs from 18 February 2020
[6] Committee Chair for Integrated Commissioning Committee Until October 2019
[7] Committee Chair for Quality and Safety Committee
[8] Committee Chair for Audit Committee from June 2019
[9] Committee Chair for Audit Committee until May 2019
[10] Committee Chair for Procurement Committee

- Considered and reviewed a range of services during the year including the Neighbourhood outcomes from 2018/19, development of the GP Federations, the Universal Offer and Health Visiting Commissioning Strategy
- Approved a variety of business cases during the year which led to investment across a range of healthcare services. These included the recommissioning of Groundswell to support homeless and vulnerable people take control over their lives, a Mental Health Rehabilitation Pathway, Community Services, Diabetes Integrated Practice Unit and a Community Equipment Service.

The Committee also provided assurance for the Governing Body on the development, implementation and monitoring of the CCG's investment programmes and Better Care Fund and provided oversight and direction of the Commissioning Directorate's Risk Register.

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 is 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.

Camden CCG is represented at the committee by the CCG's Chair (Neel Gupta), a lay member (Kathy Elliott), 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.

NCL 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.

The committee is chaired by Catherine Herman, one of Haringey CCG's lay members.
Camden CCG is represented by a lay member, a GB GP Representative, the GB Nurse Representative and the Director of Quality & Clinical Effectiveness.

Individual Funding Requests Panel

In addition to the above Committees, the CCG has an Individual Funding Requests Panel chaired by Dr Philip Taylor to consider funding for a particular treatment or service that is not routinely offered by the NHS.

Health and Wellbeing Board

During the year the Health and Wellbeing Board received progress reports on Camden's Joint Health and Wellbeing Strategy (including progress reports on mental health), the Better Care Fund, Citizen-led health and wellbeing, GP Neighborhoods and refreshing Camden's Joint Health and Wellbeing Strategy. Formal reports on the work of the Health and Wellbeing Board are presented at the CCG's Governing Body meetings. Please see the *Health and Wellbeing Strategy* section for detail on the Board.

Locality Committees

The three Locality Committees provide a conduit for the Governing Body to communicate with members, and for members to advise the CCG on commissioning matters. Committee minutes

and action logs were maintained throughout the year, to track and evidence the actions taken by the CCG in response to member input. Please see the *Membership review of its own performance* section on for detail on the Locality Committees.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. Nevertheless in the interests of good governance practice Camden CCG complies with the relevant principles of the code especially in relation to board leadership and effectiveness, remuneration and accountability.

Discharge of statutory functions

In light of recommendations of the 1983 Harris Review, Camden 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 Camden 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 clinical commissioning group's statutory duties.

Governance arrangements and effectiveness

Detailed information contained in Members Report (see page 42).

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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 8 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 risk over 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 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.	The CCG put a number of robust control 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; ▪ 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	The CCG put a number of robust control 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 1st 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.

meet its strategic objectives and operational goals or otherwise fails in maintaining mandated goals and associated standards 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 clinical commissioning group 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 ensure 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 statement 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 five 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 clinical commissioning group, 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.

NEL 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 North East London Commissioning Support Unit provide 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 & 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 Finance, Performance 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 programme 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
- In 2018-19, Camden CCG was rated as 'Good' overall by NHS England against the Improvement and Assurance Framework.

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
- 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 advised 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 Clinical Commissioning Group (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 – Some relevant documentation was unauthorised and not filed, some clinical reviews were outstanding from seven months to two years and there was no evidence of some patients being informed of indicative budgets. Of the five management actions raised, one low priority recommendation is overdue and the rest will be followed up when they become due for implementation.

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, putting each CCG's control total at risk. There was also a delay in some Camden budget-holders signing off their budgets. The one high and one medium 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 clinical commissioning group 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 the major activities of the clinical commissioning group. This means those who influence the decisions of the clinical commissioning group as a whole rather than the decisions of individual directorates or departments. This 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. The committee's membership and activities during the year are discussed in the governance statement section of the report.

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.

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

Members	Role
Dominic Tkaczyk*	Lay Member, Camden CCG and Committee Chair
Richard Strang**	Lay Member for Audit and Governance
Glenys Thornton	Lay Member, Camden CCG
Dr Birgit Curtis	GP representative, Camden CCG
Mags Heals	Practice Manager representative, Camden CCG

* Appointed to the Camden CCG Governing Body in 1 June 2019

**Resigned from the Camden CCG Governing Body 31 May 2019

Policy on the remuneration of Senior Managers

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 was subject to a two-week notice period.

Salaries and allowances of senior managers in 2019/20 (subject to audit)

Note	Name	Title	2019/20					
			Salary	Expense Payments (taxable)	Annual Performance pay and Bonuses	Long term Performance pay and bonuses	All Pension-Related Benefits	Total
			(bands of £5000)	(to nearest £100)	(bands of £5000)	(bands of £5000)	(bands of £2,500)	(bands of £5000)
			£000	£00	£000	£000	£000	£000
	Voting Members							
	Executive Directors							
1	Ms Frances O'Callaghan	Accountable Officer from 17/02/20	0-5	0	0	0	0	0-5
1	Ms Helen Pettersen	Accountable Officer to 28/02/20	25-30	0	0	0	0	25-30
1	Mr Simon Goodwin	Chief Finance Officer	25-30	0	0	0	2.5-5	30-35
1&2	Mr Rob Larkman	Interim Chief Finance Officer to 06/04/20	0-5	0	0	0	0	0-5
	Appointed Voting Member							
4	Ms Julie Billett	Joint Director of Public Health - Camden/Islington	0	0	0	0	0	0
	Lay Members							
	Ms Kathy Elliott	Lay Member and Vice chair	10-15	0	0	0	0	10-15
	Mr Richard Strang	Lay Member to 31/05/19	0-5	0	0	0	0	0-5
	Baroness Glenys Thornton	Lay Member	10-15	0	0	0	0	10-15
	Mr Dominic Tkacczyk	Lay Member from 01/06/19	5-10	0	0	0	0	5-10
	GP/Clinical Members - Voting							
	Dr Neel Gupta	Elected GP Member and GP Chair	130-135	0	0	0	0	130-135
	Dr Birgit Curtis	Elected GP Member	40-45	0	0	0	0	40-45
	Dr Martin Abbas	Elected GP Member	45-50	0	0	0	0	45-50
	Dr Jonathan Levy	Elected GP Member	45-50	0	0	0	0	45-50
	Dr Matthew Clark	Secondary Care Clinician	25-30	0	0	0	0	25-30
5	Dr Kevan Ritchie	Elected GP Member	80-85	0	0	0	0	80-85
	Dr Philip Taylor	Elected GP Member & Clinical Vice-Chair	40-45	0	0	0	0	40-45
6	Dr Sarah Morgan	Elected GP Member	110-115	0	0	0	0	110-115
	Ms Jane Davis OBE	Secondary Care Nurse	20-25	0	0	0	0	20-25
	Ms Charlotte Cooley	Elected Practice Nurse Representative	20-25	0	0	0	0	20-25

	Ms Mags Heals	Elected Practice Manager	15-20	0	0	0	0	15-20
	NON VOTING MEMBERS							
	Senior managers							
7	Ms Neeshma Shah	Director of Quality and Clinical Effectiveness to 31/03/20	245-250	0	0	0	10-12.5	255-260
	Ms Sally MacKinnon	Director of Transformation Planning & Delivery	105-110	0	0	0	27.5-30	130-135
8	Ms Sarah McDonnell-Davies	Managing Director	110-115	0	0	0	25-27.5	135-140
	Mr Simon Wheatley	Interim Director of Primary and Secondary Care from 02/12/19	30-35	0	0	0	7.5-10	35-40
	Ms Rebecca Booker	Director of Finance	110-115	0	0	0	0	110-115
	Ms Moyra Costello	Director of Commissioning & Contracting from 03/06/19	75-80	0	0	0	20-22.5	95-100
1&9	Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	75-80	0	0	0	25-27.5	100-105
1	Mr Ian Porter	Executive Director of Corporate Services	20-25	0	0	0	5-7.5	25-30
1	Mr Paul Sinden	Executive Director of Performance & Assurance	20-25	0	0	0	2.5-5	25-30
1	Mr Will Huxter	Executive Director of Strategy	25-30	0	0	0	0-2.5	25-30
1	Ms Eileen Fiori	Director of Acute Commissioning & Integration to 31/01/20	20-25	0	0	0	2.5-5	20-25
3	Ms Jennie Williams	Director of Quality to 31/01/20	0-5	0	0	0	0-2.5	0-5
10	Ms Kay Matthews	Director of Clinical Quality from 14/10/19	0-5	0	0	0	0-2.5	0-5

Notes

1. *North central London shared management team members with salary split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.*
2. *Sick leave cover for seven weeks.*
3. *Additional allowance until 31 January 2020 in lieu of responsibilities as lead Director of Quality for north central London.*
4. *No remuneration paid.*
5. *Includes £10-15k for CCAS services rendered*
6. *Includes £35-40k for CCAS services rendered.*
7. *Includes redundancy agreed before departure but payable afterwards and disclosed in the note to the accounts on exit packages.*
8. *Deputy Chief Operating Officer and Director of Primary & Community Care until 31/10/19.*
9. *Chief Operating Officer until 30/09/19.*
10. *Additional allowance for role as Director of Clinical Quality for north central London from 14 October 2019.*

The salary figures shown above include employer's contributions to the pension scheme of GP members.

'All pension-related benefits' applies to senior managers who are members of the NHS Pension Scheme.

The amount included here comprises all pension-related benefits, including: the cash value of payments (whether in cash or otherwise) in lieu of retirement benefits, and, all benefits in year from participating in pension schemes. The value of these benefits accrued during the year is calculated as:

- the inflation-adjusted increase in the pension multiplied by 20
- plus the inflation-adjusted increase in the lump sum

- less the contributions made by the individual.

This value does not represent an amount that will be received by the individual. It is a calculation intended to convey to the reader an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the benefits accruing to the individual.

The full salaries, including all pension-related benefits, of senior managers in shared management arrangements are:

- Frances O'Callaghan (£15k-20k)
- Helen Pettersen (£140-145k)
- Simon Goodwin (£160-165k)
- Rob Larkman (£5-10k)
- Sarah Mansuralli (£170-175k)
- Ian Porter (£140-145k)
- Paul Sinden (£135-140k)
- Will Huxter (£140-145k)
- Eileen Fiori (£115-120k)
- Jennie Williams (£400-405k).
- Kay Matthews (£175-180k).

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Salaries and allowances of senior managers in 2018/19

Note	Name	Title	2018/19					
			Salary	Expense Payments (taxable)	Annual Performance pay and Bonuses	Long term Performance pay and bonuses	All Pension-Related Benefits	Total
			(bands of £5000)	(to nearest £100)	(bands of £5000)	(bands of £5000)	(bands of £2,500)	(bands of £5000)
			£000	£00	£000	£000	£000	£000
	VOTING MEMBERS							
	Executive Directors							
1	Ms Helen Pettersen	Accountable Officer	30 - 35	0	0	0	37.5-40	65 - 70
1	Mr Simon Goodwin	Chief Finance Officer	25 - 30	0	0	0	22.5 - 25	50 - 55
1&2	Mr Rob Larkman	Interim Chief Finance Officer	5 - 10	0	0	0	0	5 - 10
	Appointed Voting Member							
4	Ms Julie Billett	Joint Director of Public Health - Camden/Islington	0	0	0	0	0	0
	Lay Members							
	Ms Kathy Elliott	Lay Member and Vice chair	10 - 15	0	0	0	0	10 - 15
	Mr Richard Strang	Lay Member	10 - 15	0	0	0	0	10 - 15
	Baroness Glenys Thornton	Lay Member	10 - 15	0	0	0	0	10 - 15
	GP/Clinical Members - Voting							
	Dr Neel Gupta	Elected GP Member and GP Chair	130 - 135	0	0	0	0	130 - 135
	Dr Birgit Curtis	Elected GP Member	40 - 45	0	0	0	0	40 - 45
	Dr Martin Abbas	Elected GP Member	45 - 50	0	0	0	0	45 - 50
	Dr Jonathan Levy	Elected GP Member	45 - 50	0	0	0	0	45 - 50
	Dr Matthew Clark	Secondary Care Clinician	35 - 40	0	0	0	0	35 - 40
5	Dr Kevan Ritchie	Elected GP Member	75 - 80	0	0	0	0	75 - 80
	Dr Philip Taylor	Elected GP Member & Clinical Vice-Chair	40 - 45	0	0	0	0	40 - 45
6	Dr Sarah Morgan	Elected GP Member	105 - 110	0	0	0	0	105 - 110
	Ms Jane Davis OBE	Secondary Care Nurse	20 - 25	0	0	0	0	20 - 25
	Ms Charlotte Cooley	Elected Practice Nurse Representative	20 - 25	0	0	0	0	20 - 25
	Mr Jonathan Duffy (End date 30.09.18)	Elected Practice Manager	5 - 10	0	0	0	0	5 - 10
	Ms Mags Heals (Start date 21.11.18)	Elected Practice Manager	5 - 10	0	0	0	0	5 - 10
	NON VOTING MEMBERS							
	Senior managers							
	Ms Neeshma Shah	Director of Quality and Clinical Effectiveness	110 - 115	0	0	0	30 - 32.5	140 - 145
	Ms Sally MacKinnon	Director of Transformation Planning & Delivery	95 - 100	0	0	0	22.5 - 25	120 - 125
	Ms Sarah Mansuralli	Chief Operating Officer	125 - 130	0	0	0	50 - 52.5	175 - 180
	Ms Sarah McDonnell-Davies (Start date 28.05.18)	Deputy Chief Operating Officer and Director of Primary and Community Care	80 - 85	0	0	0	17.5 - 20	100 - 105
	Ms Rebecca Booker	Deputy Director of Finance	105 - 110	0	0	0	0	105 - 110
	Ms Jennifer Murray-Robertson (End date 24.02.19)	Director of Commissioning	95 - 100	0	0	0	12.5 - 15	110 - 115
1	Mr Ian Porter	Director of Corporate Services	15- 20	0	0	0	2.5 - 5	20 - 25
1	Mr Paul Sinden	Director of Planning, Performance & Primary Care	20 - 25	0	0	0	2.5 - 5	25 - 30
1	Mr Will Huxter	Director of Strategy	25 - 30	0	0	0	0 -2. 5	25 - 30
1	Ms Eileen Fiori (Start date 01.05.18)	Director of Acute Commissioning & Integration	20 - 25	0	0	0	15 - 17.5	35 - 40
3	Ms Jennie Williams (Start date 01.02.19)	Lead Director of Quality	0 - 5	0	0	0	0	0 - 5

Notes

1. *North central London shared management team members with salary split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs*
2. *Rob Larkman was appointed Interim Chief Finance Officer for seven weeks in 2018/19*
3. *North central London shared management team member with salary split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs from 1 February 2019 as lead Director of Quality for North Central London*
4. *No salary or allowance are paid to this individual*
5. *The salary figure for this individual includes £10,450 for CCAS services rendered*
6. *The salary figure for this individual includes £33,375 for CCAS services rendered*

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 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 (subject to audit)

Note	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 2019	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
	Ms Frances O'Callaghan	Accountable Officer from 17/02/20	(0-2.5)	(0-2.5)	40-45	115-120	812	(4)	821
	Ms Helen Pettersen	Accountable Officer to 28/02/20	0-2.5	0-2,5	60-65	180-185	1,352	17	1,426
	Mr Simon Goodwin	Chief Finance Officer	0-2.5	(2.5-5)	50-55	110-115	912	18	974
2	Ms Neeshma Shah	Director of Quality & Clinical Effectiveness to 31/03/20	0-2.5	2.5-5	20-25	65-70	0	0	0
1	Ms Sally MacKinnon	Transformation Programme Director	0-2.5	0	5-10	0	107	19	143
1	Ms Sarah McDonnell-Davies	Executive Managing Director	0-2.5	0	0-5	0	13	3	32
1	Mr Simon Wheatley	Interim Director of Primary & Secondary Care from 02/12/19	0-2.5	0	0-5	0	3	2	17
	Ms Moyra Costello	Director of Commissioning & Contracting from	0-2.5	(0-2.5)	25-30	50-55	385	10	420
	Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	2.5-5	0-2.5	35-40	75-80	607	37	677
1	Mr Ian Porter	Executive Director of Corporate Services	0-2.5	0	5-10	0	61	10	88
	Mr Paul Sinden	Executive Director of Performance & Assurance	0-2.5	(0-2.5)	35-40	70-75	618	15	665
	Mr Will Huxter	Executive Director of Strategy	0-2.5	(2.5-5)	40-45	105-110	823	16	877
	Ms Eileen Fiori	Director of Acute Commissioning & Integration to 31/01/20	0-2.5	(0-2.5)	50-55	125-130	993	17	1,057
	Ms Jennie Williams	Director of Quality	5-7.5	17.5-20	35-40	115-120	715	158	904
	Ms Kay Matthews	Director of Clinical Quality	2.5-5	0-2.5	45-50	105-110	844	48	932

Notes

1. *No mandatory lump sum available as advised by NHS Pensions.*
2. *This officer has no CETV value calculated as they are over the normal retirement age.*

Payments to past members

No payments were made to past members 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 director/member in Camden in the financial year 2019/20 was £130k-£135k (2018/19: £125k-£130k). This was 2.55 times (2018/19: 2.60) the median remuneration of the workforce, which was £51,030 (2018/19: £49,011).

In 2019/20, no (2018/19: 1) employee received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0k-5k to £130k-£135k (2018/19: £0k-5k to £150k-155k).

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. The movement in pay for the highest paid directors/ members between 2018/19 to 2019/20 was as a result of salary increase in 2019/20.

Staff Report 2019/20

Very Senior Manager Information

At the 31 March 2020, there was one individual on a Very Senior Manager grade in Camden CCG and five individuals on Very Senior Manager grade in North Central London shared management positions.

Senior Managers information

At the 31 March 2020, there were 7 Senior Managers on Band 9.

Staff numbers and costs

	Total			Admin			Programme		
2019-20	**Total**	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Salaries and wages	8,347	7,177	1,171	2,733	2,725	8	5,614	4,452	1,163
Social security costs	772	772	0	241	241	0	531	531	0
Employer Contributions to NHS Pension scheme	1,165	1165	0	627	627	0	538	538	0
Apprenticeship levy	21	21	0	0	0	0	21	21	0
Termination Benefits	168	168	0	13	13	0	155	155	0
Gross employee benefits Expenditure	**10,474**	**9,303**	**1,171**	**3,614**	**3,607**	**8**	**6,859**	**5,697**	**1,163**

	Total			Admin			Programme		
2018-19	**Total**	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Salaries and wages	8,306	6,276	2,030	2,317	2,111	206	5,989	4,165	1,823
Social security costs	661	661	0	198	198	0	463	463	0

Employer Contributions to NHS Pension scheme	769	769	0	242	242	0	527	527	0
Apprenticeship levy	17	17	0	0	0	0	17	17	0
Termination Benefits	9	9	0	8	8	0	1	1	0
Gross employee benefits Expenditure	**9,762**	**7,732**	**2,030**	**2,765**	**2,559**	**206**	**6,997**	**5,173**	**1,823**

Staff composition

Gender breakdown of Camden CCG Governing Body members at 31 March 2020:

	Male	Female	Total
Elected	**5**	**4**	**9**
Appointed	**3**	**5**	**8**
Non-Voting	7	11	**18**
Total	**14**	**22**	**35**

*Gender breakdown of all staff including Senior Managers and managers at Very Senior Managers grade as at 31 Mar 2020:

Pay Group	Female	Male	Total
Band 2	0	0	0
Band 3	6	1	7
Band 4	0	0	0
Band 5	3	0	3
Band 6	5	8	13
Band 7	11	7	18
Band 8a	16	5	21
Band 8b	10	6	16
Band 8c	8	1	9
Band 8d	5	3	8
Medical & Dental Terms &	1	0	1
Senior Managers (Band 9 and above inclusive of VSM)	7	1	8
Grand Total	72	34	106

*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 the sickness figures for Camden CCG for the calendar year 01 January 2019-December 2019 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
1.59%	647	572.65	35,965.30

Staff policies

Camden CCG is committed to equality of opportunity for all employees. It is committed to 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 outlined in the Equality Act 2010 and the CCG. HR policies reflect the public sector equality duty and the need to show 'due regard' to it. The impact of HR policy/organisational change were thoroughly analysed to ensure there would be no unintended negative consequences on staff from protected groups (e.g. disability).

Camden CCG operates a fair and objective system for recruiting, which places emphasis on individual skills, abilities and experience. This enables a full diversity of people to demonstrate their ability to do a job. 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 to ensure all disabled applicants are treated fairly which includes making adjustments in terms of interviewing venue, selection and aptitude tests. Recruitment & selection and unconscious bias training is provided to managers involved in recruitment and selection.

The CCG continues to review how we positively support staff with their health and wellbeing whilst in employment. The selection criteria contained within the job descriptions and person specifications are regularly reviewed to ensure that they are justifiable and so do not unfairly discriminate directly or indirectly and are essential for the effective performance of the role. 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 fully contribute to the success of the CCG.

This Appraisal Policy and Procedure provides a framework to maximise the effectiveness and potential of each employee so that the CCG successfully achieves its objectives. The

framework also helps to establish objectives for all staff ensuring links to team/service objectives and ensure the right support, tools and mechanisms are in place to achieve the objectives.

Trade Union Facility Time

Over the relevant period which commenced from 1 April 2019 to 31 March 2020

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 FTE
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	£3,874
	Total Pay bill	£72,636
	Percentage of the total pay bill spent on facility time	5%
Table 4 **Paid Trade union activities**	Time spent on paid trade union activities as a percentage of total paid facility time hours	104 (Hours in total)

Other employee matters

Employee consultation

Camden CCG continues to undertake staff engagement as necessary to:

- Strengthen and focus the staff establishment and structure
- Add new roles to the overall establishment
- Amend current roles to provide a clearer focus on the strategic challenges of the CCG
- Move from long-standing, temporary arrangements to more permanent roles and therefore provide greater certainty and assurance to current members of the CCG about their roles in the organisation.

Equality and diversity

Camden CCG recognises employees as its greatest asset and it wants to continue attracting, developing and retaining staff from diverse backgrounds. In accordance with the CCG's 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 refresh its induction and equality information for staff and external stakeholders to raise awareness.
- Ensure that each manager will work to create an environment in which individual differences and the contributions of all our staff are recognised and valued.
- Ensure all staff are aware of the policy, and the reasons for the policy
- Support 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
Consultancy costs for Camden	32	12	20	238
TOTAL	32	12	20	238

Off-payroll engagements

Following the review of tax arrangements of public sector appointees published by the Chief Secretary to the Treasury on 23 May 2012, clinical commissioning groups must publish information on their highly paid and/or senior off-payroll engagements.

Table 1: Off-payroll engagements longer than 6 months

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

	Number
Number of existing engagements as of 31 March 2020	5
Of which, the number that have existed:	
for less than one year at the time of reporting	4
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Camden CCG confirms that all existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: New off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months.

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	4
Of which:	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
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.	4
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Off-payroll engagements / 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
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	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.(2)	27

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	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	0	0	1	7,647	1	7,647	0	0
£10,000 - £25,000	0	0	1	13,150	1	13,150	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	1	147,593	1	147,593	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	**0**	**0**	**3**	**168,390**	**3**	**168,390**	**0**	**0**

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£
Voluntary redundancies including early retirement contractual costs	1	147,593
Contractual payments in lieu of notice*	2	20,797
TOTAL	3	**168,390**

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS Agenda for Change Terms & Conditions. Exit costs in this note are accounted for in full in the year of departure. Where Camden CCG has agreed early retirements, the additional costs are met by Camden 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.

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 92.

Signature notes approval of all content within the Accountability Report.

Frances O'Callaghan

Accountable Officer

23 June 2020

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Camden 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 1.

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 page 45, 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 £4.579 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 Camden 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 reported in year deficit of £4.579 million against a revenue resource allocation of £445.475 million and budgeted deficit of £4.8 million. The deficit was primarily caused by acute provider over performance of £5.177 million, and slippage of £0.432 million of quality innovation productivity and prevention schemes. The CCG has a cumulative underlying surplus of £5.026 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 page 45, 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.

On 1 April 2020 we wrote to the Secretary of State in accordance with section 30(1)(b) of the Local Audit and Accountability Act 2014 in respect of the CCG's reach of its revenue resource limit. The CCG's financial statements for the financial year ended 31 March 2020 identified a deficit of £4.579 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 Camden 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 Camden 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.

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

25 June 2020

ANNUAL ACCOUNTS

CONTENTS

Page Number

The Primary Statements:

Notes to the Accounts

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

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(14,109)	(18,843)
Other operating income	2	(0)	(438)
Total operating income		**(14,109)**	**(19,281)**
Staff costs	4	10,474	9,762
Purchase of goods and services	3	453,548	430,588
Other Operating Expenditure	3	141	635
Total operating expenditure		**464,163**	**440,985**
Net Operating Expenditure		**450,054**	**421,704**
Comprehensive Expenditure for the year		**450,054**	**421,704**
CCG cumulative position			
Revenue resource limit		455,080	431,308
Comprehensive expenditure		(450,054)	(421,704)
Surplus		**5,026**	**9,604**

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Current assets:			
Trade and other receivables	7	12,725	23,218
Cash and cash equivalents	8	50	100
Total current assets		**12,775**	**23,318**
Current liabilities			
Trade and other payables	9	(56,905)	(66,143)
Total current liabilities		**(56,905)**	**(66,143)**
Total Assets less Liabilities		**(44,130)**	**(42,825)**
Financed by Taxpayers' Equity			
General fund		(44,130)	(42,825)
Total taxpayers' equity:		**(44,130)**	**(42,825)**

The notes on pages 100 to 120 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:

Accountable Officer

Frances O'Callaghan

23 June 2020

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

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(42,825)	**(42,825)**
Net operating expenditure for the financial year	(450,054)	**(450,054)**
Net Recognised CCG Expenditure for the Financial Year	**(450,054)**	**(450,054)**
Net funding	448,749	**448,749**
Balance at 31 March 2020	**(44,130)**	**(44,130)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19		
Balance at 01 April 2018	(51,208)	**(51,208)**
Impact of applying IFRS 9 to Opening Balances	(6)	**(6)**
Adjusted CCG balance at 31 March 2018	**(51,214)**	**(51,214)**
Net operating costs for the financial year	(421,704)	**(421,704)**
Net Recognised CCG Expenditure for the Financial Year	**(421,704)**	**(421,704)**
Net funding	430,093	**430,093**
Balance at 31 March 2019	**(42,825)**	**(42,825)**

The notes on pages 100 to 120 form part of this statement.

The statement of changes in taxpayers 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 122 for the financial performance of the CCG, summarised below.

During 2019/20 NHS Camden CCG received in year revenue resource limit of £445,475k and incurred expenditure of £450,054k thus achieving a deficit for the year of £4,579k.

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		(450,054)	(421,704)
Non-cash movements arising on application of new accounting standards		0	(6)
(Increase)/decrease in trade & other receivables	7	10,493	(8,443)
Increase/(decrease) in trade & other payables	9	(9,238)	32
Net Cash Inflow (Outflow) from Operating Activities		**(448,799)**	**(430,121)**
Cash Flows from Investing Activities			
Net Cash Inflow (Outflow) before Financing		**(448,799)**	**(430,121)**
Cash Flows from Financing Activities			
Funding Received		448,749	430,093
Net Cash Inflow (Outflow) from Financing Activities		**448,749**	**430,093**
Net Increase (Decrease) in Cash & Cash Equivalents	8	**(50)**	**(28)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**100**	**128**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**50**	**100**

The notes on pages 100 to 120 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 Camden CCG was dissolved on 31 March 2020 having joined with NHS Barnet 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 17 (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 Pooled Budgets

Where the clinical commissioning group has entered into a pooled budget arrangement 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 of the pooled budget, identified in accordance with the pooled budget agreement.
If the clinical commissioning group is in a “jointly controlled operation”, the clinical commissioning group recognises:

- The assets the clinical commissioning group controls;
- The liabilities the clinical commissioning group incurs;
- The expenses the clinical commissioning group incurs; and,

The clinical commissioning group's share of the income from the pooled budget activities. Details of the Clinical Commissioning Group's Section 75 arrangements are disclosed at Note 12**.**

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.

The effect of the application of IFRS 15 has not been disclosed in the accounts as the impact of the standard has not been material.

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 **Leases**

All leases are classified as operating leases.

1.8.1 **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.

1.9 **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.

1.10 **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

1.11 **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.

1.12 **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.

1.13 **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.

1.13.1 **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.

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.

1.14 **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.

1.15 **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.

1.16 **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).

1.17 **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.

1.17.1 **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.

1.17.2 **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 it's legal obligation.See Trade & Other Payables Note 9.

Prescribing liabilities

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately 2 months in arrears. The CCG uses a forecast provided by the NHS Business Authority to estimate the full year expenditure.

Maternity pathways

Expenditure relating to all antenatal maternity care is made at the start of a pathway. As a result at the year-end part completed pathways are treated as a prepayment. The CCG agrees to use the figures calculated by the local Providers.

1.18 **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.

2 Operating Income

	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	515	717
Non-patient care services to other bodies*	13,248	17,827
Other Contract income	346	299
Total Income from sale of goods and services	**14,109**	**18,843**
Other operating income		
Other non contract revenue	**0**	438
Total Other operating income	**0**	**438**
Total Operating Income	**14,109**	**19,281**

* Of the £13.2m Non-patient care services to other bodies, £11.2m relates to income from Camden Borough Council

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.

2.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Source of Revenue			
NHS	-	1,857	346
Non NHS	515	11,391	-
Total	**515**	**13,248**	**346**
Timing of Revenue			
Point in time	515	13,248	346
Over time	-	-	-
Total	**515**	**13,248**	**346**

3. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	2,647	1,973
Services from foundation trusts	270,080	261,127
Services from other NHS trusts	41,799	37,319
Purchase of healthcare from non-NHS bodies	53,179	50,568
Purchase of social care	1,261	929
Prescribing costs	25,038	23,467
GPMS/APMS and PCTMS	45,713	45,071
Supplies and services – clinical	209	240
Supplies and services – general	8,459	2,274
Consultancy services	32	238
Establishment	1,514	2,101
Transport	2	3
Premises	1,295	2,647
Audit fees *	51	54
Other non statutory audit expenditure		
· Internal audit services	39	39
· Other services **	9	10
Other professional fees	-	1
Legal fees	87	93
Education, training and conferences	2,134	2,434
Total Purchase of goods and services	**453,548**	**430,588**
Other Operating Expenditure		
Chair and Non Executive Members	634	620
Research and development (excluding staff costs)	58	-
Expected credit loss on receivables	(551)	10
Other expenditure	-	5
Total Other Operating Expenditure	**141**	**635**
Total operating expenditure	**453,689**	**431,223**

Statutory audit fee payable to the external auditors is £42,750 (2018.19 £44,750) excluding VAT £8,550 (2018.19 £8,950).

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 accrued £5,500 excluding VAT £1,100

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 £2.5k in relation to this work.

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	7,177	1,171	8,348
Social security costs	772	0	772
Employer Contributions to NHS Pension scheme	1,165	0	1,165
Apprenticeship Levy	21	0	21
Termination benefits	168	0	168
Gross employee benefits expenditure	**9,303**	**1,171**	**10,474**

4.1.1 Employee benefits

	2018-19		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	6,276	2,030	8,306
Social security costs	661	0	661
Employer Contributions to NHS Pension scheme	769	0	769
Apprenticeship Levy	17	0	17
Termination benefits	9	0	9
Gross employee benefits expenditure	**7,732**	**2,030**	**9,762**

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	108	16	124	98	15	113

4.3 Exit packages agreed in the financial year

	2019-20					
	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	7,647	1	7,647
£10,001 to £25,000	-	-	1	13,150	1	13,150
£100,001 to £150,000	-	-	1	147,593	1	147,593
Total	**-**	**-**	**3**	**168,390**	**3**	**168,390**

	2018-19					
	Compulsory redundancies		Other agreed departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	2	8,785	2	8,785
Total	**-**	**-**	**2**	**8,785**	**2**	**8,785**

Analysis of Other Agreed Departures

	2019-20		2018-19	
	Other agreed departures		Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	1	147,593	-	-
Contractual payments in lieu of notice	2	20,797	2	8,785
Total	**3**	**168,390**	**2**	**8,785**

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 and Conditions.
Exit costs are accounted for in accordance with the relevant accounting standards and at the latest in full in the year of departure.

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	8,306	117,909	8,708	114,175
Total Non-NHS Trade Invoices paid within target	7,744	99,653	8,364	106,713
Percentage of Non-NHS Trade invoices paid within target	**93.23%**	**84.52%**	**96.05%**	**93.46%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	4,391	327,783	3,100	300,608
Total NHS Trade Invoices Paid within target	3,871	323,472	2,648	290,631
Percentage of NHS Trade Invoices paid within target	**88.16%**	**98.68%**	**85.42%**	**96.68%**

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	Total £'000	Buildings £'000	Total £'000
Payments recognised as an expense				
Minimum lease payments	907	907	2,562	2,562
Total	**907**	**907**	**2,562**	**2,562**

6.1.2 Future minimum lease payments

	2019-20		2018-19	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payable:				
Between one and five years	680	680	1,468	1,468
Total	**680**	**680**	**1,468**	**1,468**

The CCG has a lease with HM Revenue & Customs for the rental of office premises. The lease period runs from 01 September 2018 to 01 January 2021

7. Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	5,981	4,156
NHS prepayments *	1,352	1,363
NHS accrued income	388	119
Non-NHS and Other WGA receivables: Revenue	4,122	17,584
Non-NHS and Other WGA prepayments	29	-
Non-NHS and Other WGA accrued income	759	466
Expected credit loss allowance-receivables	(10)	(561)
VAT	97	89
Other receivables and accruals	7	2
Total Trade & other receivables	**12,725**	**23,218**
Included above:		
* NHS maternity pathway prepayments	1,352	1,363

7.1 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	2,261	672	112	346
By three to six months	8	-	23	203
By more than six months	3,315	15	107	578
Total	**5,584**	**687**	**242**	**1,127**

7.2 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	(561)	-	**(561)**
Lifetime expected credit losses on trade and other receivables-Stage 2	551	-	**551**
Total	**(10)**	**-**	**(10)**

8. Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April	100	128
Net change in year	(50)	(28)
Balance at 31 March	**50**	**100**
Made up of:		
Cash with the Government Banking Service	49	99
Cash in hand	1	1
Cash and cash equivalents as in statement of financial position	**50**	**100**
Balance at 31 March	**50**	**100**

9. Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: Revenue	13,533	22,924
NHS accruals *	14,416	8,635
Non-NHS and Other WGA payables: Revenue	7,081	15,588
Non-NHS and Other WGA accruals	21,129	18,208
Social security costs	118	106
Tax	111	101
Other payables and accruals **	517	581
Total Trade & Other Payables	**56,905**	**66,143**
Included above:		
* NHS partially completed spells	1,481	1,862

** Other payables include £365,531 outstanding pension contributions at 31 March 2020 (£408,481 for 31 March 2019).

10. Financial instruments

10.1 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.

10.1.1 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.

10.1.2 Interest rate risk

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

10.1.3 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.

10.1.4 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.

10.1.5 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.

10.2 Financial assets	Financial Assets measured at amortised cost 2019-20 £'000
Trade and other receivables with NHSE bodies	5,984
Trade and other receivables with other DHSC group bodies	1,171
Trade and other receivables with external bodies	4,102
Cash and cash equivalents	50
Total at 31 March 2020	**11,307**

10.3 Financial liabilities	Financial Liabilities measured at amortised cost 2019-20 £'000
Trade and other payables with NHSE bodies	2,395
Trade and other payables with other DHSC group bodies	31,762
Trade and other payables with external bodies	22,519
Total at 31 March 2020	**56,676**

11. Related party transactions

The transactions listed below are in relation to interests declared, other than those relating to member general practices.

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Haverstock Healthcare Ltd (Relation: Dr. J Levy, Dr S Morgan)	764	-	59	-
Camden Health Evolution Ltd (Relation: organisation is run by a number of member practices)	632	(11)	53	(11)
Care UK (Relation: Dr. P Taylor)	330	-	9	-
PA Consulting (Relation: S Mcdonnell-Davies)	3	-	-	-

Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.

The members of Camden Clinical Commissioning Group are contained within Appendix B of the constitution. Where payments have been made to these practices, these are listed below. The majority of the payments are now in relation to delegated commissioning practice payments, and agreed locally enhanced services plus some prescribing costs.

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
James Wigg Practice	4,207	-	98	-
Hampstead Group Practice	2,535	-	227	-
Brondesbury Medical Centre	2,530	-	136	-
Caversham Group Practice	2,457	-	97	-
Ridgmount Practice	2,318	-	128	-
West Hampstead Medical Centre	2,193	-	81	-
Swiss Cottage Surgery	1,896	-	96	-
Holborn Medical Centre	1,821	-	47	-
Keats Group Practice	1,743	-	22	-
Abbey Medical Centre	1,708	-	45	-
Prince of Wales Group Practice	1,515	-	95	-

Adelaide Medical Centre	1,492	-	55	-
Ampthill Practice	1,312	-	160	-
Brunswick Medical Centre	1,304	-	223	-
Regents Park Practice	1,063	-	93	-
St Philips Medical Centre	1,057	-	11	-
Parliament Hill Surgery	1,047	-	63	-
Park End Surgery	1,015	-	-	-
Somers Town Medical Centre	999	-	157	-
Primrose Hill Surgery	994	-	87	-
Cholmley Gardens Medical Centre	973	-	49	-
Gray's Inn Road Medical Centre	936	-	24	-
Gower Street Practice	915	-	27	-
Camden Health Improvement Practice	878	-	135	-
Kings Cross Road Surgery	799	-	90	-
Bloomsbury Surgery	741	-	232	-
Museum Practice	707	-	17	-
Queens Crescent Surgery	681	-	27	-
Belsize Priory Medical Practice	593	-	47	-
Brookfield Park Surgery	499	-	14	-
Daleham Gardens Health Centre	463	-	109	-
Fortune Green Practice	370	-	11	-
Rosslyn Hill Practice	330	-	6	-
Matthewman Practice	230	-	5	-
Four Trees Surgery	7	-	-	-

The Department of Health is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department.

	Payments to Related Party	**Receipts from Related Party**	**Amounts owed to Related Party**	**Amounts due from Related Party**
	£'000	**£'000**	**£'000**	**£'000**
University College London Hospitals NHS Foundation Trust	98,331	(1,452)	10,227	(874)
Royal Free London NHS Foundation Trust	77,673	(2)	3,805	(461)

Camden & Islington NHS Foundation Trust	49,247	-	870	-
Central & North West London NHS Foundation Trust	27,580	-	1,462	(178)
London Ambulance Service NHS Trust	12,227	-	336	-
Whittington Health NHS Trust	11,518	(16)	751	(78)
Imperial College Healthcare NHS Trust	9,734	-	1,021	-
Tavistock & Portman NHS Foundation Trust	7,742	-	865	-

The de minimus limit applied for disclosure of NHS Organisations are at a materiality level £6.4m (based on payments made to parties)

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.

In addition, the CCG has had a number of material transactions with other Government departments and other central and local government bodies. Most of these transactions have been with Local Authorities.

	Payments to Related Party	**Receipts from Related Party**	**Amounts owed to Related Party**	**Amounts due from Related Party**
	£'000	**£'000**	**£'000**	**£'000**
Camden London Borough Council	32,105	(11,156)	4,764	(3,982)

12. Pooled budgets

Better Care Fund Pooled budget
NHS Camden CCG has a Section 75 pooled budget arrangement with the London Borough of Camden Local Authority.

The Local Authority is the host.

NHS Camden CCG's share of the income and expenditure handled by the pooled budget in the financial year were:

	2019-20	2018-19
	£'000	£'000
Income	0	0
Expenditure	18,283	17,721

13. Provisions

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.
The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 31 March 2020 is £66k. (31 March 2019 £70k).

14. Operating segments

The CCG consider they have only one segment: Commissioning of healthcare services.

15. Losses and special payments

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

16. Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
The performance of Camden 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	459,584	464,163	(4,579)	No	441,031	440,985	46	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	-	n/a	-	-	-	n/a
Revenue resource use does not exceed the amount specified in Directions	445,475	450,054	(4,579)	No	421,750	421,704	46	Yes
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	5,908	5,908	0	Yes	5,620	5,618	2	Yes

17. Events after the end of the reporting period

NHS Camden CCG was dissolved on 31 March 2020 having merged with NHS Barnet CCG, NHS Haringey 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 estimated financial effect of the merger is set out in the table below:

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