NHS
Enfield
Clinical Commissioning Group

ANNUAL REPORT AND ACCOUNTS

2019-20

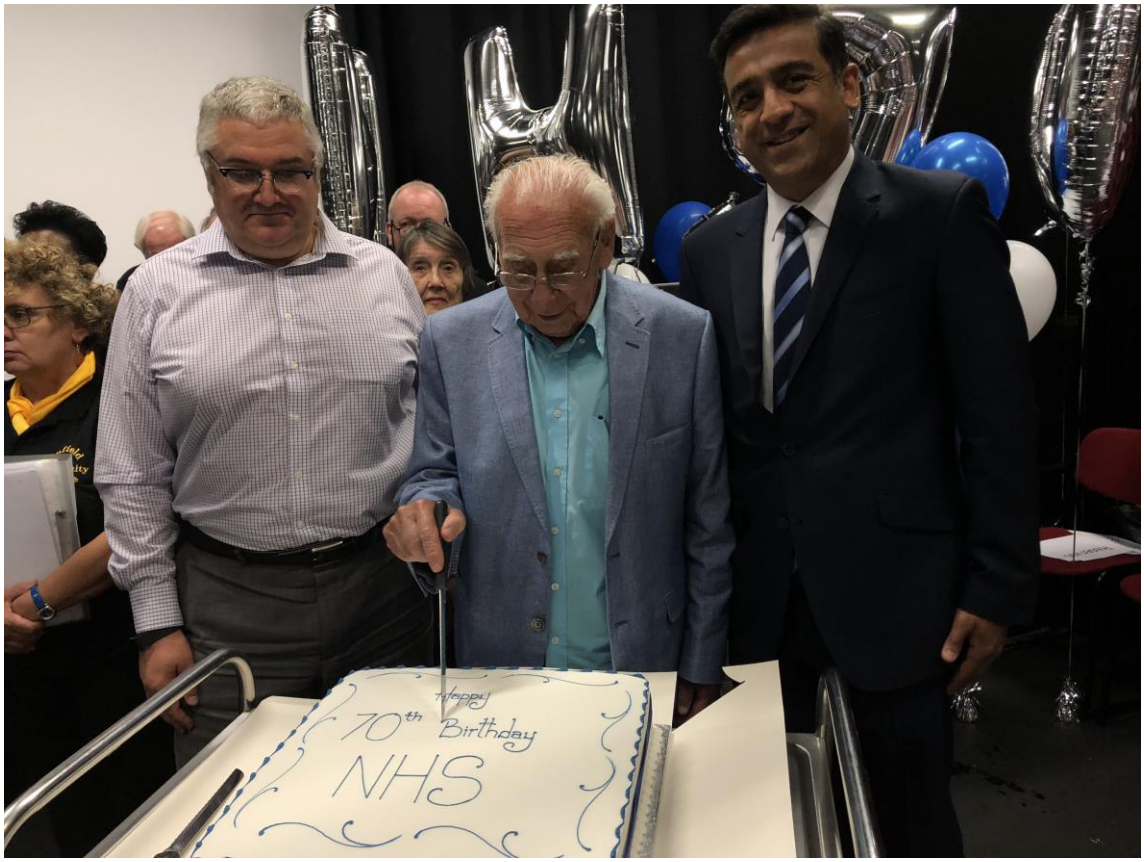
In memory of John Wardell

Enfield CCG would like to dedicate our Annual Report 2019/20 to our Chief Operating Officer John Wardell. John had been ill for some time and sadly passed away on 5 January 2020. John worked for the NHS from his early 20s as a Speech and Language Therapist before taking up a leadership and management career. He worked in Tower Hamlets for many years setting up the first primary care networks and developing social prescribing. Following a two year period in Northamptonshire he joined Enfield CCG as Chief Operating Officer in December 2017.

He made a major contribution to the development of primary care, the CCG and commissioning in Enfield and worked closely with GPs, staff, patients and partners. John is hugely missed by everyone who worked with him and particularly by his Enfield colleagues and by the North Central London Senior Management Team.

This lovely photo of John (left), Monty Meth, Lifetime President of the Over 50s Forum (centre) and Dr Mo Abedi, Chair of Enfield CCG (right) was taken at Enfield CCG's NHS 70 party. In the background are the Enfield Community singers.

John was passionate about public involvement in the NHS and this is a happy memory from our party for members of the public in Enfield to celebrate 70 years of the NHS.



Contents

Foreword – Accountable Officer's introduction

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

During the past year Enfield CCG has delivered a wide range of programmes to improve the health and wellbeing of residents. The performance overview in the report provides a summary of our achievements from the past 12 months against our business plan priorities for 2019/20 and how we have discharged our functions (page 18).

We were delighted that, as of 1 September 2019, Legal Directions were removed from Enfield CCG and we are now under the same regulatory framework as the rest of the North Central London (NCL) CCGs.

The financial position of Barnet, Camden, Enfield, Haringey and Islington CCGs in North Central London (NCL) has been increasingly challenging over recent years. In 2019/20, our CCGs undertook significant work on our Quality, Innovation, Productivity and Prevention (QIPP) programme, aligned to the NCL Medium Term Financial Strategy. This was delivered increasingly collaboratively with health and care partner organisations to identify system efficiencies, both locally and on an NCL-wide level. We have more work to do. More information is set out in the financial duties section of this report (page 18).

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

In NCL system partners are working closely together to design our NCL Integrated Care System, underpinned by five Integrated Care Partnerships at a borough level. There is a shared commitment to transforming how our health and care organisations work together to ensure services are more integrated and are well placed to deliver the ambitions of the Long Term Plan, with a greater focus on supporting residents to live healthier lives. More information on our work in 2019/20 is covered in the Commissioning Arrangements section of this report.

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

As such, this is the final Annual Report and Accounts to be published by Enfield 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 Enfield CCG into the new NCL CCG. As we look forward to 2020/21 and beyond, we will take forward our shared vision and collective commitment to work together in new ways to change and improve health and care services in NCL for the benefit of our residents.

In March 2020, just as we were coming to the end of the financial year and about to merge to become one North Central London Clinical Commissioning Group, the coronavirus (COVID-19) pandemic presented us and the whole NHS with an unprecedented challenge. Health and care providers across North Central London have been working collectively since then to respond and provide care to both those who are unwell with COVID-19, and those who have other

health and care needs. We are incredibly grateful to the health and care staff whose ongoing commitment and compassion is vital in providing care throughout these challenging times.

We have been working hard to support our member practices to deliver excellent care in what is a complex and fast-moving situation. The very nature and urgency of the COVID-19 response is requiring us to work and think differently. Through collaboration, creative thinking and clinical leadership we have been able to respond quickly and decisively.

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

Finally, I would like to thank colleagues across the health and care system for their support since I joined NCL CCG in February 2020. In April I was joined by two new colleagues Sarah D'Souza and Ruth Donaldson, who will be sharing the role of Executive Managing Director for the Enfield borough directorate. 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

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

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

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

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

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

- Greater strategic commissioning as an Integrated Care System working across larger populations.
- Greater coordination between Boroughs 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 here.

Healthy London Partnership achievements in 2019/20

NHS Enfield 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 Enfield 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 focussed 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 focussed 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.

Sustainability and Transformation Partnership (STP)

STP stands for sustainability and transformation partnership. These are areas covering all of England, where local NHS organisations and councils drew up shared proposals to improve health and care in the areas they serve.

STPs were created to bring local health and care leaders together to plan around the long-term needs of local communities. They have been making simple, practical improvements like making it easier to see a GP, speeding up cancer diagnosis and offering help faster to people with mental ill health.

In some area, STPs have evolved to become ‘integrated care systems’, a new form of even closer collaboration between the NHS and local councils. The NHS Long Term Plan set out the aim that every part of England will be covered by an integrated care system by 2021, replacing STPs but building on their good work to date.

In North Central London we have an STP called North London Partners in Health and Care that covers the boroughs of Barnet, Camden, Enfield, Haringey and Islington and that includes the CCGs, Councils and NHS Providers.

This section focuses on the achievements of the partners together this year.

Moorfields Eye Hospital

In 2019/20 a national consultation was undertaken on a proposal to move Moorfields Eye Hospital, University College London’s Institute of Ophthalmology and Moorfields Charity to a new site at St. Pancras in London. The consultation was overseen by a CCG Committee in Common comprising 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.

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

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

In Enfield, we appointed a community specialist asthma in the latter part of 2018/19 in order to develop an integrated model of care across primary, community and secondary care for children with asthma and/ or allergy related conditions, through implementation of the London asthma standards for children and young people (from the age of 5 -18 years) in Enfield. In 2019/20, we made further progress in working with local GP practices, acute hospitals and local schools to establish:

- clinics provided out of hospital, in general practice for those children and young people with asthma, registered with any Enfield CCG GP practice,
- an asthma education programme providing education to staff working outside of hospital include GPs, community staff, children's centres, and schools; and also promotion of self-management to children and young people and their parents / carers,
- clinics for children and young people identified as 'high risk' particularly those identified by acute providers following 3 or more attendances at A&E or a non-elective admission, providing up to 3 follow-up sessions for each patient, to improve the management of their condition,
- a mechanism to disseminate best practice across primary care in order to reduce variation and ensure that national asthma standards are in place.

This service will continue to be developed in 2020/21.

Proud to Care website

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

Dementia care across North Central London shining example of best practice

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

First contact practitioners pilot

A successful pilot for First Contact Practitioners in Enfield and Barnet is being made permanent and extended to other boroughs. The pilot placed musculoskeletal practitioners in GP practices

to see patients with back pain and saw reductions in investigations and referrals, and has other benefits in saving GP time and supporting de-prescribing.

Teledermatology

NCL's teledermatology service was launched in 2019, seeing in excess of 130 referrals to dermatologists at University College Hospital London (UCLH), Royal Free Hospital and The Whittington Hospital. One of the referrals resulted in the diagnosis of a rare and hard to diagnose skin cancer, amelanotic malignant melanoma. By using Teledermatology the patient's images were triaged within 3 working days - enabling a much faster diagnosis and commencement of treatment.

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

Primary Care Networks established

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

Helping people with Mental illness to find work

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

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

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

Implementing the Long Term Plan

In 2019, all Sustainability and Transformation Partnership (STP) areas were asked to respond to the NHS Long Term Plan with a collective five-year plan. With existing NCL work already closely aligned to the requirements of the Long Term Plan, we have used this opportunity to refresh and refocus. NCL's plan will be the basis for continued discussion and the development of more detailed work with our staff, partners, local residents and voluntary and community groups.

In NCL we want residents to start well, live well and age well. 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

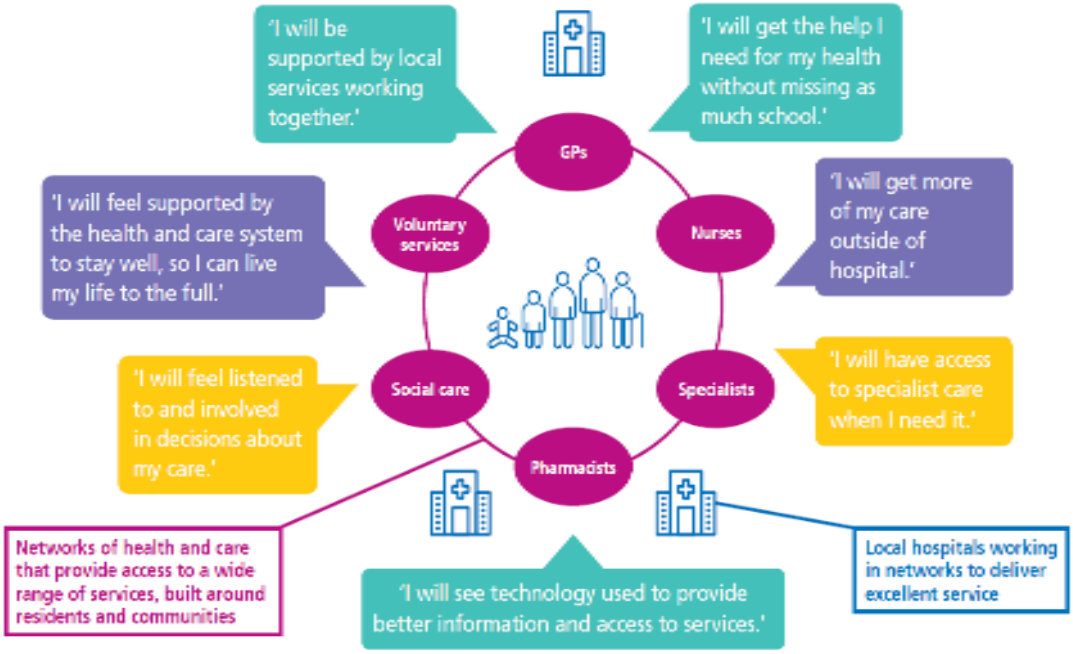
- Working across health, public health, social care and the voluntary and community sector to focus on prevention and early-interventions
- Support individuals to have personalised care
- Moving to population health based planning approach

We will **change services** to:

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

This is **supported by** actions to:

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



What does this mean for residents?

What will be different?

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

What will be different?

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

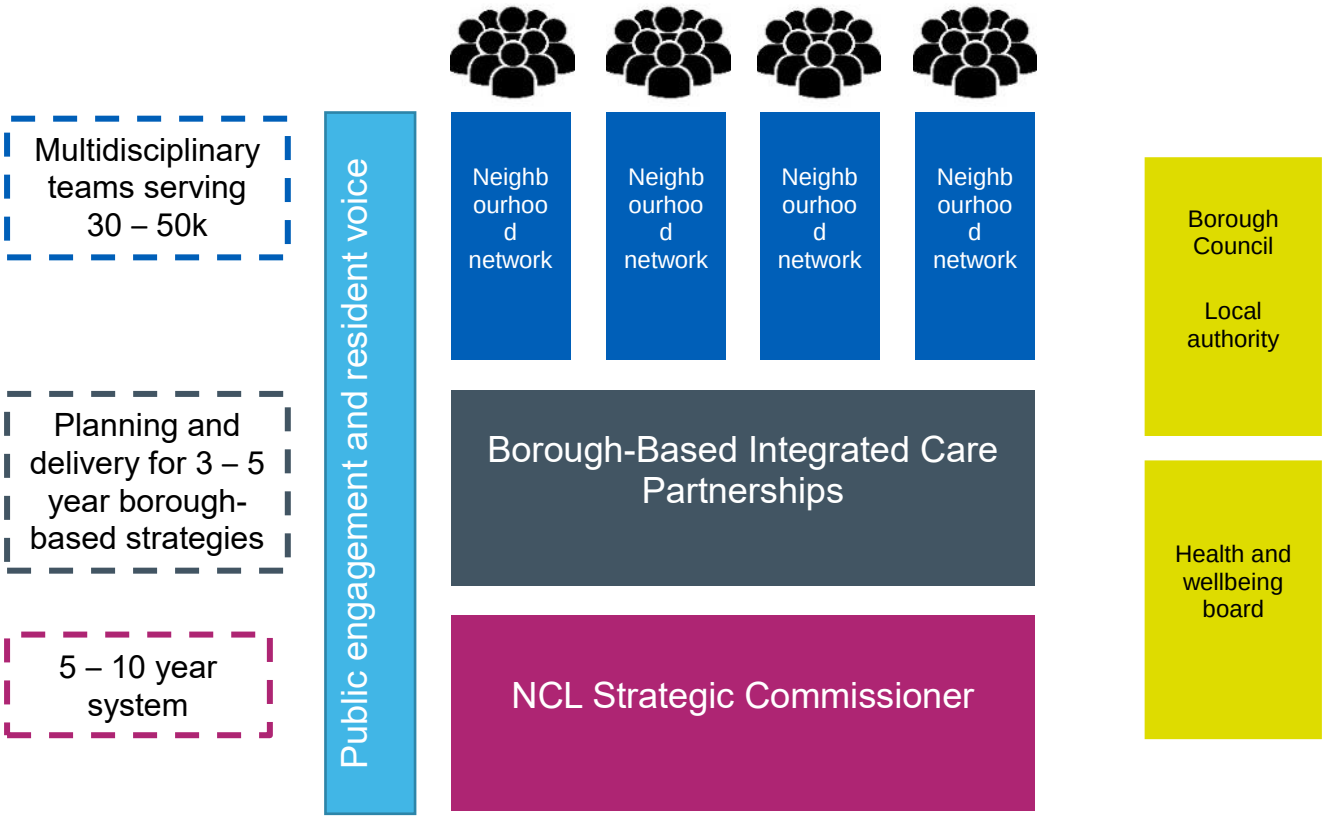
North Central London Integrated Care System

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

- **Locally, at neighbourhood level:** Staff from across health and care organisations and professions proactively supporting residents and communities to stay well and live full lives. For example, GP practices will work with care workers and health visitors to improve access to support around employment and community activities, as well as offering high quality clinical care.
- **Across each borough – within 'Borough Partnerships'**: This will support services to work together to best meet the needs of local residents. For example, health and care organisations will jointly plan services to support older residents, rather than people receiving care from several different teams or organisations.
- **Across North Central London – through an 'Integrated Care System':** This will allow us to plan services for the five boroughs together where it makes sense. For example, delivering orthopaedic services as a network, meaning fewer cancelled operations and quicker access to a specialist.

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

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



We can build on our strong partnership approach as we have been collaborating in NCL over a number of years to better plan and deliver health and care services.

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

Adult Elective Orthopaedic Services Review

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

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

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

North London Partners embarked on the consultation with a commitment to hearing as many views as possible, from those who have used the services in the past and those who may use them in the future. Conversations were scheduled with a wide range of community groups across our five boroughs, with particular focus on those highlighted in equalities and transport impact reports commissioned by the review team.

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

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

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

As part of our digital programme, we 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.

GP practices in Barnet and Enfield were the first boroughs in NCL to begin using joined-up health and care records and over 620,000 patients in 79 practices are now benefiting. The joined-up

records link GP surgeries' electronic patient records with systems at Royal Free, Chase Farm and Barnet Hospitals.

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

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

PERFORMANCE REPORT

Financial performance: 2019/20 financial review

Introduction

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

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

Financial duties

During the 2019/20 financial year the CCG received a £499.9m 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 £15.416m 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 Enfield. Overall, these increased costs resulted in a total in-year deficit of £17.896m 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 £7.4m in this area which is in line with the planned spending target.

Financial performance

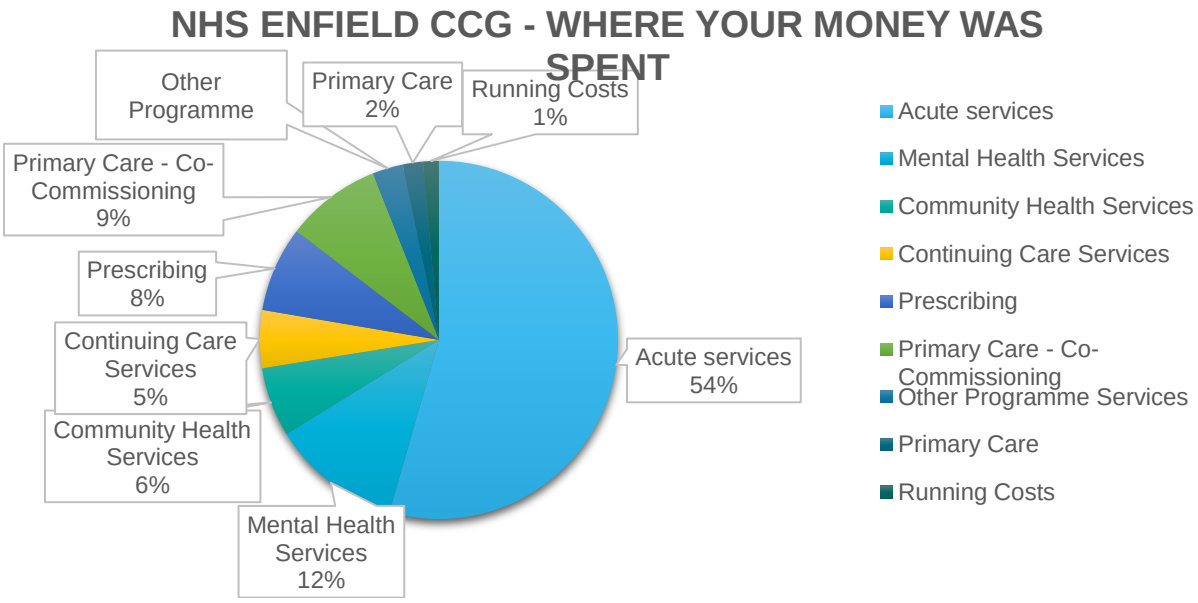
The CCG continued to experience significant financial challenges in 2019/20 which were reflected across the healthcare sector as a whole. Rising patient numbers, increasing acuity and nationally set increases in the cost of drugs prescribed by local General Practitioners have increased pressures on the 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 £519m expenditure in 2019/20, £283m or 54%, 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: Royal Free London NHS Foundation Trust and North Middlesex University Hospital NHS Trust. The CCG's main provider of mental health services, Barnet, Enfield & Haringey Mental Health NHS Trust, accounted for 67% of the £58m 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 Enfield Council to better align patient health and social care needs.

The following chart illustrates how the CCG spent public funding on the provision of healthcare services for the local population. Children's services are delivered by or in partnership with Enfield Council.

Overall spending during 2019/20



During financial year 2019/20 the CCG reported higher levels of patient activity and patient acuity across all areas of acute activity, and most notably in A&E, Drugs and Devices, Elective, Non-Elective care (unplanned emergency care) and Outpatient services. In 2019/20 these pressures related to University College London Hospitals NHS Foundation Trust and Royal Free London NHS Foundation 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 Enfield.

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 £21.2m 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

Enfield CCG spent £44.7m 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 £15.0m QIPP target for 2019/20. The QIPP programme, set at 3.0% 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 £12.3m (or 82%) of the targeted £15.0m 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. CCG operating plans had expected to accrue the full year benefit of these schemes in 2020/21 and this will be revisited in the post-COVID recovery period with system partners.

2020/21 planning guidance and financial outlook

The 2019/20 financial year signals the final year in which Enfield CCG will exist as a separate NHS commissioning entity following the decision to merge with Barnet, Camden, Haringey 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 20-July 20 period a set of temporary national financial arrangements have been put in place in order in reduce transactions and allow cash to flow to front-line services as quickly as possible. Contracting arrangements have been simplified and pooled funding agreements with Local Authorities have been extended in order to meet the whole cost of hospital discharges. Financial governance processes have been strengthened to ensure joined up decision making in response to COVID-19 in North Central London.

Further national guidance on 2020/21 finances is expected once the initial COVID response period comes to an end. North Central London CCG will need to plan for a continued heightened response to COVID activity throughout the year whilst addressing elective workloads not undertaken during the response period. This will sit alongside the 2020/21 planning requirements to meet important performance and spending targets in Mental Health, Community services and Primary Care.

About Enfield CCG

Enfield Clinical Commissioning Group (CCG) is a membership organisation made up of General Practitioners (GPs) from the 47 practices that work within the borough to plan and buy (commission) health services for the local population. The role of the CCG is to ensure that residents and those registered with GPs in Enfield have access to the healthcare services they need. We are committed to commissioning services that improve the health and wellbeing of the residents of Enfield through the securing of sustainable, whole system care.

Clinical commissioning is central to the success of the NHS in Enfield as it allows clinicians and medical professionals to draw on their expertise to determine which healthcare services are needed for our local population. It involves assessing population needs, prioritising local health outcomes, commissioning appropriate services and contracting with numerous providers to deliver healthcare services. The CCG has a central role to play in providing clinical leadership, ensuring quality and effectiveness of healthcare and value for money in Enfield.

Performance Analysis

The CCG Governing Body assumes ultimate responsibility for the performance of the organisation and receives assurance through a detailed Performance Report that is presented and reviewed at its quarterly public meetings.

The performance measures indicate the performance, status or development of our health and care system. These measures are aggregated into the Performance Report which is reported to the CCG's Finance and Performance Committee and the CCG Governing Body. Copies of the Governing Body papers are published on the CCG website: https://www.enfieldccg.nhs.uk/about-us/ccg-board-meetings.htm. In addition, information on acute contract performance is reported to the North Central London CCGs Joint Commissioning Committee. This report is also published on the CCG website: https://www.enfieldccg.nhs.uk/about-us/north-central-london-ccgs.htm.
The key areas on which the CCG reports performance are outlined in this report.

CCG Improvement and Assessment Framework and NHS Oversight Framework

Enfield CCG was rated as 'Requires Improvement' in NHS England's annual CCG Improvement and Assessment Framework for 2018/19, which was an unchanged rating from the previous year. The rating was based on performance across over 50 different indicators, including financial stability, leadership and quality of services. Financial performance and quality of leadership formed 50% of the CCG's final ratings.

The Oversight Framework for 2019/20 replaces the CCG Improvement and Assessment Framework. This covers 60 indicators that CCGs will be assessed against and these are aligned to priority areas in the NHS Long Term Plan:

- New service models
- Preventing ill health and reducing inequalities
- Quality of care and outcomes
- Leadership and workforce
- Finance and use of resources

The Framework emphasises the importance of effective working with system partners, for example local hospitals and Enfield Borough Council.

Based on the latest available data, Enfield CCG is performing particularly well against the following indicators:

- The proportion of patients with diabetes that have achieved all the NICE recommended treatment targets;
- Estimated diagnosis rate for people with dementia, and dementia care planning and diagnostic support;
- Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting;
- Population use of hospital beds following emergency admission;
- Emergency admissions for urgent care sensitive conditions and inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions;
- Injuries in falls in people aged 65 and over;
- Antimicrobial resistance: appropriate prescribing of antibiotics in primary care;
- Cancers diagnosed at an early stage and one year survival from all cancers;
- People with first episode of psychosis who start a NICE-recommended package of care within two weeks of referral;
- Delayed transfers of care per 100,000 population.

The areas which Enfield is looking to improve on and has plans in place to do this include:

- Percentage of children aged 10-11 classified as overweight or obese;
- Newly diagnosed diabetes patients who attend a structured education course;
- Proportion of carers with a long term condition who feel supported to manage their condition;
- Improving Access to Psychological Therapies – access and recovery;
- Mental health out of area placements;
- Patient experience of GP, cancer and maternity services.

NHS Constitution Standards

The NHS Constitution sets out the rights patients, the public and staff have from their health service, underpinned by a series of pledges. One of these is that patients have the right to access NHS services and will not be refused access on unreasonable grounds.

The CCG is committed to ensuring that our local providers provide a high quality service that meets the needs of the local population. The CCG monitors performance against the constitution's access targets and other national performance standards throughout the year. Performance against these standards is reviewed by the North Central London CCGs' Joint Commissioning Committee, responsible for reviewing performance of acute care providers in North Central London. In addition, Enfield CCG's Finance and Performance Committee and the Governing Body review performance reports and, where performance is below standard, the CCG works collaboratively with its partners to seek assurance from its providers regarding recovery actions and the timescales associated with these.

Table 1 shows Enfield CCG's performance against the key operational standards in 2019/20 that have been set nationally. The performance data relates to the treatment of patients registered with practices in the Enfield CCG area.

The impact of the Covid-19 pandemic affected performance in some areas towards the end of 2019/20. This particularly affected referral to treatment (RTT) waiting times and ambulance response times.

Table 1: Overview of Enfield CCG Performance 2019/20

Key Performance Indicator	Standard	2019/20 Performance	Time Period
Urgent Care Standards			
A&E Total Time in Department - less than four hours (NMUH)	95%	82.8%	Full year 19/20
A&E Total Time in Department - less than four hours (RFL)	95%	83.0%	Full year 19/20
Elective Care Standards			
Referral to Treatment Incomplete Pathway (% within 18 weeks)	92%	80.2%	Mar 2020 snapshot
Diagnostic Tests: % waiting 6 weeks or more	1%	5.7%	Full year 19/20
Cancer Waiting Times Standards			
Two Week Wait: Urgent GP Referral for Suspected Cancer	93%	89.0%	Full year 19/20
Two Week Wait: Breast Symptomatic	93%	80.0%	Full year 19/20
31 Day Wait for First Definitive Treatment	96%	96.5%	Full year 19/20
31 Day Wait for Subsequent Treatment - Surgery	94%	98.9%	Full year 19/20
31 Day Wait for Subsequent Treatment - Chemotherapy	98%	97.9%	Full year 19/20
31 Day Wait for Subsequent Treatment - Radiotherapy	94%	95.0%	Full year 19/20
62 Day Wait for First Treatment following urgent GP referral	85%	76.9%	Full year 19/20
62 Day Wait for First Treatment following referral from screening	90%	78.7%	Full year 19/20
62 Day Wait for First Treatment following consultant upgrade	No standard	81.4%	Full year 19/20
Ambulance Response Standards			
Category 1 mean response time	7 mins	00:07:02	YTD to Jan 2020*
Category 1 90th centile response time	15 mins	00:11:55	YTD to Jan 2020*
Category 2 mean response time	18 mins	00:25:12	YTD to Jan 2020*
Category 2 90th centile response time	40 mins	00:52:07	YTD to Jan 2020*
Category 3 90th centile response time	2 hours	03:27:45	YTD to Jan 2020*
Category 4 90th centile response	3 hours	04:37:23	YTD to Jan 2020*
Mental Health Standards			
Improving Access to Psychological Therapies - Access	5.5% (Q4)	5.4%	Jan-Mar 2020
Improving Access to Psychological Therapies - Recovery	50%	49.5%	Full year 19/20
Dementia Diagnosis Rate	67%	88.4%	Mar 2020 snapshot
First Episode of Psychosis referrals who begin treatment within two weeks	56%	92.0%	Dec 19-Feb 20
CPA follow-up within seven days of discharge from psychiatric in-patient care	95%	96.0%	YTD to Dec 2019
Children and Young People receiving mental health treatment	2,830**	2,729	YTD to Feb 2020

*CCG specific LAS performance data not available for Feb/Mar 2020. Figures shown relate to Enfield incidents only.

**This is the annual number of children and young people who should receive mental health treatment in 2019/20. Treatment is defined as having had at least two attendances with NHS-funded mental health services.

Urgent & Emergency Care

The national standard for waiting times in Accident and Emergency departments is that at least 95% of people attending will be treated and then admitted, discharged or transferred in under four hours. Our main acute hospital trusts have seen a significant increase in the numbers of people attending A&E departments, and this has affected the proportion able to leave the department within four hours.

There are A&E Delivery Boards in place across North Central London which bring together hospitals, commissioners and other organisations to focus on delivering improvements plans. They look at ways to reduce the number of patients who have to stay in hospital for a long time, developing new services for patients to be treated on the same day and ways to shorten the time it takes for ambulances to handover patients to A&E clinicians.

In Enfield, additional GP appointments have been made available during the winter period to reduce the number of patients attending A&E with conditions which could be treated by GPs. Commissioners are also actively working with GP practices in Enfield to ensure patients are accessing the most appropriate services for their condition.

Integrated Urgent Care

Together with the other North Central London CCGs, Enfield CCG commissions an integrated contract for NHS 111 and GP out of hours services from London Central and West Unscheduled Care Collaborative (LCW). The CCG reviews regular information from the service on the number of calls the service receives and various performance metrics relating to how quickly calls are answered and/or transferred.

Ambulance Response Times – London Ambulance Service

There are a number of ambulance response time standards in place which ensure that the sickest patients receive the fastest response, all patients get the best response allocated to them and no one is left waiting an unacceptably long time for an ambulance to arrive. London Ambulance Service response times in Enfield have been challenged during 2019/20, partially as there has been a significant increase in calls to the service compared with 2018/19. There are several actions in place to improve response times including additional ambulances in place for the busier winter period, the development of new pathways as alternatives to taking patients to A&E departments and a dedicated mental health response car which is staffed by a mental health nurse as well as a paramedic.

Referral to Treatment (RTT)

Referral to Treatment (RTT) time means the length of time you have to wait between your referral (for example, from your GP) to when your treatment starts (for example, at a hospital). In most cases, this wait should be no longer that 18 weeks. This standard is measured by looking at the number of people still waiting for treatment, so at the end of each month, at least 92% of patients should have waited less than 18 weeks.

At the end of March 2020, 80.2% of Enfield patients were waiting less than 18 weeks for treatment. The end of year performance deteriorated due to the impact of the Covid-19 pandemic due to the cessation of most elective care and fewer new referrals but performance had been challenged prior to this. There is a pan-North Central London approach to the recovery of elective care with providers and commissioners working together to ensure patients are prioritised according to clinical need and capacity is utilised appropriately across the system.

There is a national expectation that no patient should wait longer than one year for treatment but there have been a small number of Enfield patients who have waited longer during 2019/20, mainly for quite specialist procedures. Long waiters will continue to be prioritised as the system recovers from the impact of the pandemic.

In February 2019, the Royal Free London suspended national reporting of RTT data as it had uncovered issues on how it was measuring waiting times. This means that Enfield's reported performance does not include patients referred to the Royal Free London. The Trust has been working to review and correct its waiting list data and shares regular updates with commissioners.

People with suspected cancer are expected to have a much shorter wait for treatment and continue to be prioritised.

Diagnostics

There is a national expectation that no more than 1% of patients who need a diagnostic test (for example, a MRI or an endoscopy) should wait longer than six weeks. In 2019/20, there have been longer waits for some tests so more patients have had a longer wait. In particular, there have been long waiting times for non-obstetric ultrasounds at Royal Free London. The Trust have developed an action plan to bring waiting times down and are using other providers to help

them do this. In addition, North Central London secured additional funding to help reduce waiting lists.

National Cancer Waiting Times

Enfield CCG met three of the eight cancer waiting times standards in 2019/20. The CCG's performance against the 62 day waiting times standard for first treatment following urgent GP referral was 76.9% against the 85% national target.

The CCG is working with its partners across North Central London on a range of initiatives to help improve performance. For example, North Middlesex University Hospital is developing a Straight to Test pathway for patients with suspected Colorectal or Upper GI cancer which will avoid unnecessary appointments. There has also been a review of the prostate cancer pathway and the recommendations from this are in the process of being implemented. Our providers are working hard to ensure patients are diagnosed within 28 days of referral under the Faster Diagnosis Standard, and this will become a formal national target in 2020/21.

Most cancer treatment continued during the Covid-19 pandemic while new pathways were rapidly developed to ensure patients could be treated as quickly as possible. There was a significant drop in referrals for suspected cancer during the pandemic so much of the recovery work involves working with primary care to encourage patients with symptoms to present to healthcare services.

Mental Health

The CCG is working with its partners to deliver the Five Year Forward View for Mental Health ambitions and the mental health aims described in the NHS Long Term Plan.

There is a national priority to eliminate inappropriate out of area placements for mental health patients. The CCG is actively working with other CCGs in North Central London, local authorities and Barnet, Enfield and Haringey Mental Health Trust to put plans in place to ensure more patients are cared for locally. A new ward opened on the Trust's Edgware site in December which will reduce the need for patients to be treated elsewhere.

In October 2019, the Enfield Children and Young People's Mental Health Transformation Plan was refreshed (available here) which outlines the borough's vision for 2015-2021. This includes commissioning a range of high quality and accessible mental health support based on the THRIVE[1] model, providing effective universal services and ensuring there is mental health support through all stages of childhood. As at the end of February, 2,729 Enfield children and young people had received mental health treatment during 2019/20.

The CCG works actively with both Barnet, Enfield and Haringey Mental Health Trust and Mind in Enfield to ensure patients can access Improving Access to Psychological Therapies (IAPT) services promptly and that expected numbers improve following treatment. The CCG has recommenced the IAPT Network which brings together multiple stakeholders to improve services. There is also a programme of work underway to locate therapists in primary care.

Continuing Health Care

The CCG has seen a significant improvement in Continuing Health Care performance during 2019/20. During 2018/19, 48.4% of referrals were completed within 28 days but this had improved to 78.7% in 2019/20. There has also been a reduction in the proportion of assessments having taken place in an acute setting.

[1] http://implementingthrive.org/about-us/the-thrive-framework/

Community Services

The CCG also tracks waiting times for community services (such as physiotherapy, podiatry and speech and language therapy) and works with our main provider on recovery plans where patients are waiting longer than expected.

Improving quality

Enfield CCG continued its focus on quality in 2019/20 to ensure the population of Enfield receive care that is safe, clinically effective and provides a positive experience.

The CCG's Quality Strategy for 2018 -2021 is based on the three domains of quality: Patient Experience, Patient Safety and Clinical Effectiveness, as set out in the Health and Social Care Act 2012. The CCG's Quality Strategy ensures that quality is at the heart of all commissioning decisions. There are areas to be proud of including the programme of Insight & Learning Visits to commissioned providers and the service development improvements that have been made in the Enfield Referral Service (ERS) to ensure that referrals are processed in a timely manner. The CCG Quality and Safety Committee have been kept updated on the progress on the delivery of the Quality Strategy implementation plan and any changes as a result of the aforementioned change programme on a quarterly basis. The governance arrangements for the Quality & Safety Committee will be reviewed in April 2020 on the inception of the NCL CCG.

The delivery of Enfield CCG's Quality Strategy and annual work plan is reported through to the Governing Body via the bi-monthly Quality & Safety Committee. In 2019/20, this is now demonstrated via the NCL Performance & Quality Report, produced by the NEL CSU, to the bi-monthly Quality & Safety Committee and a subsequent Committee exception report to every Governing Body meeting.

The quality exception report to the Governing Body meeting provides an overview of quality from our main service providers, highlights any good practice that has been identified and ensures that there is a focus on the key quality issues. The report provides assurance to the Governing Body that the CCG understands the quality issues and that appropriate action is being taken to improve quality.

The Quality Strategy Implementation Plan (QSIP) outlines the key objectives that the CCG will undertake to deliver the CCG's Quality Strategy, and ensures committee oversight and completion of actions taken. The QSIP is reported on a quarterly basis to the CCG's Quality & Risk sub-group. An annual review of progress against the Quality Strategy Implementation Plan was also reviewed by the Quality & Safety Committee in November 2019.

We hold all our providers to account through the work of the Quality & Safety Committee and the Clinical Quality Review Group (CQRG) meetings. Through our role as coordinating commissioner, we lead the management of the Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) contract on behalf of Barnet, Enfield and Haringey CCGs, and the London Central & West Unscheduled Care Collaborative (LCW) contract, on behalf of all North Central London (NCL) CCGs. The CQRGs report into our Quality and Safety Committee. We also ensure quality metrics for community and local contracts are monitored and reported on.

Quality highlights for 2019/20

- Enfield CCG and Enfield Public Health successfully bid for transformation funding from NHS England to deliver a Cancer Awareness project in 2018/19 and 2019/20.

The first phase of the project was a survey that took place from January-March 2019, to establish current awareness of cancer symptoms and the national screening programmes amongst Enfield patients. The outputs of the survey have fed into a year-long communications and engagement campaign during 2019/20, to increase awareness.

A launch day was held in the Enfield Town Marketplace on 1st July 2019 which was attended by over 200 people. Stalls were presented by the Nightingale Trust local Health Champions, Cancer Research UK and Macmillan.

The project's key engagement stakeholders, Enfield Healthwatch and Enfield Voluntary Action (EVA), have received training to enable delivery of awareness workshops across the community. The workshops are scheduled to run until May 2019 and progress is monitored via the CCG's Cancer Action Group.

Marketing promotion of key cancer awareness messages, including the importance of screening, continues throughout the borough in a range of media.

The model for this project has been adopted by other CCGs as best practice.

- Delivery of objectives identified in the CCG's Cancer Improvement Plan. Highlights include training events delivered to GPs, Practice Nurses and Practice managers to increase cervical screening rates, and deliver meaningful Cancer Care Reviews for those living with - and beyond – cancer.

- Enfield CCG Quality team are supporting the NCL Cancer team with implementation of a monthly quality assurance process for root cause analysis (RCA) breach reports received from providers. The expectation is that the revised process, which provides direct feedback to providers, will lead to improvements in the quality and robustness of the breach reporting process; enable a thematic review of root causes of all breaches across the sector; provide assurance to the system that sufficient actions are identified to address and mitigate further occurrences of these type. This process was implemented in collaboration with NCL Cancer team in September 2019.

- Continued promotion and uptake of the CCG's Quality Alerts process to monitor safety of commissioned services, inform provider discussions, drive service quality improvements and provide a mechanism for shared learning between commissioners, primary and secondary care. The significant increases in numbers of quality alerts received the previous year were sustained in 19/20. Alerts raised concerning BEH MHT are monitored at the Clinical Quality Review Group.

- The programme of Insight & Learning visits continues with BEHMHT and LCW, the providers for which ECCG is coordinating commissioner. Four visits to BEHMHT were undertaken in 2019/20, including the Enfield Crisis Resolution & Home Treatment Team, Somerset Villa and a CAMHS service.

- Clinical Leadership evidenced through the work of the Clinical Review Working Group (CRWG). This group provides clinical input development of clinical pathways, service transformation, quality impact assessments and service specifications.

- Continuation of the quarterly Serious Incident (SI) panel meeting with BEH MHT. This panel supports an improvement in the number of outstanding Serious Incident reports that are overdue, and open Further Information Requests in relation to

reports received. It also facilitates shared learning between commissioner and provider.

- Quality metrics in place for community and local contracts are reported and monitored via the dedicated contract review groups.

- Enfield CCG recently undertook a review of Pressure Ulcer staff training programme for care home and District Nursing staff in Enfield. The review included a synopsis of the completed actions, the actions that are in progress as well as proposed or recommended actions for consideration by Haringey CCG.

- The Quality Team has continued to raise awareness of the Quality Impact Assessment (QIA) process and support the project leads to complete QIAs. A stock take to ensure all projects have a completed and approved QIA in place has been completed in collaboration with the Transformation Team. All transformational projects now have a completed QIA and all future projects will need to submit QIAs prior to the approval of the project.
- The BEHMHT Care Home Assessment Team was nominated for two HSJ Awards: community service redesign and primary care innovation of the year.

- NMUH's maternity team has been shortlisted for a Royal College of Midwives award for its perinatal services.

Safeguarding Highlights for 2019/20

- Delivered Modern Slavery Conference to front line practitioners across the partnership in May 2019

- Delivered training for GPs, social care and police colleagues on the new Child House model in July 2018

- Co-ordinated and delivered 4 safeguarding updates for GPs and Practice nurses with over 100 practitioners trained

- Co-ordinated and delivered pressure ulcer training to Nursing Home staff and social care staff in May 2019

- Facilitated Safeguarding Lead GP forums for leads in GP practices

- Attended Police Hydra training on Prevent and Channel panel processes in July 2019

- The Named GP for safeguarding adults has become a member of the LeDeR steering group alongside the Designated nurse

- Contributed to work with the Integrated Learning Disability Service to ensure the death of every adult or child with a learning disability is subject to a LeDeR review

- Ensured continued support for decision making in the Adult MASH team with the Named GP for adults attending weekly

- New Safeguarding children partnership arrangements signed off in June 2019
- Continued partnership working with LCW on developing their safeguarding processes to ensure the service implements the Child Protection Information Sharing system
- Continued commitment to supporting, contributing to and learning from Serious Case reviews, Domestic Homicide Reviews and Safeguarding Adult Reviews

Management of Long Term Conditions

In Enfield, we established a Long Term Conditions programme in 2019/20 to drive the improvement and management of patients with one or more long term conditions, as part of the local response to implementing the NHS Long Term Plan.

Lifestyle factors are also likely to be contributing to the development of Long Term Conditions in Enfield:**:

40%	61%	32,000	40%
of Year 6 children are overweight or obese	of adults are overweight or obese	of adults are smokers	of adults not engaged in recommended levels of exercise

** *Source: https://new.enfield.gov.uk/healthandwellbeing/topics/demography/*

The Long Term Condition programme will focus on the following conditions:

- Patients at risk of developing Type 2 Diabetes – to prevent patients developing type 2 diabetes (approx. 18,750 patients in Enfield, based on GP registered patients),
- Diabetes - to identify those patients undiagnosed and to improve the management of type 2 diabetes, and prevent hospital admission and reduce the overall,
- Cardiovascular Disease – improve the diagnosis and management of hypertension, heart failure and chronic kidney disease,
- Atrial Fibrillation – improve the diagnosis of patients with atrial fibrillation and to ensure patients are receiving appropriate medication in order to reduce the incidence of a stroke,
- Prevention – to reduce the number of people smoking and the number of children and adults who are overweight or obese,
- Reducing Health Inequalities – to work with Enfield Community & Voluntary Sector to identify
- Chronic Obstructive Pulmonary Disease – to diagnose patients and improve the management of the condition in order to reduce attendance at A&E,

This programme will be delivered by GP practices working in collaboration with their local primary care networks, which will provide a more coordinated approach to improve the health and wellbeing of the population in Enfield.

Primary Care achievements 2019/20

In 2019/20, we have worked in collaboration with our local Primary Care Networks and GP Federation to commission services to improve the health and wellbeing of the local population. GP practices in Enfield have made the following progress:

- GP Extended Access Services – an additional 43,317 appointments have been made available through the GP Extended Access Services across Enfield for patients unable to book an appointment with their registered GP practice, between April 2019 and March 2020.
- Wound Dressings - some 18,000 patients have been seen in Primary Care and had their wound dressings changed in a setting closer to home, rather than having to attend their local hospital.
- Over 200 patients with a diagnosis of Atrial Fibrillation have had their stroke and bleeding risk assessed, where appropriate prescribed anticoagulation therapies. The service enables greater multidisciplinary working between the patients GP and hospital specialists, to deliver more personalised and optimised care regimens.
- Through the GP-Led Care Homes service, Enfield has commissioned primary care to provide 8am to 8pm seven day service. Creating access to GPs with specialist expertise in older people medicine has resulted in avoiding over 200 A&E attendances and 121 non-elected admissions over the duration of the year, predominately in the over 65s population. This ensured that care home residents receive a more responsive primary and community delivered service, improving their overall experience of care, while freeing up bed and unscheduled care capacity.
- Enfield primary care-led diabetes services (known as DQIST), was established to support patients improve diabetic control with a primary care setting, reducing unwarranted variation within the health economy. The main focus of the programme was to support patients manage their cholesterol, HbA1c and blood pressure. The service during 18/19 (the latest figures available) indicated that Enfield delivered the most significant improvement nationally, improving control from 40% to 50%, within a single 12 month period. This improvement elevated Enfield to the second best performing borough across North Central London.
- Improving diabetic control - the Enfield primary care-led diabetes services (known as DQIST), was established to support patients improve diabetic control within a primary care setting and in 2019/20 we have improved control from 40% to 50% of diabetic patients, within a single 12 month period,
- Improving the Primary Care Workforce - a number of initiatives have been taken forward to improve the recruitment and retention of the workforce in general practice this year and we have:
    - Four new GPs employed as part of the SPIN scheme who have settled and enjoying their new placements,
    - Young People's social prescribing project – continues in Edmonton,
    - Medical Assistants - 15 new medical assistants have been trained,
    - Nurse Associates - 2 trainee nurse associates commenced on the apprenticeship programme,

Enfield Community Cardiology Service – Enhanced Clinical Triage and Diagnostic Service

In March 2020 we launched a 1-year pilot in Enfield to develop a community based cardiology service for GP practices, working in collaboration with consultant cardiologists at North Middlesex University Hospital and Royal Free London Hospital. This initiative will:

- review cardiology care pathways in accordance with national clinical guidelines,

- establish a single point of access for GP referrals for cardiology diagnostics i.e. ECG and 24-hour / 7-day blood pressure monitoring through the Enfield Referral Service,
- provide clinical advice and guidance through enhanced clinical triage provided by a Consultant Cardiologist to inform patient management and referral to secondary care as clinically appropriate,
- provide improved access to GP direct access cardiology diagnostics in a community setting and sharing reports
- improve clinical leadership and GP education, working in collaboration with the hospital consultant cardiologists and senior GPs in the local primary care networks and to
- improve patient education.

Engaging people and communities

There is strong evidence that effective communication and engagement with patients, carers, stakeholders, partners and the public helps to improve commissioning decisions, quality of services, patient satisfaction and a better understanding of how to use the NHS. We work closely with patients and the public to ensure that the services we commission meet the needs of population in Enfield.

Our corporate Communications and Engagement Strategy explains our approach to embedding engagement throughout the commissioning cycle, and the ways in which we aim to engage with communities.

Patient and Public Engagement Committee

Our Patient and Public Engagement (PPE) Committee is one of six committees of our Governing Body. The PPE Committee meets bi-monthly. The PPE Committee is chaired by the Governing Body Lay Member for PPE and members include Healthwatch, a voluntary sector representative, public health, an elected PPG representative, CCG staff and Governing Body members.

The PPE Committee oversees the discharge of the CCG's statutory collective and individual participation duties in the Health and Social Care Act 2012, as well as the delivery of our equality and diversity duties. The PPE Committee also receives regular reports from the CCG's commissioning leads and transformation programmes, which explain how engagement activities are being planned for each work stream. More information on the PPE Committee's work this year is available in the Corporate Governance Report.

Engagement

The CCG hosts three corporate PPE events a year. These events are open to all our stakeholders and members of the public. The objective of these events is to update the public on NHS developments, gather feedback on our commissioning plans and support quality improvements in local NHS services. Based on the feedback we have received from patients, these events are led by clinicians with group work and fewer presentations/speakers.

This year we used these events to invite feedback on a number of key work programmes, both locally and across north central London including: our Commissioning Intentions, the development of Primary Care Networks, immunisations and winter health, NCL Orthopaedic Review, designing our new community phlebotomy service, discussing proposed changes to opening times at Chase Farm Urgent Care Centre and CCG merger. A report is prepared after every event and published on our website along with the slides from the event.

Working with partners

Enfield CCG has an extensive list of stakeholders and takes a proactive approach to networking and communicating with them. We work closely with patient groups and networks around planned service redesign, gathering feedback through focus groups, surveys and patient involvement on steering groups.

As a commissioner we contract with our providers to gather patient experience data and this we discuss quality improvements at our regular contract meetings. We also work closely with Enfield Council across a range of service delivery areas including public health, adult and children's social care and learning disabilities – and wherever possible we engage together with local residents.

Social media

We have continued to actively use social media this year to promote events, services and engagement opportunities to stakeholders and to local residents, particularly the NCL orthopaedic review, our local cancer awareness campaign, patient surveys and national NHS campaigns. Our Twitter followers increased to 4,400 this year.

Patient Participation Group (PPG) Network

We host a network for our GP member practices' Patient Participation Groups (PPGs). Currently the meetings are quarterly and support for the network is provided by the Communications and Engagement Team. The meetings are chaired by the elected PPG representative Litsa Worrall who also sits on the PPE Committee and the Governing Body. The PPG network is made up of volunteers and the elected representative, who use this meeting to work collectively together and to discuss issues with the CCG.

This year PPG volunteers have been involved in developing their own work plan for focusing on:

- Reducing did not attend (DNA) rates at their practices,
- Recruiting new PPGs members to their member practices and from different practices to the network,
- Sharing best practice
- Promoting health services to local people
- Supporting the development of Primary Care Networks

Enfield CCG ensures that the PPG network is a key stakeholder in our engagement activities and we contact the groups and their members where we have individual's details on file regularly with news and updates. The CCG also has a webpage on our website about the PPG network which we keep up to date with all the details of their meetings and activities. The PPG network can be contacted at enfccg.ppgs@nhs.net. Moving forwards, PPGs will be an obvious partner for the developing Primary Care Networks and Enfield CCG is facilitating this relationship.

Enfield CCG Voluntary and Community Stakeholder Reference Group

Enfield Clinical Commissioning Group (Enfield CCG) set up a Voluntary and Community Stakeholder Reference Group in September 2015. Details about the group's meetings and membership as well as its terms of reference are available on the CCG's website. Its aim is to enable voluntary and community sector representatives to provide the patient, service user and public perspective, on the development, planning, implementation and evaluation (success and challenges) of health services commissioned by Enfield CCG. This year, issues discussed at this group included the voluntary and community sector role in: local Commissioning Intentions, the NCL Orthopaedic Review, CCG mergers, phlebotomy services, urgent care and the Health Information Exchange. The group provides an expert view from a community and voluntary sector perspective and is also able to help us understand the impact of any proposals on the nine protected characteristics.

Patient Reference Group

In 2018 Enfield CCG's Patient and Public Engagement Committee agreed the set-up of a new Patient Reference Group (PRG). The group was proposed to be set up in response to comments from the 2017 360 Stakeholder Survey which identified that more engagement was needed, including more targeted engagement with stakeholders at all stages of the commissioning cycle. The PRG was chaired by Enfield CCG's Lay Member for Patient and Public Engagement and reported to the PPE Committee.

Recruitment for the PRG began in February 2019 and we successfully recruited four patients to the group. In 2019/20 we held two meetings of the Patient Reference Group where patients discussed in detail the Evidence Based Medicine policy and helped to edit the patient leaflets, issues around the Urgent Care Centre at Chase Farm Hospital, designing a new community phlebotomy service and the NCL Orthopaedic review. Feedback from the group was used to support and develop all these programmes of work for the benefit of Enfield patients.

NHS England assurance

In previous years, the CCG has been required to produce an Annual Patient and Public Engagement Report. In April 2017 NHS England published revised statutory guidance for CCGs and NHS England commissioners on Patient and Public Participation in Commissioning Health and Care. It sets out ten key actions and links to the Guide to annual reporting on the legal duty to involve patients and the public in commissioning.

The 10 'key' actions for CCGs on how to embed involvement in their work are:

1. Involve the public in governance
2. Explain public involvement in commissioning plans
3. Demonstrate public involvement in Annual Reports
4. Promote and publicise public involvement
5. Assess, plan and take action to involve
6. Feedback and Evaluate
7. Implement assurance and improvement systems
8. Advance equality and reduce health inequality
9. Provide support for effective engagement
10. Hold providers to account

NHS England now carry out a desktop assessment. Last year this was carried out against five domains: Governance; Annual Reporting; Practice; Feedback and Evaluation; Equalities and health inequalities. Enfield CCG has consistently been rated GREEN and our score has continued to increase every year. In 2019 we were graded the highest scoring CCG in NCL demonstrating our organisation's commitment to high quality communications and engagement with our local community. The CCG completed this year's Improvement Assessment

Framework and submitted it in February 2020 and will receive the results in June 2020.

The new NCL PPE and Equalities Committee will continue to monitor the CCG's results and drive this work forward, providing assurance to the Governing Body that we are not only meeting our statutory duties but also using engagement in ways that help deliver the CCG's strategic objectives.

How patient feedback was used to improve local services in 2019/20
During this year, the CCG worked closely with the stakeholders and the public to ensure patient involvement during our commissioning activities and to use patient feedback to improve services. Here are some examples of the ways that the CCG involved patients in our work this year.

NCL STP
Enfield CCG worked closely with partners in the NCL STP to engage on the Orthopaedic Review, which progressed to a public consultation. Enfield CCG has supported the programme team in contacting local groups and attending events to gather feedback from Enfield residents. We have also supported engagement with the groups that the Equality Impact Assessment identified as most affected by the proposed changes and have helped to ensure that these groups are consulted with.

We have also supported recruitment for a new Residents Health Panel which is aimed at surveying local people across NCL on NHS developments, particularly around the implementation of the long term plan.

During 2019/20, Enfield CCG also started implementation of the Health Information Exchange. This is a new joined up health and social care record which helps staff to improve care for patients by being able to view a summary care record which will support prevention, care planning and diagnosis. Enfield CCG has facilitated the programme team talking to a wide variety of voluntary, community and patient groups to involve them in the development and roll-out of this new system across Enfield GP practices.

Over 50s Forum partnerships - Falls Event 2019 and Winter Fair 2020
Enfield CCG partnered with the Over 50s Forum to deliver two events this year. This helped the CCG to interact with over 1,000 patients in a key target demographic to educate patients about local services, using NHS services wisely and national NHS campaigns - particularly Help us Help You, as well as supporting them to live confident and healthy lives in older age.

Cancer Awareness Survey
Enfield CCG's Cancer Action Group whose members include Cancer Research UK and Macmillan have been working closely with Enfield Council's public health team to develop a new cancer awareness campaign. In the first phase, from January – March 2019, Healthwatch Enfield and local Health Champions gathered surveys from a demographic sample of the local population to find out how much people know about signs and symptoms of cancer. The survey had been developed based on public health data showing which cancers were the most common in Enfield as well as those which were diagnosed at a late stage. A patient volunteer from the Enfield Over 50s Forum helped to design the questionnaire. The results from this survey were used to develop a new cancer marketing campaign, targeted at Enfield residents.

The aim of this campaign is to raise awareness of signs and symptoms to reduce the number of late presentations of cancer. Healthwatch Enfield have been commissioned to provide cancer awareness training for members of the public. Enfield CCG's Cancer Action group is continuing the education and support work with local health professionals.

Patient Representatives

Enfield CCG regularly advertised for volunteer patient representatives to support work programmes or the development of new services. When recruiting, we are keen to hear from patients with direct experiences of local services. Equality forms are collected as part of patient recruitment and at all events to review how reflective our engagement is of our diverse community. This year, we continued to facilitate a patient reference group that has worked alongside a clinical reference group to develop a new model of care for minor eye conditions. Patients commented on the service specifications and also were involved in designing marketing materials for the new service. The service has now launched and is directly accessible by patients in the community and provided by local ophthalmologists.

This year, we also worked with our GP membership and local patients to design and procure a new community phlebotomy service. On 1 April 2019, the Royal Free withdrew phlebotomy services that had been provided at a limited number of GP practices. This was not a commissioned service as it was a historic arrangement between Barnet and Chase Farm Hospitals and was accessible only to patients registered at those particular practices.

We surveyed local GPs and engaged with local patients in order to identify how the existing community based phlebotomy services could be improved. In support of the survey, a patient reference group was established to help us to develop the service specification which included improving local access, waiting times and booking future appointments as well as developing performance indicators to measure key areas such as: patient experience, timeliness of appointments and improving outcomes. Specific feedback that came back from engaging GPs and service users was to improve the availability of domiciliary phlebotomy services for patients who are housebound as well as improving access by extending opening times of the future service to meet the local need across Enfield. We had to pause the procurement due to the General Election in December 2019, but we will be announcing the outcome of the procurement and the new provider will be launching the service later in 2020.

Looking forward to 2020/2021

In quarter one of 2020/21, Enfield CCG will merge with Barnet, Camden, Haringey and Islington CCGs to become a single CCG in line with the NHS Long Term Plan. This change should provide benefits for local people and enhance the ways we can engage with our local population. The new NCL CCG will have a PPE and Equalities Committee which will continue to plan and oversee the delivery of all statutory duties in these areas. We are committed to keeping a strong local voice for patients by committing to an Enfield based engagement structure which will influence the new CCG. As we write this report, we are handing over a powerful legacy to NCL of Enfield CCG's commitment to patient and member engagement over our last seven years as an organisation.

We are sharing the evidence we have collected and our governance approach so that we can learn from each other to design the most effective engagement approach for a single CCG. We want to ensure that the values on which we have based our membership and patient engagement – integrity, democracy and inclusivity become the core values of the new organisation when it plans its engagement strategy.

Equality and Diversity

The NHS Constitution Principles state that: "The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health

problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where

As a commissioner (purchaser) of services, the CCG is committed to making sure equality and diversity is a priority when we plan and commission local healthcare services. To do this we work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs. We have worked with our providers, partners and the voluntary sector through various forums to advance equality and ensure fairness for our patients. These included particular focus on the analysis of the health needs of our diverse population through the local Joint Strategic Needs Assessment (JSNA) by Public Health at Enfield Council, patient experience information from Healthwatch- and the community voice through our patient representatives on the committees and working groups. We have held our providers to account by seeking assurance on their compliance with the Public Sector Equality Duty and all NHS mandatory standards.

As an employer the CCG recognises that everyone is different, and values the unique contribution that individual experiences, knowledge and skills make in delivering quality healthcare and becoming a model employer. In 2019/20 we discharged this duty by recruiting staff from diverse backgrounds; by making reasonable adjustment where required; and by ensuring staff are adequately supported to maintain work life balance.

We are committed to ensuring we have a diverse workforce by providing fair and equal access to all job opportunities, including access to career development and training opportunities for existing and future staff. To do this we aim to recruit the best talent that we can and remove any barriers to ensure that we have the widest possible pool of talent to draw from. (See the Workforce Equality Report in the Equality Information Report 2019/20)

Our Equality Duty

At Enfield CCG, we are committed to promoting equality and fairness for patients, carers and staff. Our Equality and Diversity Strategy sets out the CCG's approach to promoting equality and diversity and how we aim to meet the Public Sector Equality Duty (PSED). 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 Enfield CCG, must have due regard to three main aims:

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

We do not tolerate unlawful discrimination, victimisation, bullying or harassment based on race, ethnic or national origin, nationality, age, disability, gender, gender reassignment, sexual orientation, religion or belief, HIV status, marital status or caring responsibilities. Any action found to be in breach of any of these would be addressed in accordance with our disciplinary policies and procedures. The CCG currently comply with the range of programmes and policy development initiatives which are explained in the following sections.

Equality Objectives

The CCG is required by the public sector equality duty to develop and publish equality objectives at least once every four years. These objectives are delivered through an annual action plan which is overseen by an Equality and Diversity Working Group chaired by a Governing Body Lay Member. The objectives in the Strategy cover commissioning, engagement, workforce and governance. The annual action plan is produced based on EDS2 grading outcomes and Equality Impact Assessments which is monitored by the Equality and Diversity Group- and a report is shared with the Patient and Public Engagement Committee. The three key priorities of the CCG's action plan in 2019/20 were primary care, mental health, and end of life.

The equality objectives will be reviewed as part of the NCL transformational change – and be aligned with the national and regional priorities- particularly COVID 19 and local health inequalities evidence.

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. The CCG has completed a number of EQIAs for local services in Enfield while contributing to the ones that are pan NCL and transformational (e.g. Moorefield Eye Hospital, Adult Elective Orthopaedic). Going forward, the CCG has designed a new template to simply the EQIA process and the revised guidance will ensure all future EQIAs have Enfield specific evidence based on health inequality baseline information plus engagement outcomes based on protected characteristics.

Embedding Equality Delivery System (EDS2)

Enfield CCG with other NCL CCGs decided to use the EDS2, the national best practice tool, in a selective way to ensure relevance and added value which the tool can offer to the CCG functions for continuous improvement. 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, Enfield 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 the future action plans with a single vision for workforce equality across NCL. With other NCL CCGs we have established a collaborative working group with NCL providers to drive the WRES agenda forward.

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 2019, 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 (using the link above in the report).

Our vision for future equality, diversity and inclusion

Enfield 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.

Sustainability Report

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 & 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 5 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.

Health and Wellbeing Strategy

The Health and Wellbeing Board (HWB) takes the lead in promoting a healthier Enfield. The board is a statutory partnership set up in April 2013 in line with the requirements of the Health and Social Care Act 2012. It is a focused decision-making partnership board. Membership includes elected members, the local authority's adult and children's services and Director of Public Health, the CCG, Healthwatch and the voluntary sector. The HWB works together to deliver its Health and Wellbeing Strategy for Enfield.

In 2019/20:

- The CCG Chair (HWB Co-Chair) and Chief Operating Officer continued to be members of the Health and Wellbeing Board
- The CCG has worked closely with the Council to jointly update the Joint Strategic Needs Assessment (JSNA) for specific populations, including locality population profiles – and a specially developed profiles for the new Primary Care Networks.
- Enfield CCG has utilised the Joint Strategic Needs Assessment (JSNA) to commission a range of services including respiratory, cardiology and primary care mental health
- Enfield CCG has worked via the Health and Wellbeing Board to develop the draft Health and Wellbeing Strategy 2019-22 with the same key disease priorities: cancer, diabetes, heart disease and lung disease.
- Enfield CCG embraces the concept of 3:4:50 outlined in the draft Health and Wellbeing Strategy 3:4:50 is a community health improvement strategy based on evidence that three health behaviours elevate risk for four chronic conditions that together cause more than fifty percent of deaths. The three health risk behaviours are unhealthy diet, sedentary lifestyle, and tobacco use. The four chronic conditions are cardiovascular disease, cancer, chronic lower respiratory disease, and diabetes. These four conditions cause more than 50 percent of all deaths in the community.
- Enfield CCG aligned its commissioning plans to the local health and wellbeing strategy as well as the long-term NHS plan

Enfield Community Education Partnership Network achievements 2019/20

Community Education Provider Networks (CEPNs) are arrangements which support healthcare providers through the skilling up their staff and creating education and training events. The Enfield CEPN is a multi-agency body that works in partnership in our local community with different organisations to:

- Support workforce planning
- Respond to local workforce need
- Support workforce development
- Coordinate and develop education and training programmes for the health and social care workforce that is relevant to local need
- Ensure educational quality

Enfield CEPN is funded by Health Education England – North Central East London (HEE:NCE)

This year, Enfield CEPN's key achievements included:

- Enfield and Barnet CEPNs together with Middlesex University held a joint health and social care careers fair for Year 10 students and above. This was attended by over 200 young people from 37 schools in Enfield and Barnet with 71 exhibitors.
- An innovative social prescribing project for young people was developed in the Edmonton area to support young people with mental health issues into physical activity and creative projects.
- A new project to recruit and retain young GPs into general practice is running with Enfield Federation. The SPIN (Salaried Portfolio Innovation) scheme has recruited four new GPs to Enfield who are enjoying additional roles with the North London Hospice and UCLP.

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

Enfield CCG is a membership organisation made up of all 47 GP practices in Enfield. Enfield CCG is accountable to its members and to the residents of Enfield. Our Constitution, supported by all member GP practices, sets out the governance and accountability of our organisation and enables the achievement of our vision, mission and strategic goals. An updated version of the Constitution was published in April 2019, following approval by NHS England.

Member practices

Enfield CCG has 47 Member Practices, which are GP practices in the London Borough of Enfield. The practices are divided into geographical locations - North East, North West, South East and South West localities. A list of CCG member practices can be found here and the composition and governance of our membership body is detailed in our Constitution.

Composition of Governing Body

The Chair of Enfield CCG for the year 2019/20 was Dr Mohammed Abedi. Helen Pettersen was the Accountable Officer until 20 February 2020, at which point Frances O'Callaghan assumed the role.

Members of Enfield CCG's Governing Body during 2019/20 together with committee attendance were:

Enfield CCG Governing Body Members	Position	Governing Body, Public	Procurement Committee	Quality and Safety Committee	Clinical Commissioning Committee	Patient and Public Engagement Committee	Finance and Performance Committee	Remuneration Committee	NCL Joint Commissioning Committee	NCL Primary Care Co-Commissioning in Common	NCL Audit Committee in Common
Elected Governing Body Members (General Practitioners)											
Dr Mohammed Abedi	Chair and GP Governing Body Member	3/4			1/2		9/12	0/2			
Dr Jarir Amarin	GP Governing Body Member	3/4	6/6		0/2						1/4
Dr Elizabeth Babatunde	GP Governing Body Member	3/4	5/6		1/2						
Dr Johan Byran	GP Governing Body Member	4/4									
Dr Fahim Chowdhury	Clinical Vice Chair and GP Governing Body Member	4/4									
Dr Rebecca Olowookere	GP Governing Body Member	4/4									
Dr Chitra Sankaran	GP Governing Body Member	3/4			1/2		8/12				
Dr Hetul Shah	GP Governing Body Member	4/4					9/12				

Appointed Governing Body Members											
Ms Claire Johnston	Secondary Care Nurse Representative (from 15 July 2019)	3/4	6/8	5/6	1/2			3/3			
Dr Fawad Hussain	Secondary Care Doctor	4/4	4/8	1/6							
Ms Karen Trew	Vice Chair and Lay Member for Audit and Governance	4/4	7/8	5/6	2/2		12/12	3/3			4/4
Mr Kevin Sheridan	Lay Member for Patient and Public Engagement	4/4	7/8			6/6		3/3			
Executive Governing Body Members											
Ms Helen Pettersen	Accountable Officer for NCL CCGs (until 20 February 2020)	3/3					3/12				
Ms Frances O'Callaghan	Accountable Officer for NCL CCGs (from ** February 2020)	1/1									
Mr Simon Goodwin	Chief Finance Officer						11/12				
Non-Voting Stakeholder Governing Body Members											
Bindi Nagra	Public Health Representative	4/4									
Stuart Lines	Local Authority Representative	4/4									
Parin Bahl	Healthwatch Enfield	4/4									
Litsa Worrall	Enfield Patient Participation Group Representative	2/4				6/6					
Enfield and NCL CCG Officers and other attendees											
John Wardell	Chief Operating Officer (Until 5 January 2020)	0/4	0/8		1/2						
Rob Larkman	Interim Chief Operating Officer (from 22 May 2019)	3/4	6/8				12/12				
Vince McCabe	Director of Planning, Transformation and Recovery	4/4					10/12				
Deborah McBeal	Director of Primary Care Commissioning and Deputy Chief Officer	2/4	4/8		1/2	0/6	10/12				
Graham McDougall	Director of Commissioning	4/4	6/8		2/2		11/12				
Dr Mateen Jiwani	Medical Director (until 20 June 2019)	1/1		2/6	1/2		10/12				
Arati Das	Deputy Director of Finance	4/4	8/8		1/2		10/12				
Aimee Fairbairns	Director of Quality and Clinical Services	3/4	2/8	4/6	1/2	3/6					

Further details on Governing Body members can be found here.

Committees, including Audit Committee

Information about all Enfield CCG committees including membership, attendance and highlights of work undertaken during the financial year is detailed in our Governance Statement under Governance Arrangements and Effectiveness.

Register of Interests

Enfield CCG maintains registers of interest in accordance with NHS England's Statutory Guidance on Managing Conflicts of Interest and the CCG's Conflicts of Interest Policy to ensure that decisions made by the CCG will be taken, and seen to be taken, without any possibility of the influence of external or private interests. These registers are published on our website and are reviewed at every Governing Body and Committee meetings.

Personal data related incidents

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

Enfield 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.enfieldccg.nhs.uk

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Frances O'Callaghan to be the Accountable Officer of Enfield 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 Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- Keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction);
- 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 Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

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

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

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

Frances O'Callaghan

Accountable Officer

23 June 2020

Governance Statement

Introduction and context

Enfield 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 2019, the CCG is subject to directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 as follows:

NHS England Legal Directions

The CCG was under Legal Directions by NHS England from10 August 2015 with the Legal Directions being refreshed on 13th August 2018 in recognition of the new North Central London (NCL) arrangements. However, the CCG came out of legal directions on 1st September 2019. The key requirements of the updated Legal Directions for the CCG in place at 13th August 2018 were as follows:

(a) To have a credible financial recovery plan ("Financial Recovery Plan") to ensure it operates within its annual budget;
(b) To have a complete analysis of the causes of the current underlying financial position, the reasons for the deterioration in the financial position, and addresses these causal factors in the Financial Recovery Plan being;
(c) A clear risk assessment of the Financial Recovery Plan;
(d) Co-operation with NHSE ("the Board") for the prompt provision of information requested and making senior officers available to meet with the Board and to discuss the Financial Recovery Plan and compliance with the Financial Recovery Plan;
(e) Enfield CCG to notify the Board of the need to make any appointments to its Executive Team or its next tier of management;
(f) These Directions apply until they are varied or revoked by the Board or 31 August 2019, whichever is the sooner, and replace Directions previously issued by the Board to Enfield CCG.

Scope of responsibility

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

I am responsible for ensuring that the 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

Enfield CCG's Constitution sets out the operational arrangements which have been put in place to meet its responsibility as a commissioner of the healthcare services for the population of Enfield. The Constitution confirms the CCG's membership and accountability, the Governing Body roles and responsibilities and the governance structure and decision-making arrangements.

The Governing Body comprises 15 voting members, including eight elected posts, two lay members, a registered nurse, a secondary care doctor, a practice manager and two executives. During the year, elections and appointment processes were successfully run in accordance with our Constitution to appoint replacements for GP Governing Body members who had come to the end of their terms of office. The post of Nurse Representative was filled on the 15 July 2019 by Claire Johnston.

Governing Body Committees

In line with statutory requirements and guidance, the Governing Body established the following Committees:

- Remuneration Committee;
- Clinical Commissioning Committee;
- Quality and Safety Committee;
- Finance and Performance Committee;
- Patient and Public Engagement Committee;
- Procurement Committee;
- NCL Joint Commissioning Committee;
- NCL Primary Care Co-Commissioning Committee in Common;
- NCL Audit Committee in Common (including the Enfield Audit Committee).

A summary of the responsibilities of these Committees, their membership and delegated responsibilities can be found in our Constitution and the Terms of Reference of each Committee, which are available on the CCG's website.

The effectiveness of the Governing Body and its committees

All Governing Body Committee Chairs continue to report on their Committee's effectiveness and also provide an assurance report to each public Governing Body meeting. Action plans have been developed to address the issues raised from the effectiveness reviews. Highlights of the work of committees and a summary of their effectiveness can be found below.

The Governing Body carried out a self-assessment in April 2019 which revealed that members are satisfied overall with the Governing Body's effectiveness and its compliance with relevant best practice as set out in the UK Corporate Governance Code..An effectiveness review was also conducted on all Governing Body Committees, and the outcome from most reviews has been the development of an action plan to address the issues raised. Highlights of the work of the committees and a summary of their effectiveness can be found below.

Highlights of Governing Body and committee work during 2019/20

Governing Body

The Governing Body met three times in public and five times for informal seminar sessions during the financial year. The fourth scheduled public meeting in March 2020 had to be held virtually due to concerns surrounding Covid-19. All meetings in public were quorate in accordance with its terms of reference. Highlights of the year include:

- Approval of the NCL CCGs Merger Application;
- Approval of the NCL Primary Care Committee in Common (PCCC) Terms of Reference;
- Approval of the establishment of the joint Barnet, Enfield, Haringey and Islington (BEHI) IFR (Individual Funding Requests) Appeals Panel;
- Approval of the Joint Health & Wellbeing Strategy.

NCL Audit Committee in Common

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

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

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

At the NCL ACIC, whilst the five CCG Audit Committees meet together, each individual Audit Committee makes its decisions independently. This arrangement 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; and
- The Lay Member for Audit and Governance from another CCG in North Central London.

The membership of Enfield CCG's Audit Committee during 2019-20 was the Chair, Karen Trew, Dr Jarir Amarin (GP Member of the Governing Body) and Lucy de Groot (Chair of Islington and Haringey CCGs Audit Committees).

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

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

During the 2019-20 financial year, NCL ACIC met in May and September 2019 and January and March 2020. During the reporting period NCL ACIC fulfilled its responsibilities and:

- Approved the Annual Report and Accounts of the five NCL CCGs with authority delegated from

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

Remuneration and Nomination 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 4 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 1st April 2020;
- Approve the remuneration terms for Lay Governing Body Members of the single NHS North Central London Clinical Commissioning Group; and
- Consider uplift payments for executive members at Very Senior Manager ('VSM') level.

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

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

Camden CCG:

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

Enfield CCG:

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

Haringey CCG:

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

Islington CCG:

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

Quality and Safety Committee

The Quality and Safety Committee is responsible for ensuring the quality and safety of all commissioned services, and to assure the Governing Body that quality and safety is integral to the commissioning function, by providing an overview of quality assurance and clinical governance.

The Committee met six times during the financial year. All meetings were quorate in accordance with the Committee's terms of reference.

Highlights of the Committee's work during 2019/20 include:
Approval of range of strategies and policies:

- Continuing Health Care Operating Procedures;
- Health, Safety and Wellbeing Strategy 2019-20;
- Receive and review reports from the Quality and Risk Sub Group;
  - Commissioning Support Unit (CSU) Performance and Quality Reports;
  - Enfield Referral Service, Quality Alerts Medicines Management and CSU Cancer Assurance report;
  - Barnet Enfield Haringey Mental Health Trust Clinical Quality Review Group;
  - Prevent Programme;
- Scrutinise the Risk Register relating to Quality and Safety matters;
- Quality assurance reports;
- Safeguarding Annual Report.

Comprehensive summaries of the committee's work are brought to the Governing Body and are available as a public record via the Governing Body meeting papers at GB meetings.

Finance and Performance Committee

The Finance and Performance Committee is responsible for overseeing the financial performance of the CCG and the associated financial planning issues, and to monitor CCG delivery of the Quality Innovation Productivity and Prevention (QIPP) and Investment Programme.

The Committee met monthly during the financial year. All meetings were quorate in accordance with the Committee's terms of reference.

Highlights of the Committee's work during 2019/2020:

- Receiving monthly Finance and Contracts report, and Integrated Performance and Quality reports;
- Authorisation of business cases, including reviews on the Health Information Exchange, NCL wide Last Phase of Life, Community Consultant Paediatrician, transfer of inpatient stroke service from Royal Free to Barnet Enfield Haringey Mental Health Trust, Community Integrated Pain Service;
- Receiving regular reports on the delivery of financial plans and QIPP programme;
- Received update from the Commissioning and Contracts Operational Group;
- Regularly reviewed the finance and performance risk register;
- Received update on the Development of the Operational Plan for 2019/2020, and the Better Care Fund.

Patient and Public Engagement Committee

The Patient and Public Committee is responsible for ensuring that the Governing Body involves patients and the public in a planned and proactive way, which is integrated with other local partners wherever possible and coordinated with staff engagement activities as appropriate, in order to shape services around the needs and preferences of individual users, patients, their families and their carers.

The Committee met six times during the financial year. All meetings were quorate.

Highlights of the Committee's work during 2019/20 include:

- Receiving updates from the Patient Participation Group Representatives, Healthwatch, Medicines Management and Public Health;
- Supported the NCL orthopaedic review and consultation;
- Regularly discussed the CCG's engagement log and future events;
- Review and supported the proposals to amend the CCG's Constitution;
- Scrutinised the CCG's QIPP plan for 2019/2020;
- Review and endorse the Equality Information Report 2018/19;
- Review and support a range of Public Health initiatives.

Clinical Commissioning Committee

The Clinical Commissioning Committee was established to oversee and monitor the development and implementation of Enfield commissioning strategies and plans, provide clinical leadership and ensure effective multi-professional participation.

The Committee met twice during the financial year. All meetings were quorate in accordance with the Committee's terms of reference.

Highlights of the Committee's work during 2019/20 include:

- Reviewing the Draft 2019/2020 NCL System Intentions, including 2019/2020 QIPP Plan;
- Receiving regular updates on the Primary Care Transformation Programme and being assured of the work being carried out on primary care;
- Reviewing the recommendations from the Clinical Reference Group;
- Reviewing and challenging the commissioning strategic risks;

- Receiving updates from the NCL Joint Commissioning Committee Meeting;
- Receiving assurance from the Clinical Review working Group meeting and approving the group's terms of reference;
- Receiving regular updates on the NHS England Improvement & Assurance Framework;
- Receiving regular update on the NCL Individual Funding Requests activity and performance;
- Receiving progress reports on the NCL Sustainability and Transformation Plan;
- Receiving update from medicines management;
- Reviewing winter planning;
- Reviewing Quality Premium.

Procurement Committee

The Procurement Committee has been established by the Governing Body to ensure robust and transparent decision-making for services with a primary care element and the procurement of services. It also provides a forum within the CCG governance structure that has responsibility for approving the award of contracts for healthcare services. This ensures conflicts of interest are managed robustly and all decisions are defensible to challenge or scrutiny. There are no GPs on this Committee.

The Committee met eight times during the financial year. All meetings were quorate in accordance with the committee's terms of reference.

Highlights of the Committee's work during 2019/2020 include:

- Regular review of the Register of Procurement Decisions which is in turn published on the CCG's website: https://www.enfieldccg.nhs.uk/about-us/expenditure-over-25k.htm ;
- Regular review of governance of the contract register, which is in turn published on the CCG's website: https://www.enfieldccg.nhs.uk/about-us/expenditure-over-25k.htm
- Approved the 12 month contract to support the development of the pilot Cardiology Enhanced Triage and Diagnostic Hub;
- Extension of contracts for Access Hubs and Walk-in centres were reviewed to extend them beyond the current contract;
- Review of the service specification which set out the Medicines Management Locally Commissioned Services (LCS) for 2019/20;
- Approved the award of the Long Term Conditions contract for a 5 year term;
- Approved the extension of the contract for the provision of Personal Health Budget (PHB) Fund management by 12 months until end of financial year 31/03/2021.

Comprehensive summaries of the committee's work are brought to the Governing Body and are available as a public record via the Governing Body meeting papers at GB meetings.

NCL Joint Commissioning Committee

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.

Enfield CCG is represented at the committee by the CCG's Chair, a lay member, the Accountable Officer and the Chief Finance Officer. Fawad Hussain is additionally one of three independent clinicians on the Committee.

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

The highlights of the Committee's work include:

- Agreeing to change the name of the Procedures of Limited Clinical Effectiveness Policy (PoLCE) to Evidence Based Interventions and Clinical Standards and receiving updates on the monitoring of its application;
- Agreeing the NCL Adult Elective Orthopaedic Services (AEOS) Review 2019/20 budget and CCG contributions;
- Agreeing the proposed Clinical Delivery Model for AEOS and the Options Appraisal Process;
- Approving the AEOS Pre-Consultation Business Case;
- Approving proceeding to launch the AEOS public consultation;
- Approving the Committee's revised Terms of Reference;
- Identifying 'legacy' issues for consideration by the new NCL CCG.

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

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

North Central London Primary Care Committee in Common

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

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

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

Enfield CCG is represented by a lay member, a GB GP Representative, the Director of Primary Care Commissioning and the Head of Primary Care as per the other CCGs.

UK Corporate Governance Code

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

Discharge of Statutory Functions

During establishment, the arrangements put in place by the CCG and explained within the Constitution were developed with extensive external expert legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for the Membership Body, Governing Body decision and the scheme of delegation. Enfield CCG has robust arrangements in place for the discharge of its statutory duties as outlined in its constitution.

In light of the 2013 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the CCG's statutory duties

Risk management arrangements and effectiveness

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

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

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

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

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

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

The CCG ensures that Equality Impact Assessments are integrated into its core business and is supported in doing so by the CCG's Senior Equality, Diversity and Inclusion Manager. The CCG visibly demonstrates its commitment to robust Equality Impact Assessments by requiring staff to identify these, as appropriate, on the coversheets for all Governing Body and Governing Body committee reports.

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

Capacity to handle risk

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

- An open, honest and transparent risk management culture;
- Staff being trained and empowered to manage risks appropriate to their authority and duties with solid reporting lines to management;
- All teams within the directorates being required to meet regularly to discuss their risks. Risks are reviewed by directors, managers and their teams;
- All risks within a directorate being owned by the director with each directorate having its own risk register that captures the key risks in the directorate;
- Key risks from the directorate risks registers that are assessed at the corporate level to have a current risk score of 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 three 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 controls into place and took a number of actions to mitigate this risk. These include: ▪ Establishing an STP governance structure which includes significant clinical and public oversight; ▪ Establishing an advisory board which includes councillors, Healthwatch and the Chairs of STP partner organisations; ▪ Creating an STP governance handbook; ▪ Engaging with key stakeholders across the system including their formal structures. This includes other CCGs, local councils, providers and third sector organisations; ▪ Recruiting an STP communications and engagement team, having named communications leads and teams in each organisation and having clear communication channels; ▪ Ensuring skilled programme management support is in place; ▪ Using existing patient and public participation structures and systems in each partner organisation.
Failure to effectively deliver a corporate merger of the five North Central London (NCL) CCGs Cause: If the five North Central London (NCL) CCGs fail to deliver a merger to a single CCG that effectively manages financial, staffing, quality and performance ,and broader statutory requirements, without the full support of CCG members, stakeholders and partners Effect: There is a risk that a single CCG will not be established, or that an NCL-wide CCG will not meet its NHS England Control Total, retain sufficient workforce and strong partnership working to meet its strategic objectives and operational goals or otherwise fails	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: ▪ In September 2019 the five NCL CCGs agreed to merge to form one organisation; ▪ In November 2019 the member practices approved the Constitution for the new CCG; ▪ In January 2020 GPs and Practice Nurses working in each of the Member Practices across NCL voted to elect their Clinical Representatives on the new CCG's Governing Body; ▪ NHS England approved the merger and the Constitution with the new CCG being established on 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.

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.	
GDPR Compliance Due to a lack of policies and procedures that meet the GDPR requirements, there is a risk that the CCG may be unable to comply with its legal responsibilities as a Data Controller under EU General Data Protection Regulation (GDPR). This may result in a fine issued by the ICO thereby impacting the CCG's ability to commission patient care services	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: ▪ Utilising the skills of the CCG's specialist Information Governance Manager and support services from North and East London Commissioning Support Unit; ▪ Undertaking a GDPR Information Governance policy review and updating all policies so that they are compliant; ▪ Completing the Information Governance Toolkit to the required level.

Principal risks to compliance with the CCG's licence

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

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

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

Internal and External Auditors

To ensure that the CCG's internal control mechanisms are effective they are subject to regular targeted review by RSM our internal auditors. This 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 31st March 2020 and up to the date of approval of the Annual Report and Accounts.

Annual audit of conflicts of interest management

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

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

Conflict of Interest Area	Compliance Assessment Level
Governance arrangements	Compliant

Declarations of interests	Partially Compliant
Declarations of gifts and hospitality	Compliant
Register of interests	Partially Compliant
Register of gifts and hospitality	Compliant
Procurement decisions	Compliant
Decision making processes and contract monitoring	Compliant
Reporting concerns and identifying and managing breaches/ non-compliance	Compliant

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

Data Quality

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

Information Governance

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

In 2019/20, the CCG met all 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 and Performance 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.

Delegation of functions

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

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

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

Counter fraud arrangements

The CCG is committed to reducing fraud and bribery against the NHS to a minimum. We have appointed an accredited Local Counter Fraud Specialist ('LCFS'), through RSM our internal auditors, who works to a risk based annual plan which has been agreed by the Chief Finance Officer and the Audit Committee. The plan is designed around the NHS Counter Fraud Authority's standards for commissioners and compliance with these standards is reported to the Audit Committee on an annual basis.

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

EU-Exit

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

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

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

Head of Internal Audit Opinion

Following completion of the planned audit work for the CCG (as part of a plan covering north central London) and the quality assurance work for the Commissioning Support Unit, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control for 2019/20. The Head of Internal Audit concluded that:
The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective

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

Area of Audit	**Level of Assurance Given**
Board Assurance Framework and Risk Management	Substantial Assurance
Local Authority Integration and Better Care Fund	Reasonable 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 – direct payments into prepaid cards were not being monitored, guidance did not incorporate statutory updates from NHS England, some relevant documentation was unauthorised and not filed, some clinical reviews were overdue by three months and there was no evidence of some patients being informed of indicative budgets.

Of the eight 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. The one high priority management action will be followed up when it becomes due for implementation.

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

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

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Conclusion

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

Frances O'Callaghan

Accountable Officer

23 June 2020

Remuneration and Staff Report

Introduction

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

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

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

Remuneration Report

Remuneration Committee

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

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

Members	Role
Mr Kevin Sheridan	Lay member & Chair of Remuneration Committee
Ms Karen Trew	Lay member
Dr Mo Abedi	Elected GP Representative

Policy on the remuneration of Senior Managers

The main function of the committee is to make recommendations to the Governing Body on the remuneration, allowances and terms of service of other officer members to ensure that they are fairly rewarded for their individual contribution to the CCG, having regard for the organisation's circumstances and performance, and taking into account national arrangements.

Remuneration

Remuneration is in line with Agenda for Change terms and conditions. There is no performance-related pay for senior managers. On occasions it is necessary to cover an executive director or senior manager post through interim arrangements. Where the expected cost is above £600 per day, a business case is submitted to NHS England for approval.

Remuneration of Very Senior Managers

No individual CCG Very Senior Managers have been paid more than £150,000 in the financial year 2019/20.

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)

			Salary	2019/20 All Pension-Related Benefits	Total	Dates served	
			(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	From	To
Note	Name	Title	£000	£000	£000		
	Executive Directors						
(1)	Ms Frances O'Callaghan	Accountable Officer	0-5	0	0-5	17/02/2020	31/03/2020
(1)	Ms Helen Pettersen	Accountable Officer	25-30	0	25-30	01/04/2019	28/02/2020
(1)	Mr Simon Goodwin	Chief Finance Officer	25-30	2.5-5	30-35	01/04/2019	31/03/2020
(1 & 2)	Mr Rob Larkman	Interim Chief Finance Officer	0-5	0	0-5	01/04/2019	06/04/2019
(1)	Ms Eileen Fiori	Director of Acute Commissioning	20-25	2.5-5	20-25	01/04/2019	31/01/2020
(1)	Mr Paul Sinden	Executive Director of Performance & Assurance	20-25	2.5-5	25-30	01/04/2019	31/03/2020
(1)	Mr Will Huxter	Executive Director of Strategy	25-30	0-2.5	25-30	01/04/2019	31/03/2020
(1)	Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	10-15	2.5-5	15-20	01/10/2019	31/03/2020
(1)	Mr Ian Porter	Executive Director of Corporate Services	20-25	5-7.5	25-30	01/04/2019	31/03/2020
(1 & 3)	Ms Jennie Williams	Director of Quality	0-5	0-2.5	0-5	01/04/2019	31/01/2020
(4)	Ms Kay Matthews	Director of Clinical Quality	0-5	0-2.5	0-5	14/10/2019	31/03/2020
	Mr John Wardell	Executive Managing Director	100-105	50-52.5	155-160	01/04/2019	05/01/2020
(5)	Mr Rob Larkman	Interim Executive Managing Director	115-120	0	115-120	21/05/2019	31/03/2020
(6)	Ms Aimee Fairbairns	Director of Service Quality & Integrated Governance	240-245	7.5-10	250-255	01/04/2019	31/03/2020
(6)	Mr Graham McDougall	Director of Commissioning	265-270	0-2.5	270-275	01/04/2019	31/03/2020

	Ms Deborah McBeal	Deputy Chief Officer and Delivery Director	115-120	197.5-200	315-320	01/04/2019	31/03/2020
	Mr Vince McCabe	Director of Strategy & Partnerships	105-110	0	105-110	01/04/2019	31/03/2020
(6)	Ms Arati Das	Director of Finance	180-185	40-42.5	225-230	01/04/2019	31/03/2020

Medical Director

Dr Mohammed Mateen Jiwani	Clinical Director	15-20	0	15-20	01/04/2019	30/06/2019

GP Governing Body Members

Dr Mo Abedi	Chair	90-95	0	90-95	01/08/2014	31/03/2020
Dr Fahim Chowdhury	Vice Chair	40-43	0	40-43	30/10/2013	31/03/2020
Dr Jarir Amarin	GP Member	25-30	0	25-30	02/09/2015	31/03/2020
Dr Elizabeth Babatunde	GP Member	35-40	0	35-40	01/08/2017	31/03/2020
Dr Rebecca Olowookere	GP Member	25-30	0	25-30	01/08/2017	31/03/2020
Dr Johan Bryan	GP Member	10-15	0	10-15	16/11/2016	31/08/2019
Dr Chitra Sankaran	GP Member	25-30	0	25-30	02/09/2015	31/03/2020
Dr Hetul Shah	GP Member	25-30	0	25-30	14/03/2017	31/03/2020

Other Governing Body Members

Dr Fawad Hussain	Secondary Care Doctor Member	10-15	0	10-15	02/01/2019	31/03/2020
Ms Claire Johnston	Nurse Member	5-10	0	5-10	15/07/2019	31/03/2020
Ms Karen Trew	Lay Vice Chair & Lay Member	25-30	0	25-30	01/04/2013	31/03/2020
Mr Kevin Sheridan	Lay Member	10-15	0	10-15	12/11/2018	31/03/2020

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. *Additional allowance for role as Director of Clinical Quality for north central London from 14 October 2019.*
5. *Includes sick leave cover from 21 May 2019 – 5 January 2020.*
6. *Includes redundancy agreed before departure but payable afterwards and disclosed in the exit packages section of this report and note 4.3 (exit packages agreed in the financial year) in the annual accounts section of this report.*

No senior managers received benefits in kind or bonus payments.

The salary figures shown above include the CCG's employer contribution 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 that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

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

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

Senior manager remuneration (including salary and pension entitlements) 2018/19

		2018/19			Dates served	
Note	Name and Title	Salary (bands of £5,000) £'000	All Pension Related Benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Started	Ceased
	Executive Directors					
	Mrs Helen Pettersen - Accountable Officer	30 - 35	37.5 - 40	65 - 70	03/04/2017	
	Mr Simon Goodwin - Chief Finance Officer	25 - 30	22.5 -25	50 - 55	01/06/2017	
	Mr Rob Larkman - Interim Chief Finance Officer	5 - 10	0	5 - 10	04/02/2019	
	Mr Ian Porter - Director of Corporate Services	15 - 20	2.5 - 5	20 - 25	08/01/2018	
	Mr Will Huxter - Director of Strategy	25 - 30	0 - 2.5	25 - 30	01/06/2017	
	Mr Paul Sinden - Director of Acute Commissioning & Performance	20 - 25	2.5 -5	25 - 30	01/04/2017	
	Ms Eileen Fiori - Director of Acute Commissioning & Integration	20 - 25	15 - 17.5	35 -40	01/05/2018	
	Ms Jennie Williams - Director of Nursing & Quality	0 - 5	7.5 -10	10 - 15	14/11/2016	
	Mr John Wardell - Chief Operating Officer	125 - 130	0	125 - 130	04/12/2017	
	Ms Aimee Fairbairns - Director of Quality and Clinical Services	105 - 110	10 - 12.5	115 - 120	01/04/2013	
	Ms Deborah McBeal - Deputy Chief Officer	105 - 110	0	105 - 110	28/07/2015	
	Mr Graham McDougall - Director of Commissioning	105 - 110	25 - 27.5	130 - 135	01/04/2013	
	Mr Vince McCabe - Director of Strategy & Partnerships	105 - 110	0	105 - 110	29/08/2017	

Medical Director

	Dr Mateen Jiwani - Medical Director	65 to 70	0	65 to 70	16/04/2018	

		2018/19			Dates served	
Note	**Name and Title**	**Salary (bands of £5,000) £'000**	**All Pension Related Benefits (bands of £2,500) £'000**	**Total (bands of £5,000) £'000**	**Started**	**Ceased**
	Governing Body Members					
	Dr Mo Abedi - Chair	80 - 85	0	80 - 85	01/08/2014	
	Dr Fahim Chowdhury - Vice Chair	25 - 30	0	25 - 30	30/10/2013	
	Dr Chitra Sankaran - GP Member	25 - 30	0	25 - 30	02/09/2015	
	Dr Jarir Amarin - GP Member	20 - 25	0	20 - 25	02/09/2015	
	Dr Elizabeth Babatunde - GP Member	20 - 25	0	20 - 25	01/08/2017	
	Dr Rebecca Olowookere - GP Member	25 - 30	0	25 - 30	01/08/2017	
	Dr Johan Byran - GP Member	25 - 30	0	25 - 30	16/11/2016	
	Dr Hetul Shah - GP Member	45 - 50	0	45 - 50	14/03/2017	
	Dr Lourdrina Thambinayagam - Governing Body Locality Lead	10 - 15	0	10 - 15	02/09/2015	

	Lay Members					
	Ms Karen Trew - Lay Vice Chair & Lay Member	20 - 25	0	20 - 25	01/04/2013	
	Dr Teri Okoro - Lay Member	0 - 5	0	0 - 5	01/08/2013	31/12/2018
	Mr Kevin Sheridan - Lay Member	0 - 5	0	0 - 5	12/11/2018	
	Other Governing Body Members					
	Dr Fawad Hussain - Secondary Care Doctor Member	0 - 5	0	0 - 5	02/01/2019	
	Prof Robert Elkeles - Secondary Care Doctor Member	5 - 10	0	5 - 10	01/08/2013	30/11/2018
	Mrs Angela Dempsey - Nurse Member	10 - 15	0	10 - 15	01/04/2013	28/02/2019
	Mr Christopher Curtis - Practice Manager Representative	0 - 5	0	0 - 5	01/02/2018	06/07/2018

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 of senior managers (subject to audit)

	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent transfer value at 1 April 2019 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2020 £'000
Ms Frances O'Callaghan	(0-2.5)	(0-2.5)	40-45	115-120	812	(4)	821
Ms Helen Pettersen	0-2.5	0-2.5	60-65	180-185	1,352	17	1,426
Mr Simon Goodwin	0-2.5	(2.5-5)	50-55	110-115	912	18	974
Ms Eileen Fiori	0-2.5	(0-2.5)	50-55	125-130	993	17	1,057
Mr Paul Sinden	0-2.5	(0-2.5)	35-40	70-75	618	15	665
Mr Will Huxter	0-2.5	(2.5-5)	40-45	105-110	823	16	877
Ms Sarah Mansuralli	2.5-5	0-2.5	35-40	75-80	607	37	677
Mr Ian Porter	0-2.5	0	5-10	0	61	10	88
Ms Jennie Williams	5-7.5	17.5-20	35-40	115-120	715	158	904
Ms Kay Matthews	2.5-5	0-2.5	45-50	105-110	844	48	932
Mr John Wardell	2.5-5	(15-17.5)	30-35	60-65	573	(7)	598
Ms Aimee Fairbairns	0-2.5	2.5-5	30-35	100-105	727	28	788
Mr Graham McDougall	0-2.5	0-2.5	35-40	110-115	827	23	884
Ms Deborah McBeal	10-12.5	0-2.5	30-35	65-70	429	134	599
Ms Arati Das	2.5-5	0-2.5	25-30	55-60	384	28	435

Compensation on early retirement of for loss of office

No payments were made in 2019/20.

Payments to past members

As in 2019/20, no significant awards or payments have been made during the financial year.

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 Enfield CCG in the financial year 2019/20 was £150k-155k (2018/19: £125k-£130k). This was 3.90 times (2018/19: 3.30) the median remuneration of the workforce, which was £40k (2018/19: £38k).

In 2019/20, 0 (2018/19: 0) employee received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0-5K to £150k-155K (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.

Staff Report

Very Senior Manager Information

At the 31 March 2020, there was one individual on a very senior manager grade in Enfield CCG and five individuals on very senior manager grade in north central London shared management positions.

Senior Managers Information

At the 31 March 2019, there were five senior managers on band 9 and two in north central London shared management positions.

Staff numbers and costs

	31-Mar-20								
	ADMIN			PROGRAMME			TOTAL		
	Perm	Other		Perm	Other		Perm	Other	
2019/20	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	N4A	N4B	N4C	N4D	N4E	N4F	N4G	N4H	N4I
Salaries and wages	2,823	441	3,264	2,833	1,091	3,924	5,656	1,531	7,188
Social security costs	220	-	220	282	-	282	501	-	501
Employer contributions to the NHS Pension Scheme	478	-	478	296	-	296	774	-	774
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	11	-	11	-	-	-	11	-	11
Other post-employment benefits	-	-	-	-	-	-	-	-	-

Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	412	-	412	412	-	412
Gross Employee Benefits Expenditure	**3,533**	**441**	**3,973**	**3,823**	**1,091**	**4,913**	**7,355**	**1,531**	**8,887**
Less: Recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure including capitalised costs	**3,533**	**441**	**3,973**	**3,823**	**1,091**	**4,913**	**7,355**	**1,531**	**8,887**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**3,533**	**441**	**3,973**	**3,823**	**1,091**	**4,913**	**7,355**	**1,531**	**8,887**

	31-Mar-19								
	ADMIN			**PROGRAMME**			**TOTAL**		
	Perm	Other		Perm	Other		Perm	Other	
2018/19	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
	N4J	**N4K**	**N4L**	**N4M**	**N4N**	**N4O**	**N4P**	**N4Q**	**N4R**
Salaries and wages	2,590	162	2,751	2,590	1,224	3,814	5,180	1,386	6,566
Social security costs	248	-	248	248	-	248	497	-	497
Employer contributions to the NHS Pension Scheme	270	-	270	301	-	301	572	-	572
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	12	-	12	-	-	-	12	-	12
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	**3,121**	**162**	**3,282**	**3,140**	**1,224**	**4,364**	**6,260**	**1,386**	**7,646**

Less: Recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure including capitalised costs	**3,121**	**162**	**3,282**	**3,140**	**1,224**	**4,364**	**6,260**	**1,386**	**7,646**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**3,121**	**162**	**3,282**	**3,140**	**1,224**	**4,364**	**6,260**	**1,386**	**7,646**

Staff composition

Gender breakdown of Governing Body members at 31 March 2020

Category	Male	Female	Total
Elected	3	3	6
Appointed	3	3	6
Non-voting	5	3	8
Total	**11**	**9**	**20**

Gender breakdown of all staff including senior managers and very senior managers as at 31 March 2020

Pay Group	Female	Male	Total
Band 3	9	1	10
Band 4	5	1	6
Band 5	7	0	7
Band 6	9	0	9
Band 7	8	2	10
Band 8a	10	7	17
Band 8b	10	4	14
Band 8c	4	4	8
Band 8d	2	1	3
Senior managers (Band 9 and above, inclusive of VSM and local salary)	4	2	6
Grand total	**68**	**22**	**90**

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 the calendar year 1 January -31 December 2019 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
6.68%	2,374	2,187.87	32,767.74

Staff policies

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

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

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

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

The Appraisal Policy and Procedure provides a framework for maximising the effectiveness and potential of each employee so that they can contribute successfully to the achievements of the

CCG's objectives. It also helps staff and managers to develop objectives by ensuring links to team/service objectives- and ensures the right support, tools and mechanisms are in place to achieve the objectives. The Workforce System has the necessary functions to help staff and mangers to plan and complete their appraisals- and also monitor and record progress.

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

Trade Union facility time (subject to audit)

Reference	Question	Figures
Table 1 Relevant Union Officials	Number of employees who were relevant union officials during the relevant period	3
	Full-time equivalent employee number	3
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)
Table 3 Percentage of pay bill spent on facility time	Total cost of facility time	£27,617
	Total pay bill	£194,408
	Percentage of the total pay bill spent on facility time	14.21%
Table 4 Paid trade union activities	Time spent on paid trade union activities as a percentage of total paid facility time hours	13.08%

Employee consultation

The CCG continues to undertake staff engagement as necessary to:

- strengthen and focus the staff establishment and structure
- introduce new roles to the establishment to respond to NHS priorities
- amend current roles to provide a clearer focus on the strategic challenges of the CCG
- limit recruitment to internal only during the transition period, therefore providing greater certainty and assurance to current members of the CCG about their roles in the organisation.

Equality and diversity

The CCG recognises employees as its greatest asset and 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 refreshing its induction and equality information for staff and external stakeholders to raise awareness
- ensuring that each manager will work to create an environment in which individual differences and the contributions of all our staff are recognised and value.
- ensuring all staff are aware of the policy, and the reasons for the policy
- supporting the completion of the annual equality audit and the review of findings.

Expenditure on consultancy

2019/20 Total	2019/20 Admin	2019/20 Programme	2018/19 Total
£000	£000	£000	£000
0	0	0	202

Off-payroll engagements

Table 1: All off-payroll engagements longer than 6 months
For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:

Number of existing engagements as of 31 March 2020	16
Of which, the number that have existed:	
for less than one year at the time of reporting	5
for between one and two years at the time of reporting	11
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

No. of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	5
Of which...	

No. assessed as caught by IR35	0
No. assessed as not caught by IR35	5
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

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

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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	1
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.	26

Exit packages, including special (non-contractual) payments

Exit package cost band (inc. any special payment element)	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	1	80,000	0	0	1	80,000
£100,001 to £150,000	0	0	1	133,333	1	133,333
£150,001 to £200,000	0	0	1	160,000	1	160,000
Over £200,001	0	0	0	0	0	0
Total	**1**	**80,000**	**2**	**293,333**	**3**	**373,333**

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 Enfield CCG has agreed early retirements, the additional costs are met by the CCG and not by the NHS Pensions Schemes. Ill health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Agreed Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	**2**	**293,333**
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice*		
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval**		
TOTAL	**2**	**293,333**

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.

Signature notes approval of all content within the Accountability Report

Frances O'Callaghan
Accountable Officer
23 June 2020

INDEPENDENT AUDITORS REPORT

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Emphasis of Matter – Going concern basis of preparation

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

Other information in the Annual Report

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

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

Annual Governance Statement

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

Remuneration and Staff Report

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

Accountable Officer's responsibilities

As explained more fully in the statement set out on pages 45 and 46, 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 £17.9 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 Enfield CCG put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

In assessing the arrangements in place to secure the CCG's sustainable resource deployment we identified that the CCG set a deficit budget of £15.4 million and at 31 March 2020 reported excess expenditure of £17.9 million against its revenue resource allocation of £501.2 million. As a result the CCG was in breach of its statutory requirement to ensure that revenue resource did not exceed the amount specified in Directions. The cumulative underlying deficit of the CCG is £83.3 million.

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

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

As explained more fully in the statement set out on pages 45 and 46, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

Statutory reporting matters

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

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

We have nothing to report in these respects.

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

On 12 May 2020 we wrote to the Secretary of State in accordance with section 30 (1) (b) of the 2014 act in respect of the CCG's breach of its revenue resource limit. The CCG's financial statements for the financial year ended 31 March 2020 identified a deficit of £17.9 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 Enfield 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 Enfield CCG for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Joanne Lees
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London, E14 5GL
25 June 2020

ANNUAL ACCOUNTS

Annual Accounts for 2019/20

NHS Enfield Clinical Commissioning Group - Annual Accounts 2019-20

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	(1,556)	(2,436)
Other operating income	2	0	0
Total operating income		**(1,556)**	**(2,437)**
Staff costs	4	8,887	7,646
Purchase of goods and services	5	511,354	492,951
Depreciation and impairment charges	5	47	23
Provision expense	5	0	0
Other Operating Expenditure	5	363	393
Total operating expenditure		**520,651**	**501,013**
Net Operating Expenditure & Total Comprehensive net expenditure for the year ended 31 March 2020		**519,095**	**498,576**

CCG Cumulative position		**2019-20** £'000	**2018-19** £'000
Revenue resource limit	18	435,760	433,138
Comprehensive expenditure	18	(519,095)	(498,576)
Surplus/(Deficit)		**(83,335)**	**(65,438)**

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	8	163	210
Total non-current assets		**163**	210
Current assets:			
Trade and other receivables	9	6,929	16,785
Cash and cash equivalents	10	17	321
Total current assets		**6,946**	17,106
Total assets		**7,109**	17,316
Current liabilities			
Trade and other payables	11	(47,891)	(57,074)
Total current liabilities		**(47,891)**	(57,074)
Total Assets less Current Liabilities		**(40,782)**	(39,758)
Financed by Taxpayers' Equity			
General fund		(40,782)	(39,758)
Total taxpayers' equity:		**(40,782)**	(39,758)

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

Frances O'Callaghan

Accountable Officer

23 June 2020

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

	General fund £'000
Changes in taxpayers' equity for 2019-20	
Balance at 01 April 2019	(39,758)
Net operating expenditure for the financial year	(519,095)
Net funding	518,071
Balance at 31 March 2020	**(40,782)**

	General fund £'000
Changes in taxpayers' equity for 2018-19	
Balance at 01 April 2018	(34,153)
Net operating costs for the financial year	(498,576)
Net funding	492,971
Balance at 31 March 2019	**(39,758)**

Financial Performance:

During 2019/20 NHS Enfield CCG received Revenue Resource Limit funds of £501,199,000 (2018/19 - £473,771,000) and incurred expenditure of £519,095,000 (2018/19 - £498,577,000).

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		(519,095)	(498,577)
Depreciation and amortisation	5	47	23
(Increase)/decrease in trade & other receivables	9	9,855	(9,027)
Increase/(decrease) in trade & other payables	11	(9,183)	14,722
Net Cash Inflow (Outflow) from Operating Activities		**(518,376)**	(492,859)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		0	(116)
Net Cash Inflow (Outflow) from Investing Activities		**0**	(116)
Net Cash Inflow (Outflow) before Financing		**(518,376)**	(492,975)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		518,071	492,972
Net Cash Inflow (Outflow) from Financing Activities		**518,071**	492,972
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(304)**	(3)
Cash & Cash Equivalents at the Beginning of the Financial Year		**321**	325
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**17**	321

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 Enfield CCG was dissolved on 31 March 2020 having joined with NHS Barnet, NHS Camden CCG, NHS Haringey CCG and NHS Islington CCG 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 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement under section 75 of the NHS Act 2006.

The CCG 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

Notes to the financial statements

1.4 **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 value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non- cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.5 **Employee Benefits**

1.5.1 **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.

1.5.2 **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.

1.6 **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.

1.7 **Property, Plant & Equipment**

1.7.1 **Recognition**

Property, plant and equipment is capitalised if:

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

1.7.2 **Measurement**

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

1.7.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.8 **Depreciation, Amortisation & Impairments**

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself.

Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.
At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

1.9 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.9.1 **The Clinical Commissioning Group as Lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

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.

Contingent rentals are recognised as an expense in the period in which they are incurred.

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

1.10 **Cash & Cash Equivalents**

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

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

1.11 **Provisions**

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

1.12 **Clinical Negligence Costs**

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

1.13 **Non-clinical Risk Pooling**

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

1.14 **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.

1.14.1 **Financial Assets at Amortised cost**

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

1.14.2 **Impairment**

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

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

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

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

1.15 **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.

1.16 **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.

1.17 **Foreign Currencies**

The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

1.18 **Third Party Assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the clinical commissioning group has no beneficial interest in them.

1.19 **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).

1.20 **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.

1.20.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.20.2 **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.

1.20.3 **Accruals**

For goods and/or services that have been delivered but for which no invoice has been received/sent, the CCG makes an accrual based on the contractual arrangements that are in place and its legal obligations. See trade and other payables Note 11.

Prescribing liabilities

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately six-eight weeks 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.

1.20.4 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.21 **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 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. Following the outbreak of the COVID19 pandemic the implementation of this standard was deferred until 2020/21. Work on this standard is expected to recommence
- 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.

2 Other Operating Revenue

	2019-20 Admin £'000	2019-20 Programme £'000	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)				
Education, training and research	0	0	**0**	484
Non-patient care services to other bodies	0	704	**704**	309
Prescription fees and charges	0	70	**70**	53
Other Contract income	341	440	**781**	1,591
Total Income from sale of goods and services	**341**	**1,215**	**1,556**	**2,437**
Total Operating Income	**341**	**1,215**	**1,556**	**2,437**

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

	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Other Contract income £'000
Source of Revenue			
NHS	704	0	781
Non NHS	0	70	0
Total	**704**	**70**	**781**

	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Other Contract income £'000
Timing of Revenue			
Point in time	704	70	781
Over time	0	0	0
Total	**704**	**70**	**781**

4. Employee benefits and staff numbers

4.1.1 Employee benefits — Total — 2019-20

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	5,656	1,531	7,188
Social security costs	501	0	501
Employer Contributions to NHS Pension scheme	774	0	774
Apprenticeship Levy	11	0	11
Termination benefits	412	0	412
Gross employee benefits expenditure	7,355	1,531	8,887
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	7,355	1,531	8,887
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	7,355	1,531	8,887

There are termination benefits of £412k in 2019/20 attributed to the merger of 5 CCG's including Enfield CCG, to form the NHS North Central London CCG from 1/4/2020 as per Note 17.

4.1.1 Employee benefits — Total — 2018-19

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	5,180	1,386	6,566
Social security costs	497	0	497
Employer Contributions to NHS Pension scheme	572	0	572
Other pension costs	0	0	0
Apprenticeship Levy	12	0	12
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	6,260	1,386	7,646
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	6,260	1,386	7,646
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	6,260	1,386	7,646

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**86**	**15**	**101**	**90**	**18**	**109**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**	**0**	**0**	**0**

4.3 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	1	80,000	0	0	1	80,000
£100,001 to £150,000	0	0	1	133,333	1	133,333
£150,001 to £200,000	0	0	1	160,000	1	160,000
Over £200,001	0	0	0	0	0	0
Total	**1**	**80,000**	**2**	**293,333**	**3**	**373,333**

	2018-19 Compulsory redundancies		2018-19 Other agreed departures		2018-19 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	1	2,047	1	2,047
Total	**0**	**0**	**1**	**2,047**	**1**	**2,047**

Analysis of Other Agreed Departures

	2019-20 Other agreed departures		2018-19 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	2	293,333	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	1	2,047
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	**2**	**293,333**	**1**	**2,047**

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

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 schemes are unfunded, defined benefit schemes that cover NHS employers, GP 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 NHS body of participating in each scheme is taken as equal to the contributions payable to the 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:

4.4.1 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.

4.4.2 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. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	5,341	4,292
Services from foundation trusts	118,321	121,088
Services from other NHS trusts	227,901	208,911
Services from Other WGA bodies	157	0
Purchase of healthcare from non-NHS bodies	71,959	71,394
Prescribing costs	39,260	37,645
GPMS/APMS and PCTMS	43,070	42,776
Supplies and services – clinical	344	438
Supplies and services – general	2,592	2,729
Consultancy services	0	202
Establishment	647	743
Transport	0	1
Premises	1,064	1,605
Audit fees*	51	64
Other non-statutory audit expenditure		
· Internal audit services	48	0
· Other services	7	0
Other professional fees	522	510
Legal fees	0	0
Education, training and conferences	71	555
Total Purchase of goods and services	**511,354**	**492,951**
Depreciation and impairment charges		
Depreciation	47	23
Amortisation	0	0
Total Depreciation and impairment charges	**47**	**23**
Other Operating Expenditure		
Chair and Non-Executive Members	363	390
Grants to Other bodies	0	0
Other expenditure	0	3
Total Other Operating Expenditure	**363**	**393**
Total operating expenditure	**511,764**	**493,368**

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

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, the CCG is required to disclose the limit of its auditor's liability. The contract signed states that the liability of KPMG, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £500k, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

**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 for £6k (excl. VAT) in relation to this work to be completed, however, the final fee is yet to be confirmed.

6.1 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	12,527	123,626	11,407	111,210
Total Non-NHS Trade Invoices paid within target	11,403	114,252	9,487	100,749
Percentage of Non-NHS Trade invoices paid within target	**91.03%**	**92.42%**	**83.17%**	**90.59%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	3,840	351,555	2,733	343,057
Total NHS Trade Invoices Paid within target	3,041	343,168	2,352	335,543
Percentage of NHS Trade Invoices paid within target	**79.19%**	**97.61%**	**86.06%**	**97.81%**

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2019-20			2018-19		
	Buildings	**Other**	**Total**	**Buildings**	**Other**	**Total**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Payments recognised as an expense						
Minimum lease payments	295	7	**302**	295	18	**313**
Contingent rents	0	0	**0**	0	0	**0**
Sub-lease payments	0	0	**0**	0	0	**0**
Total	**295**	**7**	**302**	**295**	**18**	**313**

On the 21st December 2017, Enfield CCG signed a new lease with the landlords of Holbrook House (Hermes Property Unit Trust - HPUT). The lease is for 5 years expiring on the 24th December 2022. The value of the lease in 19/20 is £295k per annum for Rent and £143k per annum for Service Charges.

7.1.2 Future minimum lease payments

	2019-20			2018-19		
	Buildings	**Other**	**Total**	**Buildings**	**Other**	**Total**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Payable:						
No later than one year	295	0	**295**	295	0	**295**
Between one and five years	516	0	**516**	516	72	**588**
After five years	0	0	**0**	0	0	**0**
Total	**811**	**0**	**811**	**811**	**72**	**883**

8 Property, plant and equipment

2019-20	**Information technology**
	£'000
Cost or valuation at 01 April 2019	233
Cost/Valuation at 31 March 2020	**233**
Depreciation 01 April 2019	23
Charged during the year	47
Depreciation at 31 March 2020	**70**
Net Book Value at 31 March 2020	**163**
Purchased	163
Total at 31 March 2020	**163**
Asset financing:	
Owned	163
Total at 31 March 2020	**163**

8.1 Economic lives

	Minimum Life (years)	**Maximum Life (Years)**
8 Property, plant and equipment		
Information technology	1	3

9.1 Trade and other receivables	**Current 2019-20 £'000**	Current 2018-19 £'000
NHS receivables: Revenue	1,449	1,515
NHS prepayments	855	2,108
NHS accrued income	3,221	12,453
Non-NHS and Other WGA receivables: Revenue	811	281
Non-NHS and Other WGA prepayments	72	132
Non-NHS and Other WGA accrued income	263	207
VAT	234	79
Other receivables and accruals	24	9
Total Trade & other receivables	**6,929**	**16,785**
Total current and non-current	**6,929**	**16,785**
Included above:		
Prepaid pensions contributions	0	0
Prepaid NHS Maternity Pathway Funding*	2,270	2,108

WGA above refers to the Whole Government Accounts.

The great majority of the trade by the Clinical Commissioning Group is with NHS England. NHS England is funded by Government to provide funding to Clinical Commissioning Groups to commission services, no credit scoring of them is considered necessary.

9.2 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	**2019-20 DHSC Group Bodies £'000**	**2018-19 DHSC Group Bodies £'000**	**2018-19 Non DHSC Group Bodies £'000**
By up to three months	791	24	264	14
By three to six months	6	2	0	4
By more than six months	17	243	70	23
Total	**814**	**269**	**334**	**41**

10 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	321	325
Net change in year	(304)	(3)
Balance at 31 March 2020	**17**	321
Made up of:		
Cash with the Government Banking Service	17	321

11 Trade and other payables	**Current 2019-20 £'000**	Current 2018-19 £'000
NHS payables: Revenue	9,484	20,316
NHS accruals	6,452	8,123
Non-NHS and Other WGA payables: Revenue	14,780	22,358
Non-NHS and Other WGA accruals	16,424	5,452
Social security costs	79	80
Tax	73	72
Other payables and accruals	599	674
Total Trade & Other Payables	**47,891**	**57,075**
Total current and non-current	**47,891**	**57,075**

Other payables include £316k outstanding pension contributions at 31 March 2019(2018-19 - £333k).

12 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 clinical commissioning group. 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 £0 (£0 at 31st March 2019).

13 Commitments

13.1 Other financial commitments

The NHS clinical commissioning group has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	2019-20	2018-19
	£'000	£'000
In not more than one year	2,814	2,733
In more than one year but not more than five years	1,448	7,890
In more than five years	0	0
Total	**4,262**	**10,623**

14 Financial instruments

14.1 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.

NHS clinical commissioning group are 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 clinical commissioning group 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 clinical commissioning group in undertaking its activities.

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

14.1.1 Currency risk

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

14.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

14.1.3 Credit risk

Majority of the NHS clinical commissioning group revenue comes from parliamentary funding, NHS clinical commissioning group 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.

14.1.4 Liquidity risk

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

14.1.5 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.

14 Financial instruments cont'd

14.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other receivables with NHSE bodies	1,979	1,979
Trade and other receivables with other DHSC group bodies	2,995	2,995
Trade and other receivables with external bodies	794	794
Cash and cash equivalents	17	17
Total at 31 March 2020	**5,785**	**5,785**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other payables with NHSE bodies	866	**866**
Trade and other payables with other DHSC group bodies	17,817	**17,817**
Trade and other payables with external bodies	29,056	**29,056**
Total at 31 March 2020	**47,739**	**47,739**

15 Pooled Budgets

The NHS clinical commissioning group shares of the income and expenditure handled by the pooled budget in the financial year were:

	2019-20 £'000	2018-19 £'000
Income	0	0
Expenditure	9,873	9,737

There is joint working between the CCG and the local authority to agree and monitor the use of the funds. The contracting arrangements in place and practice do not constitute a joint operation under IFRS 11 Joint Arrangements. The CCG is considered to be operating as a single entity in this regard and has therefore correctly accounted for its transactions on a gross basis.

16 Related party transactions

Details of related party transactions with individuals are as follows:

16.1 Related party transactions - 2019-20

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

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

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Medicare Medical Services LLP	1,339	0	0	0
Medicus Health Partners	152	0	2	0
Alpha Care Services	99	0	3	0
Enfield One Ltd	2,157	0	183	0
Enfield Healthcare Alliance Ltd	1,189	0	0	0
Enfield Healthcare Co-operative Limited	2,627	0	219	0
Enfield Voluntary Action	30	0	0	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS Enfield CCG's Governing Body during 2019-

20. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

Angel Surgery	1,198	0	0	0
Arnos Grove Medical Centre	623	0	0	0
Boundary Court Surgery	565	0	0	0
Brick Lane Surgery	436	0	0	0
Carlton House Surgery	2,032	(1)	0	0
East Enfield Medical Practice	356	0	0	0
Evergreen PCC	2,828	0	0	0
Park Lodge Medical Centre	646	0	0	0

The Department of Health and social care is regarded as a related party. During 2019-20 NHS Enfield CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

NHS Islington CCG	1,938	(149)	0	0
NHS NEL CSU	3,855	(12)	131	0
Barnet, Enfield & Haringey Mental Health NHS Trust	72,300	(103)	1,299	85
Barts Health NHS Trust	6,399	0	552	0
London Ambulance Service NHS Trust	14,260	0	6	0
North Middlesex University Hospital NHS Trust	118,412	0	1,184	0
Royal National Orthopaedic Hospital NHS Trust	1,165	0	162	0
Whittington Health NHS Trust	5,675	0	18	0
Guy's & St Thomas' NHS Foundation Trust	1,080	0	100	0
Homerton University Hospital NHS Foundation Trust	2,139	0	1,484	0
Moorfields Eye Hospital NHS Foundation Trust	3,923	0	345	0
Royal Free London NHS Foundation Trust	90,699	(85)	1,607	85
University College London Hospitals NHS Foundation Trust	17,428	(36)	107	0

In 2019/20, Enfield CCG has made payments to its partner CCGs within the North Central London Sustainability and Transformation Plan (NCL STP), namely Barnet, Camden, Haringey and Islington CCGs. These five CCGs operate under a shared management team, comprising a single accountable officer, chief finance officer, and other director-level posts.
During 2019-20 NHS Enfield CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

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

16.1 Related party transactions - 2018-19

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

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

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Medicare Medical Services LLP	1,212	0	116	0
Barndoc Healthcare Ltd	10	(26)	2	(10)
North East Alliance Ltd	837	0	0	0
Medicus Health Partners	28	0	0	0
Greek & Greek Cypriot Community	76	0	0	0
Enfield One Ltd	1,460	0	182	0
Enfield Healthcare Alliance Ltd	998	0	0	0
Enfield Healthcare Co-operative Limited	715	0	1,308	0
RSM Risk Assurance Services LLP	36	0	1	0

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

Angel Surgery	842	0	0	0
Arnos Grove Medical Centre	596	0	0	0
Boundary House Surgery Boakye Cowley Jones	664	0	0	0
Brick Lane Surgery	417	0	0	0
Carlton House Surgery	1,313	0	0	0
East Enfield Medical Practice	315	0	0	0
Evergreen PCC	2,271	0	0	0
Freezywater Primary Care Centre	1,464	0	0	0
Park Lodge Medical Centre	303	0	0	0
Winchmore Practice	35	0	0	0
Woodberry Practice	922	0	0	0
Dover House Surgery	248	0	0	0

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

NHS Islington CCG
NHS NEL CSU
Barnet, Enfield & Haringey Mental Health NHS Trust
Barts Health NHS Trust
London Ambulance Service NHS Trust
North Middlesex University Hospital NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Imperial College Hospital NHS Trust
Whittington Health NHS Trust
Central & North West London NHS Foundation Trust
Guy's & St Thomas' NHS Foundation Trust
Homerton University Hospital NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
Royal Free London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust

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

During 2018-19 NHS Enfield CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:
HM Revenue and Customs
National Health Service Pension Scheme
Enfield London Borough Council

17 Events after the end of the reporting period

NHS Enfield CCG was dissolved on 31 March 2020 having merged with NHS Barnet CCG, NHS Camden CCG, NHS Haringey CCG, and NHS Islington CCG to establish NHS North Central London CCG with effect from 1st April 2020. This followed approval by NHS England on the 15th 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 intercompany transactions.

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

	NHS Barnet CCG	NHS Camden CCG	NHS Enfield CCG	NHS Haringey CCG	NHS Islington CCG
	£'000	£'000	£'000	£'000	£'000
Properties, plant and equipment	47		163	59	69
Cash and cash equivalents	62	50	17	19	46
Receivables	9,737	12,725	6,929	13,351	6,937
Payables	(61,265)	(56,905)	(47,892)	(59,750)	(51,696)
Provisions	(488)				
General fund balance at 31 March 2020	**(51,907)**	**(44,130)**	**(40,783)**	**(46,321)**	**(44,644)**

18 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2019-20 Target	2019-20 Performance	2018-19 Target	2018-19 Performance
Expenditure not to exceed income	502,755	520,650	476,324	501,130
Capital resource use does not exceed the amount specified in Directions	-	-	116	116
Revenue resource use does not exceed the amount specified in Directions	501,199	519,095	473,771	498,576
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	7,429	7,429	7,210	7,210

19 Losses and Special Payments

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