NHS
Haringey
Clinical Commissioning Group

Annual Report and Accounts

2019/20

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PERFORMANCE REPORT

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Foreword – Accountable Officer's introduction

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

During the past year Haringey CCG has delivered a wide range of programmes to improve the health and wellbeing of our residents and service users. The performance overview in this report (pages 4-27) provides a summary of our achievements from the past 12 months against our 2019/20 business plan priorities and how we have discharged our statutory functions.

Achievements include:

- Securing new investment for adult mental health services which has helped to fund a specialist outreach service for people sleeping rough or facing severe and multiple disadvantage
- The development of improved mental health services and pathways for children and young people, including embedding mental health support teams in schools
- Improving health outcomes for patients with frailty and long term conditions by providing care in the community, closer to home

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. Further information is set out in the financial duties section of this report (page 28).

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 by April 2021. Across 2019/20, NCL system partners worked closely together to design our NCL Integrated Care System, underpinned by five Integrated Care Partnerships at a borough level.

There is a shared commitment to transforming how our health and care organisations work together to ensure services are more integrated and are well placed to deliver the ambitions of

the NHS Long Term Plan, with a greater focus on supporting residents to live healthier lives. More information on our work in 2019/20 is covered in this report.

An effective Integrated Care System requires a streamlined strategic commissioning function, to enable greater consistency and coherence around collectively achieving agreed priorities. In recognition of this, in 2019/20 the Governing Bodies of our five CCGs approved the formation of one NCL CCG from April 2020, and our membership voted to approve the new Constitution.

As such, this is the final Annual Report and Accounts to be published by Haringey 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 Haringey 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. As we look forward to 2020/21 and beyond, we will

progress our shared vision and collective commitment to work together in new ways to change and improve health and care services in NCL for the benefit of our residents.

Frances O’Callaghan

Accountable Officer

23 June 2020

Purpose and activities of the organisation

Haringey Clinical Commissioning Group (CCG) is an NHS organisation. We are responsible for planning and buying healthcare services for Haringey residents (commissioning)

Set up in 2013, our CCG is made up of 36 member GP practices across the borough. Our GP member practices decide how the CCG operates through a constitution and a Governing Body made up of lay members, clinicians (GPs and nurses) and NHS managers.

You can find out more about our Governing Body members and the other CCG committees in the members' report of the Corporate Governance report (page 63).

Our population

Haringey is an exceptionally diverse and fast-changing borough, with a resident population of 282,904. We will have an estimated population of 294,800 by 2028. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Our population is the fifth most ethnically diverse in the country.

The borough ranks amongst the most deprived in the country with pockets of extreme deprivation in the east. Haringey is the 49th most deprived borough in England and the fourth most deprived in London.

In the last 10 years, the average life expectancy in Haringey has overtaken the England average, with men now expecting to live over 80 years and women over 84 years. These extra years of life have been added largely by tackling the big killers such as heart disease and cancer through better treatments, as well as through national and local strategies targeting risk factors such as smoking and high salt consumption.

However, in spite of an overall improvement in life expectancy over recent years, not all have benefitted, and inequalities in life expectancy remain. Women can still expect to live more than 4 years longer than men in Haringey and men living in Northumberland Park are still dying, on average, 7 years earlier than men in Crouch End. The main causes of premature deaths in males that contribute to the gap include cardiovascular disease, cancer and digestive system disorders.

If you'd like to know more about our population visit www.haringey.gov.uk/jsna to view Haringey's Joint Strategic Needs Assessment (JSNA). The JSNA describes the health, care and wellbeing needs of the local population and is put together by the public health team in Haringey Council. The JSNA helps the CCG and the council commission the best services to meet the needs of the population.

Our work

We commission (buy) a range of services for local people including hospital services, rehabilitation services, urgent and emergency care services (including the NHS 111 phone answering service and GP out-of-hours services), most community health services (such as podiatry, district nursing and physiotherapy), mental health, primary care and learning disability services. We also work closely with Haringey Council who buy and provide some services which are part of both health and social care, such as nursing homes.

Along with commissioning services, we are responsible for monitoring how well these services are provided and delivered. We know that we can only do this if we hear and understand what people think of health services in Haringey, and we are committed to getting feedback from local people.

Our two main acute (hospital) providers in Haringey are the North Middlesex University Hospital and Whittington Health. Whittington Health is also the main community services provider in Haringey. Our main mental health service provider is Barnet, Enfield and Haringey Mental Health Trust.

Working with partners

Throughout this annual report, you will see examples of how Haringey CCG works with a range of partners. These include, but aren't limited to, Haringey Council through the Health and Wellbeing Board (HWB) and integration projects; the voluntary and community sector, the Bridge Renewal Trust; Healthwatch Haringey and other NHS organisations and providers.

In 2019/20 Haringey CCG was supported by the North East London Commissioning Support Unit (NELCSU, www.nelcsu.nhs.uk). Areas of support include IT services, contract management and procurement. We would like to thank all our partners for their continued support over the past year.

Our objectives

In 2018/19, we developed a shared vision and a joint business plan with Islington CCG, reflecting the close working arrangements between our CCGs. Our vision is to 'help the people of Haringey and Islington to live longer healthier lives'. To achieve our vision, we have developed five objectives:

- To prevent ill health, reduce health inequalities and support people to make healthy choices
- To deliver the NHS Constitution with a particular focus on high quality and safe emergency care
- To integrate services enabling them to deliver the right care in the right setting at the right time
- To improve the quality and efficiency of services for vulnerable adults and children
- To develop as an organisation that attracts, retains and supports skilled motivated staff and clinical leaders

Our annual report summarises some of the things we have been doing this year to achieve these objectives.

2019/20 highlights

Forming one 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 develop our Case for Change and design our future governance, operating and staffing models, and ensure a smooth transition to our new form on 1 April 2020.

The case for this change is a strong one. A single CCG will enable more consistent, aligned, efficient and effective NHS commissioning across NCL. It will ensure we maximise efficiencies and provide greater value through better use of resources. This means we can maximise

investment in frontline services and work in a more collaborative way with our partners to facilitate and support improvements in the way services are commissioned.

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

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

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

More information on the NCL CCG merger can be found here. More information on NCL plans for our Integrated Care System can be found on Page 13.

North Central London Sustainability and Transformation Partnership

Since we came together as a partnership of 28 health and social care organisations in North London we have invested time, energy and resources into building strong relationships with each other and developing a shared vision for a health and care system that can deliver high quality services to our community where and when they need, while becoming more sustainable.

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

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

- **Dementia care across North Central London - shining example of best practice**

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

- **Proposal put forward for consultation for adult planned orthopaedic services**

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

- **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/

- **First contact practitioners pilot**

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

- **Whole-system plan to improve outcomes for children**

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

- **Tele-dermatology service pilot**

This service was launched in 2019, seeing in excess of 130 referrals to dermatologists at University College Hospital London (UCLH), Royal Free Hospital and The Whittington Hospital in one year. By using tele-dermatology patients' images can be triaged within three working days, enabling a much faster diagnosis and commencement of treatment. The successful pilot is now being implemented across Camden, Haringey and Islington by April 2020 and will be implemented in Barnet and Enfield by April 2021.

- **Primary Care Networks established**

Thirty primary care networks have been established across NCL to provide integrated services to their local residents. The partnership working between Islington GPs, GP federation and partners has been held up as example of good practice/partnership working. This is good news

for residents as it means there will be multi-disciplinary teams of physiotherapists, pharmacists, paramedics and other professionals working in GP surgeries to provide better out of hospital care. This will free GP time to focus on their sickest patients and reduce waiting times for those needing an appointment.

- **Helping people with mental illness to find work**

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

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

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

NCL digital programme

One key arm of the NCL STP is our digital programme, joining up health and care information. As part of our digital programme, we are introducing electronic joined-up health and care records across NCL. This will give GPs and care teams in the community and hospitals access to important patient health and care data, allowing for quicker and better decision making.

In 2019/20, practices in Barnet and Enfield were the first boroughs in NCL to begin using joined-up health and care records and over 620,000 patients in 79 practices are now benefiting. The joined-up records link GP surgeries' electronic patient records with systems at Royal Free, Chase Farm and Barnet hospitals.

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

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

Implementing the Long Term Plan in North Central London

In 2019, all STP areas were asked to respond to the NHS Long Term Plan with a collective five-year plan. With existing NCL work already closely aligned to the requirements of the Long Term Plan, we have used this opportunity to refresh and refocus. NCL's plan can be viewed on the North London Partners in Health and Care website, and will be the basis for continued discussion

and the development of more detailed work with our staff, partners, local residents and voluntary and community groups.

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

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

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

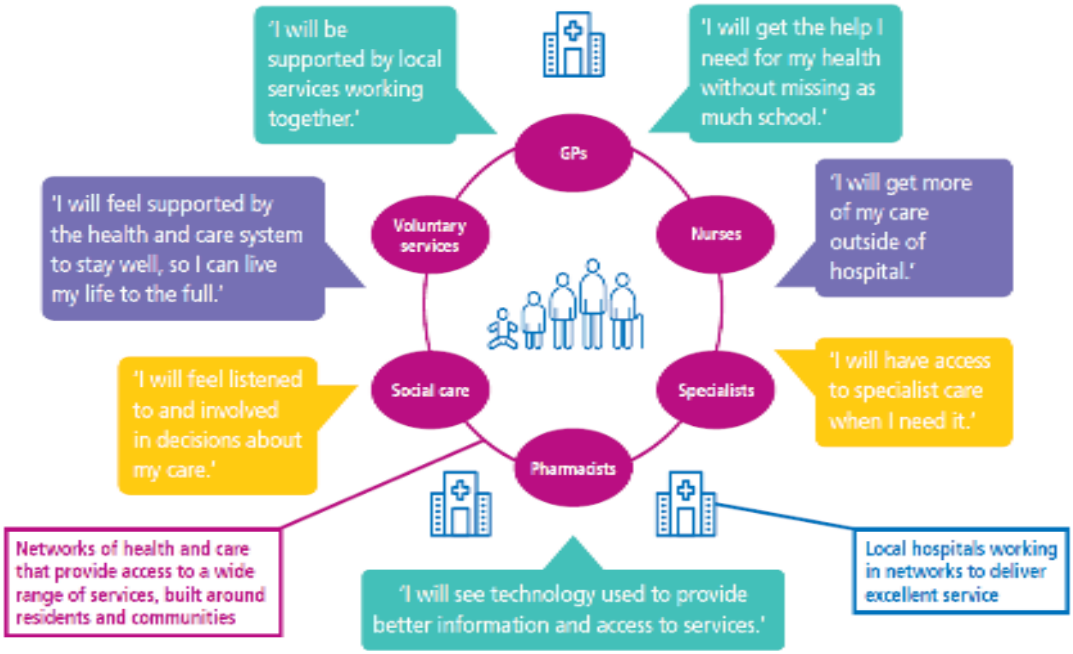
We will change services to:

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

This is supported by actions to:

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

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



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

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.

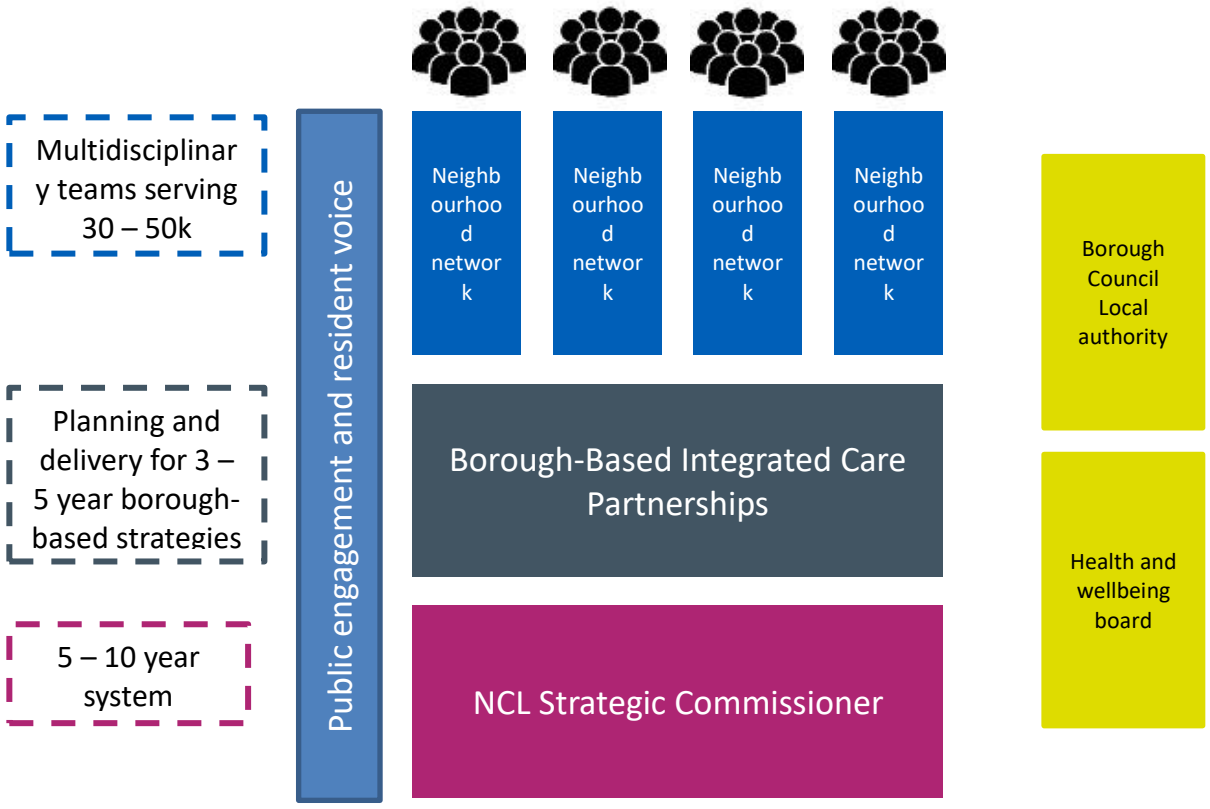
Development of an North Central London Integrated Care System

The NHS Long Term Plan sets out an ambition that every STP footprint would work towards forming an Integrated Care System by April 2021. Integrated care means teams and organisations that are responsible for health and care are working together, sharing resources and information to support the needs of individuals, increase our impact and reduce waste. We will be better able to tackle long-term issues that single organisations can't solve on their own, such as taking collective action to reduce air pollution, or creating a joined-up health and care record.

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

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

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



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 -** involving GP Federations in the development of Primary Care Networks across NCL
- **NCL CCGs -** Barnet, Camden, Enfield, Haringey and Islington merging to create a single CCG by April 2020

- **Borough partnerships** – partnerships established in each borough to look at integration of services to improve outcomes
- **Provider partnerships and joint working:** where this improves outcomes and reduces costs e.g. NCL orthopaedic review
- **North London Partners** – providers, commissioners, local authority, other key organisations and residents working together on cross system programmes of work.

Local health and care integration - North Tottenham locality work

We know that ill health is often linked to factors such as poor housing, poverty and loneliness. Over the past year Haringey CCG has been working with partners across health, public health, social care, employment, housing and education services, and the voluntary and community sector to develop a locality-based approach to jointly improve social issues that affect health.

Based on feedback from residents on what they need, we are testing a new approach in North Tottenham, which was identified as experiencing stark health inequalities compared to other parts of the borough. This approach brings a team of staff from a range of disciplines together with navigators and volunteers to jointly support local residents and improve their health and wellbeing. We are taking a relationship-based approach to work effectively together, across services, to support our residents within their local communities. We are focused on understanding our residents, their individual needs and circumstances, and providing them with the support that is right for them while drawing on their strengths and their local networks.

As we develop and embed this new way of working, the team has started to demonstrate how working more collectively can improve quality of life for residents, for example, our health team connecting with housing services colleagues to discuss how environmental living conditions are impacting on the health of a resident. We are at a very early stage but we already have some very positive stories about how working together in our 'hub' has made a real difference and enables us to provide more joined up and effective support to residents.

We are also working closely alongside the Connected Communities team who bring expertise across multiple areas, including housing, social issues, debt, and employment. The team share our focus on operating locally and supporting people as early as possible to try and prevent things getting worse or becoming entrenched.

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's Charity to a new site at St. Pancras in London. The consultation was overseen by a CCG Committee in Common comprising the 14 'lead' CCGs with contracts at Moorfields' City Road site, including all five NCL CCGs. In February 2020, the Committee in Common approved the proposal.

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

Commissioners will establish a London Ophthalmology Collaborative to progress system-wide service redesign of ophthalmology services across London. Commissioners will pursue opportunities for re-provisioning activity, working in partnership with providers and commissioners across London to ensure services are delivered in the best possible way for patients, and deliver value for money.

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

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.

Primary care

<u>Primary care networks (PCN)</u>

Primary Care Networks are groups of GP practices working closely together with other primary and community care staff and health and care organisations to provide integrated services to their local populations. These networks have been established to help deliver the NHS Long Term Plan. Haringey's PCNs were launched in July 2019.

Haringey has eight PCNs. Each network has a Clinical Director. The networks have employed a pharmacist and social prescriber in 2019-20 and will recruit further staff to work across their areas in the coming years.

Extended access

Since August 2016, Haringey CCG has commissioned more appointments outside normal working hours (extended hours) via Federated4Health, Haringey's GP federation, which is made up of all the GP practices in Haringey.

Patients can access more evening and weekend appointments, due to the opening of primary care 'hubs' in GP practices across Haringey. Appointments in the hubs are available from 8:00am to 8:00pm, Saturday and Sunday and 6:30pm to 8:30pm Monday to Friday, and on bank holidays including Christmas Day and Easter Sunday, though opening hours vary between hubs. In addition the hubs also offer telephone appointments during the week.

Haringey CCG is also working closely with GP practices to offer more online services to patients. This includes booking appointments online, ordering repeat prescriptions and viewing medical records, via secure sites. The CCG is working on a digital transformation agenda, which includes a roll-out of new telephony and the digitalisation of medical records.

Estates

Haringey CCG is working to progress three major building projects through the national Estates and Technology Transformation Fund (ETTF). The outline business cases for the Welbourne site in Tottenham Hale and Green Lanes in Harringay have been approved by the London Estates Primary Care Premises Panel and are now progressing to full business case. The Welbourne development will involve the closure of the Dowsett Road surgery and the Tottenham Hale port-a-cabin and the re-location of some patients from Lawrence House. The Green Lanes development will involve the re-location of West Green practice, which is the only practice in North Central London to be rated as 'Outstanding' by the CQC. The Council, CCG and Whittington Health are also working together on a third scheme in Wood Green. This would involve the creation of a large shared area with Council services on the ground floor and community health and primary care services on the first floor. All three ETTF developments would open in summer 2021.

In addition, the CCG is working with the Council to look for a new primary care health centre building in Muswell Hill. All three practices in the area (Muswell Hill, Queens Avenue, Rutland House) are operating from converted terraced houses. The partners at Queens Avenue and Rutland House are planning to retire in the next few years and the Muswell Hill practice building is not large enough to accommodate the additional patients.

The CCG is supporting a number of other initiatives to improve primary care estates. A number of practices have applied successfully for Improvement Grant funding to improve their premises.

This has created seven additional clinical rooms in three East Haringey practices (Bridge House, Fernlea and Westbury), equivalent to a new medium-sized practice. Plans are advanced to renovate void space in the Hornsey Central Health Centre, which would create four additional clinical rooms in Queenswood Practice. Further discussions are ongoing about the expansion of St Ann's practice, using the void space in the Laurels building, which would create a further two clinical rooms. Finally, Charlton House practice is planning to move from a converted Georgian house into a new purpose-built health centre from August 2020. The new centre is just behind the current building so patients will not be inconvenienced by a move.

Quality improvement

This year the Quality Improvement Support Team has focused on supporting the delivery of Locally Commissioned Services improving long-term condition outcomes. Haringey's GP federation, Federated4Health, produces a regular dashboard for practices to help them understand their achievement against each Locally Commissioned Service.

In addition, it supports 10 practices who had the lowest achievement last year to improve their performance. This intervention supports a more consistent service across Haringey, reducing variations in the quality of care. At the end of January across Haringey there was an average improvement of 72%, compared to the same time the previous year. In the 10 practices receiving additional support, 127% improvement has been noted across the same time period. The benefits to Haringey residents include reducing the number of strokes through improved identification of patients who are at risk.

Another programme has focused specifically on diabetes and has supported PCNs to improve their delivery of diabetes care. This project is ongoing.

Workforce development

Federated4Health has provided a significant number of work programmes to strengthen the workforce and education in Haringey practices. This includes:

- deploying a team of 14 pharmacists across the eight Primary Care Networks
- built up a team of five nurses, equipping them to work in General Practice and supporting practices who have had recruitment difficulties
- supporting the embedding of social prescribers employed by the voluntary sector into four of Haringey's Primary Care Networks
- recruiting seven GPs into a salaried portfolio innovation scheme which encourages GPs to take salaried roles in local practices. The result was three new GPs in Haringey, two GPs taking on permanent salaried roles and two GPs retained in current salaried roles
- acting as the host employer of three international GPs, who are placed in practices in East and Central Haringey
- provided training for receptionists in Care Navigation and Clinical Correspondence Management (Medical Assistants)
- initiated a central team of summarisers and clinical correspondence administrators
- supporting some practices with practice management recruitment
- provided coaching to Clinical Directors and to other leaders in Primary Care Networks

Practice-based pharmacists

This year, there has been a significant expansion to the Haringey GP Federation clinical pharmacist team with an increase in the number of pharmacists from 9 to 14 who have transitioned in to the Primary Care Network (PCN) model of working.

The pharmacists started off with four main project streams: prevention of Atrial Fibrillation (AF) related stroke, polypharmacy reviews for patients over 65 on 10 or more medications, medicines reconciliation (transfer of care from secondary care to primary care) and monitoring of high risk medications. They then expanded onto further work streams to meet the priorities of the PCNs. All PCN pharmacists are supporting management of long-term conditions in face to face clinics such as the management of hypertension, chronic obstructive pulmonary disease, diabetes, asthma and chronic kidney disease annual reviews. As part of the long term condition clinics, the pharmacists have also supported the administration of flu and pneumococcal vaccinations. In addition to regularly identifying and monitoring patients on high risk medications, they have also led on PINCER activity which helped practices with the 2019/20 quality outcome framework Prescribing Safety Quality Indicators.

As part of the AF project, the pharmacists worked closely with the practices on the prevention of stroke through identifying more people with risk factors and referring at risk AF patients for anticoagulation treatment. The pharmacists will continue to work with practices on stroke prevention and ongoing anticoagulation monitoring. Following on from the polypharmacy reviews, the pharmacists will continue to provide structured medication reviews in line with the GP contract for 2020/21.

From December 2019, pharmacists are also supporting practices with managing medicines safety alerts by creating and running a centralised search for all practices. The pharmacists are assisting by putting systems in place to identify, recall and follow up with patients affected by the safety alerts and also maintaining a local record of completed actions for Care Quality Commission and audit purposes.

Patient feedback collected on their experience with a pharmacist has been very positive.

150 patients have completed the feedback forms.

- 95% were ‘Very satisfied’ with the review
- 96% were ‘Extremely likely’ to recommend the service to friends and family
- 100% of the patients stated that their understanding of medicines have improved post review.

Some comments from patients:

‘Pharmacist was very informative and I had an in-depth excellent consultation. I am very satisfied as I learnt so much about my asthma and how to manage it. She also gave my vaccinations! 5 stars’

‘Consultation with the pharmacist boosted my confidence about how I can and should handle my health and medication. It motivated me into continuing to take responsibility and not drift into bad habits. She did it in a professional manner and all with such kindness that I am very grateful to her and that phone call’.

GP Federation

Haringey's GP federation, Federated4Health, continues to develop as a provider of primary care services at scale. Its overarching aims are to strengthen General Practice, to innovate in General Practice and to represent General Practice. Federated4Health has taken over the management of 157 practice and is acting as caretaker at Staunton Group practice, after both practices received low ratings from the Care Quality Commission.

Urgent and emergency care

Haringey CCG works closely with North Middlesex University Hospital (NMUH), Whittington Health and other local partners to provide high quality and safe emergency care through a variety of different services. These include:

- Local A&E Emergency Departments (ED) which treat people with serious or life-threatening conditions. We help ensure that A&Es have the right staff at the right time and are able to help people as quickly as possible. NMUH has recently reconfigured its emergency department to establish a new Frailty Unit – called Amber Ward – which provides specialist care and treatment to elderly and frail patients, allowing them to return home quicker without long hospital stays. There is also a new Haematology ward with dedicated trained nurses for haematology and sickle cell patients.

- Access to local healthcare for people with minor injuries or illnesses, which is more convenient and meets their needs better, such as home visits from District Nurses or GP appointments in the evenings or on the weekends. It is now much easier to get same-day or next-day appointments by calling your GP practice or using an extended access hub.

- Immediate information, advice and signposting. For people who are worried about their health or what to do, we encourage everyone to call 111 to speak to a medic who can provide advice on whether to go to a pharmacist, GP or A&E, and book urgent private appointments, where needed.

- Discharge services. We have set up new schemes and pathways to help people leave hospital as soon as they are able and return home wherever possible. This means that if a patient needs further health support and/or social care support, they can be assessed for this in familiar surroundings and be supported to make appropriate decisions about their future. From April 2019 to January 2020 we helped discharge over 1,800 people.

Mental health

Adult mental health

We had a number of successes in securing new investment in mental health services including:

- five year funding for a specialist outreach service for people sleeping rough or facing severe and multiple disadvantage
- a new service in primary care focused on addressing the physical health inequalities faced by many who live with severe mental health conditions
- funding to open a 'safe haven' where people can access non-clinical crisis support out of hours.

Our talking therapy services and voluntary sector services continued to perform well and grow. Our secondary care services continued to explore integration with partners as part of work in Tottenham and enhance their joint working with social work colleagues from Haringey Council.

Along with our successes, it was another challenging year managing patients within our available hospital beds as we lacked the capacity in our community services to fully support people at home and prevent crises.

Child and adolescent mental health services (CAMHS)

In recent years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people. Haringey CCG is working with its partners, including the Council, to develop local services that meet the needs of children and young people (CYP) and their parents/carers.

There have been important new developments with the launch of:

- the Royal Free Hospital Out of Hours Services that has resulted in 75% of young people being assessed and discharged home without needlessly occupying a hospital bed or A&E bed.
- Kooth, an online support for 11-18 year olds and up to 25 year olds with additional needs.
- NCEL (North Central and East London) CAMHS Collaborative to manage CYP mental health in-patient beds.
- The 'Trailblazer Pilot' which was rolled out to 37 schools in the east of the borough because of the higher levels of deprivation and health inequalities. The pilot provides multi-disciplinary mental health support teams based in schools. Over 1,235 young people have been seen and schools staff have been supported in 125 different training sessions. Parents have also participated in facilitated groups.
- The Four Week Wait Pilot which has dramatically reduced waiting times for young people accessing CAMHS. 49% are waiting less than 4 weeks between referral to treatment.
- Regional initiatives through the Tavistock and Portman Home Office funding and Chance UK which have brought in over £500k into therapeutic support in Haringey schools.
- Haringey CCG's participation in the Department for Education's Schools Link Programme. Haringey CCG and the local education authority are bringing together 87 schools and colleges with mental health providers. We are the first CCG within North Central London to participate in the scheme.
- Expanded training for Youth Mental Health First Aid courses, autism, positive behaviour support and Cynget (parent training for young people with autism 5-18 years)

Further funding bids are being developed for schools in the east of borough, improved therapy within schools, NCL Crisis Service and increased CAMHS community services.

To further support young people and their families, we have expanded the SEND Local Offer for social, emotional mental health resources. Working with Seven Sisters School and the Tavistock and Portman Clinic have identified over 90 organisations that can provide support to local residents.

Quality, Innovation, Productivity and Prevention (QIPP)

Quality, Innovation, Productivity and Prevention (QIPP) is a clinically-led programme of work that focuses on improving the quality, efficiency and sustainability of local healthcare services. The programme aims to reduce the number of patients seen in hospital settings, helping them to be seen in the community, closer to their homes. Each project continues to be overseen by the CCG's QIPP Delivery Group, whose membership includes clinical members of the CCG's Governing Body, QIPP team, senior management and commissioners.

During 2018/19, we enhanced the previous year's collaborations across organisations by establishing Local Delivery Boards (LDB) with our hospitals and local authority representatives. These boards have enabled executives from each organisation to focus their collective attention and resources on the issues that are most important to patients, clinicians and managers. As a result, we are in the process of developing short, medium and long term plans that will allow us to transform the responsiveness of services so that people have a much more positive experience whatever their needs might be and wherever they live.

The following are two examples of the successes we have achieved:

<u>Working together to support people living with frailty to live and age well</u>

Living with frailty means people can spend many years suffering with multiple long term conditions which can limit their independence, increase their risk of hospitalisation and reduce their quality of life.

Patients and residents, along with their families, carers and wider social networks, can face difficulties when trying to navigate multiple services to address their medical and social needs. The desire of clinicians and managers in the local area to simplify these services led to the formation of the 'Frailty Network'. It brings together health, social care and voluntary sector organisations in Haringey to ensure professionals from all parts of the system are working together as one team. The goal is to ensure that people are supported to stay healthy and independent for longer, and that if they do become unwell, the system can responsively address their needs.

This network has started to build the foundations of a more integrated set of services. Successes include the expansion of 'Rapid Response', a service that provides nursing and social care support in people's homes as an alternative to being admitted into hospital unnecessarily. The North Middlesex Hospital have also implemented an acute frailty unit through which patients who do require care from a hospital consultant can be fast-tracked to see a doctor who specialises in frailty without having to be admitted for a long period of time.

<u>Musculoskeletal Single Point of Access pilot:</u>

The pilot for a the musculoskeletal (MSK) pathway started in early 2018 with eight practices across Haringey and Islington, and it demonstrated that a considerable number of patients could be treated in the community, reducing the pressure on outpatient appointments in Trusts and improving patient experience.

From July 2018, the Single Point of Access model for MSK pathways was rolled out in a phased manner across all Haringey and Islington practices. As the service has scaled in the community there has been corresponding reduction in outpatient appointments at the Trusts. The service has delivered £294k worth of savings overall and is testament to the collaborative planning and implementation across Haringey and Islington.

Ageing Well Strategy

In November 2019, the CCG and its health and care partners as well as patients, residents and carers and their representative groups produced an Ageing Well strategy.

The strategy is closely aligned to national and local policy direction, including the Borough Plan and NHS Long-Term Plan, particularly those sections of the latter which relate to integrating health and care services at a local level.

The strategy's scope focusses on ensuring our older population can 'age well' and what this means for people with frailty (or those who could become frail in the medium-term). The strategy also covers the needs of specific groups of people more likely to become frail at a younger age such as those who have learning disabilities. It is important to ensure these individuals are supported and can support themselves to maintain or improve their health, well-being and independence.

Although still early in delivery, the strategy led to some important developments in Haringey already and some examples are given below:

Early Help and Intervention: Community Navigation/Social Prescribing
In 2019/20, we developed our joint preventative services to better target people, particularly older people, who might need information, advice or help before their conditions or situations become more problematic to live with. Working with the voluntary sector, the CCG and Council have formed a Community Navigator Network to bring together the 40+ paid staff or volunteers across different services who help people both navigate the health and care system, but also help individuals decide what they need to best support them as independently as possible – sometimes called social prescribing. As part of this Network, there are now navigators called 'GP Link Workers' based in GP practices across Haringey as part of the development of Primary Care Networks in the borough.

As another example, 475 people were supported to community-based solutions that might help them via CCG/Council funded Local Area Coordinators operating in two areas of the borough in 2019/20. The Coordinators' role is to connect vulnerable people to these services and provide support to them. As these services are both successful and well regarded, the Council is about to expand to other wards in the borough.

Integrating Care Closer to Home in the Community
We continue to work closely with our partners to improve integration of our health and care services in the community. In last year's annual report, we discussed our work to develop the

Care Closer to Home Integrated Networks (CHINs), multi-disciplinary, multi-agency networks based around local GP practices that provide services for populations of up to 80,000. We developed:

- A multi-agency team in East Haringey, which supports people with diabetes whose care could be managed closer to home;
- Multi-agency teams each in Central and West Haringey, focused on identifying and supporting older people with moderate frailty. These deliver a holistic home visiting service for older people with moderate frailty (particularly those who are vulnerable, e.g. living alone or who were known to have had a fall) identified through their GPs. Nurses, pharmacists and the voluntary sector community navigators work with the individual to assess their health and social needs and provide information, advice, guidance and/or support, as required.

Professionals working in the frailty team met with over 500 older people in 2019/20. A recent evaluation of the service found that patients and professionals value the service and the majority believe it made a difference to their health, well-being and independence: two-thirds of patients thought their health had improved, with more than half having fewer attendances at A&E after working with the contact with the frailty team. More than 85% of patients reported they felt they knew what to do and who to contact if their condition got worse.

In 2020/21, we intend to expand coverage of the frailty team across Haringey and integrate it with other integrated services to support older people to form Multi-Agency Anticipatory Care (MAC) Networks operating around GP practices in the borough.

Intermediate Care: Helping People Recover from Crisis

We know that it's important to support people to recover from illness or crisis either to support people after hospital discharge or to avoid hospitalisation in the first place. The term 'intermediate care' describes services that provide short-term support (no more than 6 weeks) to improve people's health, well-being and independence within either their own homes or a bed in a nursing home.

In 2019/20, we continued to build on our intermediate care solutions which included:

- Expansion and improvements in our Council-run Single Point of Access (SPA) which supports those patients who need public-sector health or social care support after a spell in hospital. SPA works with multi-agency acute, CCG, Community Health and LBH staff to make sure we match patients' needs to the right intermediate care solution for them so they can recover their health and functional abilities;
- Haringey's Reablement Service which provides short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living, such as washing or getting around their home, after a crisis and/or hospital episode. Over 1,000 reablement episodes were available to adults in 2019/20, the majority for people aged 65+. Of these, 78% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home. We anticipate both the number of people using the service and the proportion of people at home will increase as part of our plans for 2020/21;
- An expansion in the number of intermediate care beds available, including increasing the number to support those individuals who need a period of convalescence to recover

their health before they improve their functional abilities. These beds continue to be well-used and reflect the increased number of older people being admitted to hospital with more complex needs;
- Over 1,000 people accessing our expanded and multi-disciplinary Rapid Response service (usually responding within 4 hours) to treat people who are nearing, or at, a health crisis at home for up to five days, following referral via a care professional. The service ensures people don't need to go to A&E unnecessarily, and thus helps people present to hospital unnecessarily.

In 2020/21, we will continue to review and build on our intermediate care services, e.g. we are currently in the process of increasing our reablement capacity in Haringey.

Exit from the European Union

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

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

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

Healthy London Partnership achievements in 2019/20

Haringey 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 in 2018/19. 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.

Through successful partnership working across health and care in London, Healthy London Partnership has helped to deliver on a range of programmes and outputs 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. In 2018/19 highlights included:

A number of significant engagement 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 supporting 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 , 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 the Healthy London Partnership 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, the partnership 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.

The Transforming Cancer Services Team, 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.

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

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

The CCG operates a robust approach to identifying and managing its key risks. This includes strong oversight and scrutiny of the most significant risks by the Governing Body and its committees. The most serious risks to the achievement of the CCG's strategic objectives are captured on the Board Assurance Framework (BAF). The BAF is presented at every Governing Body meeting.

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

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

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

1. **2019/20 QIPP Delivery:** At year end, the CCG had delivered £11.797m or 79.5% of our total QIPP plan. A challenge remained in delivering the full QIPP programme largely due to the cost and volume contracts in place with some of the CCG's key providers. However, a number of the schemes started in 2019/20 are expected to deliver additional benefits during 2020/21.

2. **2019/20 Financial Control Total:** The CCG's control total was a deficit of £14.055m. However, all North Central London CCGs experienced a further year of increased costs and activity, which culminated with the unprecedented impact of the national Coronavirus pandemic in the final quarter of 2019/20. Alongside the additional measures put in place to respond to COVID-19 the CCG had already experienced increased costs in acute care provided at hospital, Continuing Healthcare, and nationally set price increases of drugs prescribed by General Practitioners (GPs). There was also additional financial pressure from increased registrations with digitally based GPs outside of Haringey. Overall, these heighted costs resulted in a total in-year deficit in 2019/20 of £16.533m.

Performance Analysis

Financial performance: 2019/20 financial review

Introduction

The 2019/20 financial year signals the final year in which Haringey CCG will exist as a separate NHS commissioning entity following the decision to merge with Barnet, Camden, Enfield and Islington CCGs to form North Central London CCG from the 1st 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 £448.9m 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 £14.055m 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 Haringey. Overall, these heighted costs resulted in a total in-year deficit of £16.533m 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 £6.4m in this area which is within the planned spending target.

Financial performance

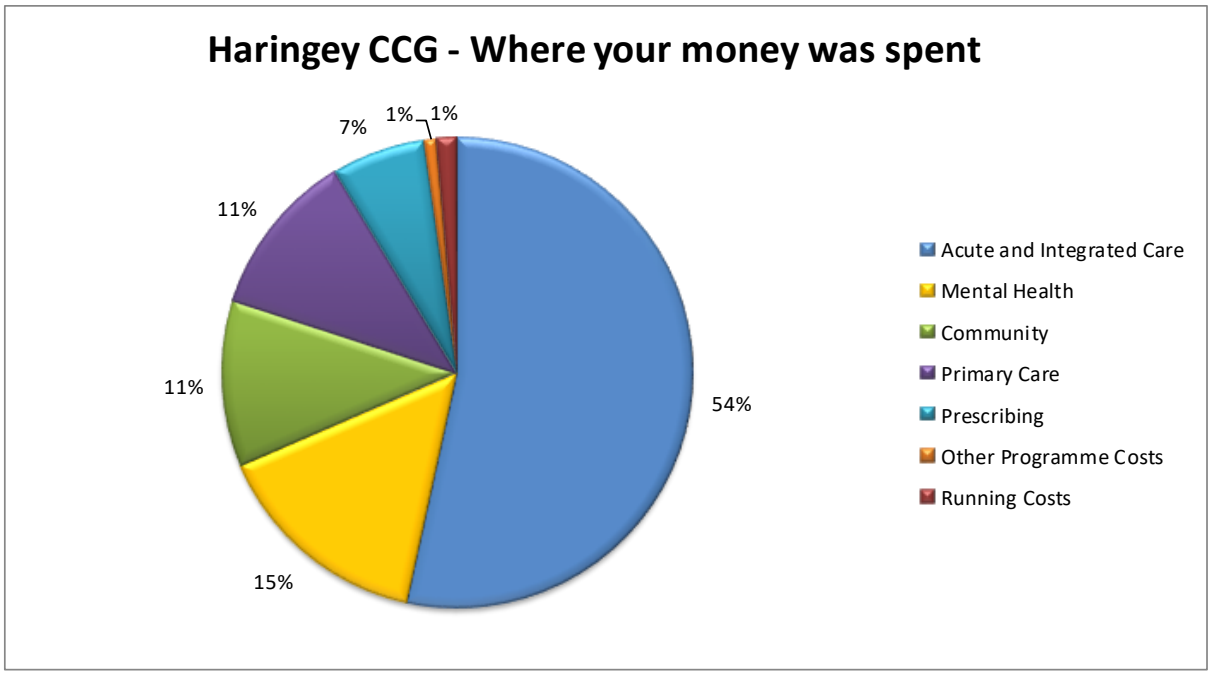
The CCG continued to experience significant financial challenges in 2019/20 which were reflected across the healthcare sector as a whole. Rising patient numbers, increasing acuity and nationally set increases in the cost of drugs prescribed by local General Practitioners have increased pressures on the 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 £465m expenditure in 2019/20, £249m or 54%, was spent on acute (hospital-based) and integrated care (community-based) services in 2019/20. The vast majority of this spend was on the provision of care services at the CCG's two main acute hospitals: Whittington Health NHS Trust and North Middlesex University Hospital NHS Trust. The CCG's main provider of mental health services, Barnet, Enfield and Haringey Mental Health NHS Trust, accounted for half of the £71m 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 Haringey 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 Haringey 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 and Drugs and Devices. In 2019/20 these pressures related to Whittington Health NHS Trust, 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 were driven by the short supply of drugs and nationally set price increases in drugs. In addition, the CCG realised pressures from increased registrations with digitally based GPs outside Haringey.

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 £18.8m 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 Haringey CCG spent £44.6m 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 £14.84m QIPP target for 2019/20. The QIPP programme, set at 3.4% of the CCG allocation in 2019/20, focussed on transforming the way care services are delivered by working with partners at other CCGs, Councils and Trusts across the North Central London Sustainability and Transformation Partnership.

The CCG achieved £11.8m (or 80%) of the targeted £14.8m 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 Haringey CCG will exist as a separate NHS commissioning entity following the decision to merge with Barnet, Camden, Enfield and Islington CCGs to form North Central London CCG from the 1st April 2020.

In the autumn of 2019 North Central London STP set out its response to the NHS 5-year strategic plan. The NHS began its planning process for translating the strategic plan into the one-year 20/21 operating plan, however this work was suspended in March as part of the NHS response to the COVID-19 pandemic.

For the April 20-July 20 period a set of temporary national financial arrangements have been put in place in order to 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.

National Performance Measurement

Performance measures indicate the performance, status or development of our health and care system. These measures are aggregated into different areas as part of national reporting requirements. The key areas that the CCG reports on are outlined below.

The CCG assurance framework

NHS England introduced the CCG assurance framework in 2016/17 to ensure CCGs were managing performance in line with key national objectives and strategic priorities. The CCG Improvement and Assessment Framework (IAF) enables CCGs to deliver the transformation necessary to achieve the NHS Five Year Forward View. The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges.

The 2018/19 CCG framework was broadly similar to the 2017/18 CCG framework, however a number of updates were made to existing indicators and seven new indicators were added. They were:

- proportion of people on GP severe mental illness register receiving physical health checks in primary care
- cardio/metabolic assessment in mental health environments
- delivery of the mental health investment standard
- quality of mental health data submitted to NHS Digital
- count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View
- diagnostics Patients waiting six weeks or more for a diagnostic test
- expenditure in areas with identified scope for improvement

Therefore, the IAF for 2018/19 consisted of 58 indicators across four domains. The four domains are:

- **Better health**- How the CCG is contributing towards improving the health and wellbeing of its population
- **Better care** - This principally focuses on care redesign, performance of constitutional standards and outcomes, including priority clinical areas
- **Sustainability** - Whether the CCG is remaining in financial balance, whilst securing good value for patients and the public from the money it spends
- **Leadership** - This domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners and the governance arrangements that the CCG has in place to ensure it acts appropriately, for example in managing conflicts of interest

There is a single overall rating for the CCG assurance framework. CCGs can be assessed as either 'outstanding', 'good', 'requires improvement', or' inadequate'.
In July 2019, NHS England wrote to Haringey CCG to confirm it had been rated as 'requires improvement' for 2018/19.

NHSE Oversight Framework 2019/20

The NHS Oversight Framework has replaced the IAF for 2019/20. A new approach to oversight will set out how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

For 2019/20, the measures broadly reflect existing provider and commissioner oversight and assessment priorities. There are in total 60 indicators that CCGs will be assessed against, across five domains. Fifty-eight indicators were carried over from the 2018/19 IAF, with five stood down and seven added.

The publication of CCG's rating for 2019/20 is yet to be confirmed but they should be available on NHS website: https://www.england.nhs.uk/commissioning/regulation/ccg-assess/

Constitution targets

The NHS Constitution sets out the rights that 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.
Our performance report includes information about a range of NHS services provided to our patients. They include:

Hospital Care
Haringey has three main hospitals, which provide services, often called secondary care services, to the Haringey community.

- Whittington Health (who also provide community services to the Haringey community)
- North Middlesex University Hospital
- University College London Hospital

Specialist Care
Haringey works with the following hospitals that provides specialist care

- Moorfields Eye Hospital
- Great Ormond Street Hospital
- Royal National Orthopaedic Hospital

Community Services
Whittington Health also provides community services to the Haringey community; these can also be called primary care services. London borough of Haringey also provides certain community services including both health and social care services.

Mental Health Services
A wide range of mental health services is available for Haringey residents from Barnet, Enfield and Haringey Mental Health Trust, as well as a range of other service providers.

Other services provided to Haringey are from the London Ambulance Service (LAS) and the Integrated Urgent Care Service.

Performance reporting and Governance

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 across a number of areas described below are reported to the CCG's Quality and Performance Committee and the Governing Body. Where performance is below standard, the CCG works collaboratively with its partners to seek assurance from its providers regarding recovery actions and timescales associated with them.

Papers from meetings of the CCG's Governing Body are available here: www.haringeyccg.nhs.uk/about-us/board-meetings.htm

Overview of performance

The following table shows the CCG's performance against key operational standards in 2019/20 that have been set nationally by NHS England. The performance data relates to the treatment of patients registered with GP practices in the Haringey CCG area.

Figure 1: Overview of Haringey CCG performance

Key Performance Indicator	Standard	2019/20 Year to date performance	Year to date period (From April 2019 to month)
Urgent Care Standards			
A&E total time in Department - less than 4 hours (North Middlesex)	95%	**82.8%**	March 2020
Elective Care Standards			
18 week Referral to Treatment - Incomplete pathway (Mar 20 snapshot)	92%	**84.0%**	March 2020
Diagnostic tests - % of patients waiting 6 weeks or more	1%	**2.2%**	
Cancer Standards			
Cancer 2 week waits following urgent GP referral for suspected cancer	93%	**90.3%**	
Cancer 2 week waits - Breast Symptomatic where cancer not suspected	93%	**84.3%**	
Cancer 31 day - 1st definitive treatment from diagnosis	96%	**97.0%**	
Cancer 31 day - Subsequent treatment for cancer / Surgery	94%	**92.3%**	
Cancer 31 day - Subsequent treatment for cancer / Chemotherapy	98%	**97.9%**	
Cancer 31 day - Subsequent treatment / Radiotherapy	94%	**96.6%**	
Cancer 62 days - 1st treatment following an urgent GP referral	85%	**75.8%**	
Cancer 62 days - 1st treatment following referral from Screening Service	90%	**78.5%**	
Cancer 62 days - 1st treatment following consultants decision to upgrade	No standard	**81.5%**	
Mental Health Standards			
Increasing Access to Psychological Therapies (IAPT) * Q1 – Q3 2019/20. Q4 performance not yet available.	5.5% (average per quarter)	**4.6%**	Quarter 3
Dementia diagnosis rate	67%	**68.1%**	March 2020

Key	Standard being met	Performance worse than standard	No national standard

Waiting times in Accident and Emergency

The national standard for waiting times in Accident and Emergency is that at least 95% of people who attend Accident and Emergency will have been seen, treated, admitted or discharged in under four hours. Our two local hospitals are North Middlesex University Hospital (NMUH) and Whittington Health (WH). Haringey CCG is the lead commissioner for NMUH and Islington CCG is the lead commissioner for WH. Performance was challenged throughout the year, but particularly during the winter period. Both Haringey and Islington systems saw increases in demand. Specifically, the Trusts saw a significant increase in the number of people attending the Accident and Emergency Department, particularly those with acute care needs and those requiring admission on to a ward.

Waiting times in A&E remains a national challenge and an area the CCG continued to focus on extensively in 2019/20. The Haringey A&E Delivery Board continues to monitor the progress of the delivery of the A&E standard at North Middlesex University Hospital and met monthly during 2019/20 to discuss the challenges to delivering the four-hour A&E standard.

During 2019/20, the A&E Delivery Board discussed the progress of the improvement programme for the year and the current challenges for the system. The improvement programme is a system wide approach to managing the A&E pressures and improving and standardising processes for patient assessment, admission and discharge across 7 days to achieve the 4-hour operational standard.

The delivery of the 2019/20 Improvement Programme is managed through three distinct work streams focusing on specific priorities for the system: Inflow, Through flow and Outflow.

- The Inflow work stream focuses on managing demand in the community and reducing avoidable A&E attendances and hospital admissions.
- The Through flow work stream focuses on improving internal Whittington Health processes that enable staff to deliver the highest quality of care in a timely way and ensure a positive patient experience.
- The Outflow work stream focuses on timely and effective transfer and discharge of patients from both the Emergency Department and wards into community settings.
- At times of the greatest need, the Accident and Emergency Delivery Board worked together to de-escalate winter pressure situations in a proactive way, outside the regularly scheduled monthly meetings.

London Ambulance Service (LAS) Response Times

The national ambulance response time standards were established in London under the Ambulance Response Programme (ARP) Initiative, led by NHS England.
The aim of the ambulance response time standards are to ensure, based on evidence from elsewhere in the country, that:

- the sickest patients receive the fastest response
- all patients get the best response allocated to them

- no one is left waiting for and unacceptably long time for an ambulance to arrive

Figure 2: The Ambulance Response Programme time standards

Category	Basic definition	Response time standard
1	Life threatening injuries and illness (e.g. anaphylactic shock or bee sting)	Response time with an average of 7 minutes
		Response before 15 minutes for 9 out of 10 calls (90th centile)
2	Emergency calls (e.g. stroke)	Response time with an average of 18 minutes
		Response before 40 minutes for 9 out of 10 calls (90th centile)
3	Urgent calls (e.g. uncomplicated diabetes – some of these may be treated in patient's own home)	Response before 120 minutes for 9 out of 10 calls (90th centile)
4	Less urgent likely requiring transport or hear and treat	Response before 180 minutes for 9 out of 10 calls (90th centile)

Figure 3, shows that across the first ten months of 2019/20, LAS met the category one 90th centile target. LAS missed the category two, three and four 90th centile target. The focus for the London Ambulance Service is on the sickest patients who require the fastest response times with category one being life threatening.
February 2020 and March 2020 response times have been shown separately due to significant impact on response times during the first couple of months of the COVID 19 pandemic.

Figure 3: 2019/20 London Ambulance Services (LAS) ARP performance for Haringey CCG

Category	Measure	National Standard	2019/20 Performance April 19 – Jan 20 (Haringey CCG)	Performance February 20 (All LAS)	Performance March 20 (All LAS)
1	90th centile	00:15:00	**00:11:05**	**00:11:16**	**00:17:36**
2	90th centile	00:40:00	**00:43:45**	**00:45:66**	**02:21:31**
3	90th centile	02:00:00	**03:25:22**	**03:05:27**	**07:17:16**
4	90th centile	03:00:00	**03:55:14**	**07:00:55**	**09:55:28**

Improving Referral to Treatment Times

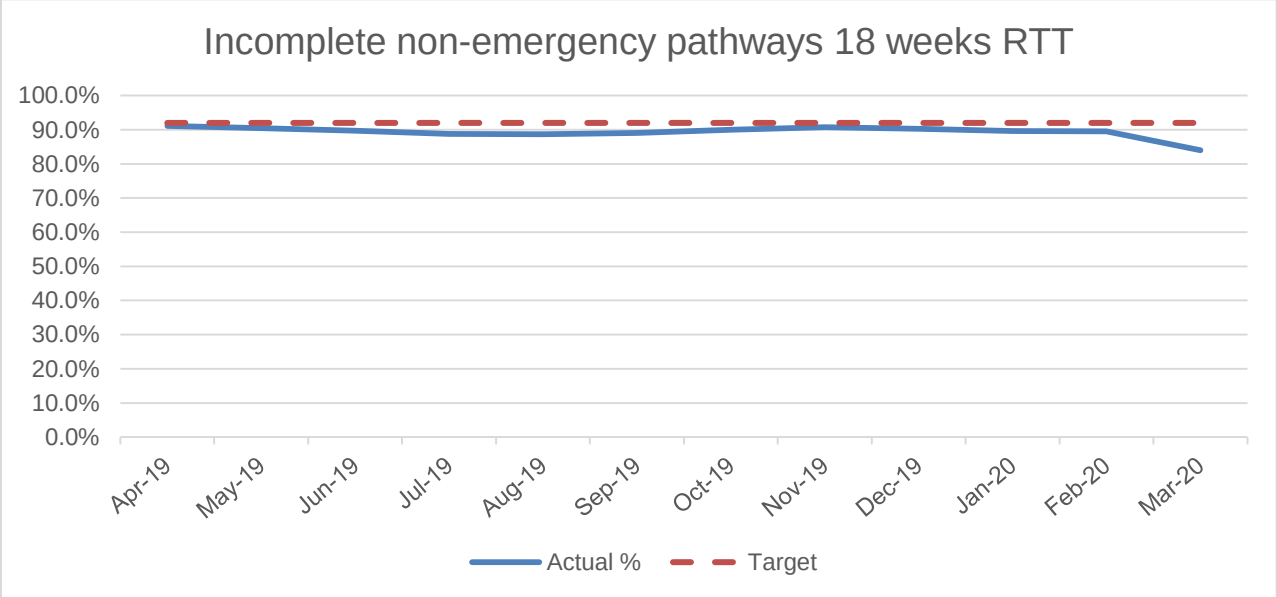
Referral to Treatment Time means the length of time you have to wait between your referral (for example, from your GP) for your treatment to start (for example, at a hospital). In most cases, this wait should be no longer than 18 weeks for people treated as either inpatients (admitted) or in an outpatient clinic (non-admitted). Therefore, this standard is measured by looking at the people still waiting for treatment, so that for any month, 92% or more of patients should wait less than 18 weeks.

Commissioners continue to review referral to treatment performance, the size of the waiting lists and how long patients have been waiting on them by provider and CCG at speciality level each month. Please note, people with suspected cancer, are expected to wait a much shorter amount of time (see section on cancer waiting times) and have continued to be prioritised throughout the winter period.

Figure 4, shows the performance for Haringey CCG's registered population. Performance was challenged in 2019/20 with a performance of 84.0% (March 2020 snapshot), therefore not achieving the 92% operational standard. Haringey's performance was affected by University College London Hospitals installation of a new Patient Administration System (PAS) in April 2019. This had an impact on reporting and data quality which resulted in an increased number of reported patients waiting. In order to resolve reporting issues the Trust has recruited an external validation team and are engaging in extensive data analysis. The focus of the team will be on the longest reported waiting patients as a priority. Camden CCG, as host CCG, have had a weekly teleconference with the Trust and regulators to discuss the implementation and its impact.

*Figure 4: Haringey CCG performance on Referral to Treatment Time standard in 2019/20**

***Performance does not include Royal Free London, as the provider stopped reporting from February 2019, while the trust addresses its internal data quality issues relating to the recording of waiting times.*



52 week waits in 2019/20

While most patients should not be waiting more than 18 weeks for treatment, no one should be waiting more than a year for treatment on an elective treatment referral to treatment pathway.

As of March 2020, 38 Haringey patients, waited a very long time for treatment. Twenty of these patients have been waiting at University College London Hospital, nine at Barts Health, five at other providers, two at Guy's and St Thomas' Hospital and two at Whittington Health.

As of March 2020, five Haringey patients are on the waiting list and have been waiting 52 weeks or more for treatment. These patients are waiting under the care of University College London Hospital, Barts Health and Great Ormond Street Hospital.

The CCG is monitoring the length of time patients wait for treatment, working with all providers to ensure patients are treated more quickly and any avoidable delays are addressed. The CCG is committed to reducing the number of patients who wait a long time for treatment.

Six-week diagnostic standard

The six-week target for the diagnostic standard is from when the request for a diagnostic test or procedure is made to when the patient receives the diagnostic test or procedure. The target for this is that no more than 1% of patients receiving tests in any month should have waited more than six weeks for those tests.

The CCG's year-to-date performance for 2019/20 is 2.2%, 1.2% worse than the national operational standard. Haringey's performance was again affected due to University College London Hospitals (UCLH). Following implementation of a new Patient Administration System (PAS) at UCLH in April 2019 the provider stated it was not confident that the reported position on diagnostic waiting times was accurate and took the decision to suspend reporting against this standard on data from May 2019 to August 2019. UCLH resumed reporting on Diagnostic Tests for September 2019 activity.

North Middlesex University Hospital, Haringey CCG's main acute provider, just missed the 1% standard for 2019/20 with a year to date performance of 1.1%. March performance was the main reason the standard was not met across the year. In March 10% of Haringey's diagnostic tests were not carried out within 6 weeks as diagnostic activity was reduced due to COVID 19.

Electronic referrals (e-RS)

There is a wide recognition that paper referrals are an outdated mechanism for booking healthcare appointments. Utilisation of the e-RS system by the CCG's practices is currently around 99%.

There are a number of benefits, which are being realised through the high utilisation of the service, these include:

- consultants will receive fewer inappropriate referrals because clinics are carefully defined and referrers are able to access advice prior to referral if there is any doubt about which clinic to refer to
- consultants will see a reduction in the number of patients who do not turn up for appointments because patients can agree the place, date and time of their appointment
- a reduction in staff time spent processing referrals
- less time spent by NHS staff ringing patients or sending out letters to arrange appointments
- referrers can more easily identify services with shortest waiting times providing a better patient experience

Cancer standards

The NHS Constitution has nine cancer waiting time standards (one does not carry a national target). These are based on the principles that all patients should receive high quality care without any unnecessary delay and that patients can expect to be treated at the right time, according to their clinical priority.

Figure 5 shows the CCG's year-to-date performance of the nine cancer waiting time standards. For 2019/20, Haringey CCG achieved three out of the eight standards (which have a target). The standards not met for 2019/20 were two week wait for an appointment for patients referred urgently with suspected cancer and patients referred urgently with breast symptoms, 31 day wait for subsequent treatment where that treatment is surgery and 62 day wait from urgent GP referral and from a referral from an NHS screening service to treatment.

Figure 5: Haringey CCG's performance on cancer standards in 2019/20

Cancer Wait	Measure	Target	2019/20 Year to date performance
2 Week Wait	First outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	**90.3%**
	First outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	**84.3%**
31 Day	From diagnosis to first definitive treatment for all cancers	96%	**97.0%**
	For subsequent treatment where that treatment is surgery	94%	**92.3%**
	For subsequent treatment where that treatment is an anti-cancer drug regimen	98%	**97.9%**
	For subsequent treatment where the treatment is a course of radiotherapy	94%	**96.6%**
62 Day	From urgent GP referral to first definitive treatment for cancer	85%	**75.8%**
	From referral from an NHS screening service to first definitive treatment for all cancers	90%	**78.5%**
	For first treatment following a consultant decision to upgrade	No target	**81.5%**

The CCG's performance against these standards remains challenged, reflecting capacity constraints and pathway issues within North Central London, particularly at North Middlesex University Hospital, University College London Hospital and Royal Free London. The North London Partners Cancer Improvement Team and NHS Improvement, who are responsible for the management of UCLH's performance, are addressing this. Haringey CCG is working closely with North Middlesex University Hospital and Camden CCG to monitor progress.

The NCL Cancer Performance Leadership group meets regularly to review sector-wide cancer performance and hold each other to account regarding the achievement of improvement actions. These meetings support the London-wide regulatory process in providing assurance that Trusts and CCGs are taking all necessary steps to improve cancer performance. A number of actions to address the variable 62-day cancer performance are progressing. The UCLH Cancer Collaborative is also providing support. Key improvement actions have been agreed to further

develop the urology one-stop clinic model and straight to test which will reduce the waiting time for patients.

Mental health standards

The NHS Five Year Forward View pointed out that one in four of us will experience mental health problems, and mental illness is the single largest cause of disability. To monitor mental health services for adults and children and young people there are number of key performance indicators.

Figure 6, shows that for 2019/ 20, Haringey CCG achieved seven mental health key performance indicators, It should be noted that the number of children and young people referred for eating disorders in each quarter is small for the CCG and our providers and this means in some quarters no children start treatment in that quarter.
During 2019/20, the two indicators where the CCG did less well against the mental health performance indicators were; Physical health checks for people with severe mental illness (SMI) and memory services referral-to-diagnosis 6 week waits. Haringey CCG commissioners regularly meet with its Mental Health Service providers to discuss the progress of service improvement implementation plans.

Figure 6: Haringey CCG's performance on mental health standards in 2019/20

Measure	Target	2019/20 Year to date performance
Percentage of RTT first episode psychosis (FEP) periods within 2 weeks of referral	56%	**72.9%**
Proportion of admissions to acute wards that were gate kept by the crisis resolution home treatment (CRHT) teams	95%	**95.4%**
Proportion of patients on a Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care	95%	**96.3%**
Physical Health Checks for People with Severe Mental Illness	50%	**21.8%**
Dementia diagnosis rate (Age 65+)	66.7%	**68.1%**
Memory Services Referral to Diagnosis Waiting Time	85%	**66.7%**
Out of Area Placements in Mental Health Services		**359**
Child and Adolescent Mental Health Access rate (cumulative YTD values for each month)	21%	**21.4%**
Proportion of children and young people with eating disorders (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment	95%	**95.8%**
Proportion of Children and young people with eating disorders (urgent cases) that wait 1 week or less form referral to start of NICE-approved treatment.	95%	**100%**

Improving Access to Psychological Therapies Standards (IAPT)

The two key constitutional standards for mental health relate to Improving Access to Psychological Therapies (IAPT) in terms of the proportion of people receiving psychological therapies (Access), and the proportion of people completing treatment and moving to recovery (Recovery Rate). Additionally there are a further two standards which relate to the proportion of people that wait 6 or 18 weeks or less from referral to entering a course of IAPT treatment.

For 2019/20 Haringey CCG achieved three of the IAPT standards.

The indicator that underperformed in 2019/20 was the proportion of people receiving psychological therapies. Haringey CCG did not achieve the target for the first three quarters of 2019/20. A number of actions have been implemented during 2019/20 and an increase in the access rate in quarter 4 will be required to ensure Haringey achieves the national access target of 22% by the end of quarter 4 of 2019/20.

Figure 7: Haringey CCG's performance on Improving Access to Psychological Therapies (IAPT) Standards in 2019/20

Measure	Target	2019/20 Year to date performance
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	75%	**94.3%**
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	75%	**98.9%**
Recovery Rate (quarterly)	50%	**57.9%**
Access Rate (quarterly)	5.5% (average per quarter)	**4.6%**

Mental Health Related 12-Hour Breaches

The way in which mental health related breaches are recorded has recently changed with a standardised approach across all providers. Therefore In recent months, the number of breaches has decreased, which is a significant achievement for

During 2019/ 20, there were 18 patients (subject to validation) reported by North Middlesex University Hospital to NHSE/ I as waiting over 12 hours for a bed to be found following a decision to admit. All were due to delays admitting mental health patients to an appropriate mental health bed following assessment by local psychiatric liaison teams.

This is being address jointly by all relevant stakeholders by reviewing current capacity, processes and mental health pathways to reduce the number of breaches and improve the overall experience of mental health patients in A&E.

Continuing Healthcare (CHC)

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. There are two key performance measures: that no more than 15% of assessments are carried out in an acute setting and that 80% of continuing health care referrals are completed within 28 days.
Figure 8, shows that in 2019/20Haringey achieved the standard that no more than 15% of assessments are carried out in an acute setting, which was a significant achievement.

Figure 8: Percentage of decision support tool (DST) assessments carried out in an acute setting.

Period	% of DST carried out in an acute hospital setting	Target
Quarter 1 19/20	1%	Less than 15%
Quarter 2 19/20	0%	
Quarter 3 19/20	1%	
Quarter 4 19/20	0%	

The second national standard is that 80% or more of continuing health care referrals are completed within 28 days. Figure 9, shows that Haringey did not achieve the standard in 2019/20. However, performance has improved from 23% in quarter 1 to 53% in quarter four of 2019/20.

The main cause of underperformance is due to the delay in allocating social workers to undertake the CHC assessments. Therefore, the Haringey CHC team developed an improvement plan during the year, which builds on the collaborative work with acute trusts to improve the quality of CHC referrals. The Haringey CHC team have continued to work with the Local Authority to devise a framework (to ensure funding discussions don't delay care decisions) and support them to resolve their capacity constraints.

Figure 9: Percentage of continuing health care referrals that are completed within 28 days.

Period	% Standard CHC referrals completed within 28 days	Target
Quarter 1 19/20	23%	Greater than 80%
Quarter 2 19/20	65%	
Quarter 3 19/20	56%	
Quarter 4 19/20	53%	

Quality Premium

The Quality Premium (QP) is one of the mechanisms to reward CCGs for improvements in the quality of the services, which they commission, and for associated improvements in reductions in inequalities in access and in health outcomes.

Quality Premium (QP) 2018/19

The Quality Premium award for 2018/19 was based on measures that covered a combination of national and local priorities and reflected the quality of the health services commissioned.

The Quality Premium scheme guidance for 2018/19 was restructured to include an incentive on non-elective demand management. In the updated scheme, there are two emergency demand indicators, five national quality indicators and one local measure the percentage of patients who are currently treated with anti-coagulation drug therapy.

In January 2020, Haringey CCG did not receive payment for the 2018/19 QP scheme. This was due to the CCG not meeting the financial gateway. NHSE/ I have indicated that there will not be a quality premium scheme for 2019/20.

Quality, Safety and Patient Experience

The CCG Quality Directorate, under the leadership of the Director of Nursing and Quality, has an important role in monitoring and ensuring that local NHS services are delivering high quality care in line with national quality standards in the NHS standard contract.

Our local trusts provide data and reports to monthly Quality Contract meetings (CQRGs) with the CCG. Reports identify trends and themes from complaints, serious incidents, etc. and the learning identified as a result. Trusts also provide assurance of how that learning is being disseminated and embedded throughout the organisation. If the CCG is concerned that the data or reports demonstrate a decline in quality, further assurance is sought and contract remedial measures may be enacted. If there are significant quality concerns the CCG may escalate these to the North Central London Quality Surveillance Group to ensure further NHS regulatory oversight (NHSE/NHSI/CQC/GMC etc.) and improvement support and actions are made available.

Where themes of concern have emerged, in-depth reviews have been commissioned by the CCG and followed up by Insight Visits to the relevant provider. Haringey CCG is the lead commissioner for North Middlesex Hospital (NMUH) and the Trust has been the focus of a number of CCG-led Insight Visits throughout the year, led by the CCG's Governing Body Nurse Member and the Head of Quality. As well as quality contract monitoring with local trusts and other health providers, the CCG also triangulates information from patient complaints to the CCG, quality alerts from local GPs and enquires from local MPs and members of the public as an important aspect of intelligence gathering about local providers and our own commissioning. This intelligence is discussed at different CCG groups including the Communication and Engagement Group and GP Clinical Cabinet in conjunction with other patient experience information gathered. Where concerns are identified, further information is sought and necessary actions are taken.

Haringey CCG's Governing Body is responsible for the quality of commissioned services and reviews the performance across all of our providers. The Governing Body receives an integrated performance dashboard, which includes data and intelligence on the quality of locally commissioned services at every meeting. The CCG Quality and Performance Committee (held jointly with Islington CCG), chaired by the Nurse Member of the Governing Body, has been established to maintain the systems and processes that ensure we have a clear focus on quality. This committee, which reports directly to our Governing Body, receives detailed quality and performance reports to enable effective oversight of provider performance and ensure consistency of achievement.

In 2020/21 with the formation of the NCL Clinical Commissioning Group from 1st April, there will be focus on a larger number of providers over a wider geographical footprint across acute, community, mental health and primary care settings. The emphasis will be on developing and embedding a new whole-system approach to monitoring quality and safety across NCL and the wider health and social care system. Priority quality and safety areas for 2020/21 will include:

- Embedding of new whole-system approach to Quality and Performance Assurance and Surveillance across NCL
- Introduction of Medical Examiner system
- Reducing variation of patient experience across NCL
- Local implementation of national patient safety strategy, and agreeing the most important areas for improvement of patient safety within NCL
- Systems for sharing learning from Serious Incidents, Safeguarding Investigations and reviews (e.g. Learning from Never Events)
- Implementation of the NCL Child Death Overview Panel and processes and themes from CDOP Annual report

Quality Assurance at North Middlesex University Hospital (**NMUH)**

Haringey CCG is the lead commissioner for North Middlesex University Hospital (NMUH). A comprehensive inspection of the Trust was undertaken by the Care Quality Commission (CQC) over July-August 2019 and the report (published on 25th October 2019) rated the Trust overall as '**requires improvement'** with four of the trust's eight services as 'good' and four as 'requires improvement'. This is an improvement on the previous report (2018) and ratings. **Urgent and Emergency Services** rating improved to good and the **Well Led** domain for the Trust also improved from requires improvement to **good**. Effective, Responsive and Safe domains remained unchanged at **requires improvement** and Caring stayed the same with an overall rating as **Good.** None of the services are rated as 'inadequate' in any of the five key domains inspected by the CQC.

The trust was issued with seven 'must do' requirement notices and 31 Should do notices which is a smaller number of recommendations compared with the 2018 report – (12 'Must-dos' and 77 'should do recommendations).

Haringey CCG Quality Team supported the Trust with CQC preparation and improvement actions in 2019/20 by:

- At the start of the financial year the Quality Team provided the NMUH with an in-depth benchmarking report comparing the Trust's performance with local and national acute providers against key patient and staff experience metrics and other quality indicators, highlighting areas for improvement.
- Supported the Trust prioritise actions from the NHSI patient experience framework review (March 2019) and ensure these were captured in the refreshed Trust wide patient experience strategy and annual action plans.
- Continued to provide quality assurance of Serious Incidents reported by the Trust with the CCG's Quality Team working closely with the Trust's Governance Team. The Quality Team has monitored the implementation of recommendations from Never

Events in Theatres by undertaking an Insight revisit. The CCG has also been represented at the Trust's patient safety learning events throughout the year.

- Ensuring that following publication of national patient surveys, action plans are developed, shared and tracked at CQRG meetings.
- Undertaking Insight visits to clinical areas and providing feedback on evidence that CQC recommended actions are embedded in clinical practice
- Conducting a quarterly review of the Trust CQC improvement plan at CQRG meetings.
- Participating in CQC visit preparation work including peer reviews, ward visits prior to the October 2019 CQC inspection and participating in the peer review trust wide 'mock' CQC inspection programme.

NMUH has developed an improvement plan to respond to the themes and this plan was presented to the Enfield Health Scrutiny panel on 23rd January 2020 by the Medical Director and Director of Nursing. Details of the improvement plan can be viewed in the presentation which can be seen on the Enfield Health Scrutiny website as part of the agenda and papers for this meeting https://governance.enfield.gov.uk/ieListDocuments.aspx?CId=699&MId=13109&Ver=4

On 27th February 2020, the CQC published a further report on the NMUH Emergency Department (ED) following an unannounced inspection in January 2020 in response to concerns regarding the number of ambulances being delayed from handing over patients during December and January. Inspectors found that although there was a relatively high vacancy rate within specific bands, there were enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Risks to patients were assessed and their safety monitored and managed so they were supported to stay safe. Staff felt respected, supported and valued and they were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns. England's Chief Inspector of Hospitals, Professor Ted Baker, said: "*Care provided at the North Middlesex University Hospital emergency department has continued to improve and I am pleased to see it. At all times throughout our inspection, we found the skill mix of staff to be suitable for the needs of the emergency department, with actual staffing levels meeting the planned levels*".

Overall priorities for quality assurance at NMUH in 2020/21 are:

1. Supporting the NMUH with their delivering their CQC action plan and preparation for CQC inspection in 2020 – supporting the Trust in achieving a 'Good' rating.
2. Focus on the NMUH improving their performance on patient experience metrics
3. Supporting the Trust with the development of the Trust Clinical Strategy with the aim of developing programme boards which align to NHS long term plan.

Complaints received by Haringey CCG

As of 27th February 2020, Haringey CCG received 12 formal complaints (since 1st April 2019) all relating to Continuing Healthcare (CHC) decisions and processes. This is an improved position compared with the previous year 2018/19 when 20 formal complaints were reported.

Over January/February 2019, The Complaints Team at Haringey CCG in collaboration with the CHC Commissioning and Clinical Teams carried out an in-depth audit on CHC complaints received in 2018/19 and then implemented a programme of change based on the themes of the audit. The lookback review of CHC complaints led to re-drafting of local CHC guidance and the introduction of strengthened quality assurance of Clinical and Commissioning Team processes as well as a review of documentation and communication to patients and their representatives. Examples of improvements undertaken following the complaints audit include:

- The CCG produced a standard CHC information pack that is now routinely sent to patients and carers
- The CHC webpages on the Haringey CCG website were updated with relevant national guidance and frequently asked questions.
- Additional CHC nurses were recruited to increase the CCG's capacity to undertake CHC reviews and assessments and appeals.
- The CCG has reviewed and updated the CHC standard template letters and leaflets with the support of Haringey Healthwatch to ensure that CHC information is clear and accessible to the public.
- The CHC teams have improved communication and processes with the local authority to ensure that when CHC patients are transferred to social care this is done quickly and efficiently.

There were two Haringey CCG complaint investigations carried out by the Ombudsman in 2019. The first complaint was in relation to respite care which the Ombudsman did not uphold. The second complaint related to the CCG's role in commissioning a provider for CHC. This complaint was upheld and following the report, the CCG paid the complainant £950 in recognition of the poor experience the patient and family experienced. Other areas of learning have been embedded into the CHC teams' practice.

GP Alerts at Haringey CCG

Complaints are used as one aspect of intelligence gathering. Another source of intelligence about local providers are the GP Alerts that are handled by the CCG Quality Team. Over the past 12 months, the CCG has worked closely with NMUH to change and improve the way the Trust responds to quality alerts from Enfield and Haringey GPs. In 2019/20 a local key performance indicator was agreed with the Trust to monitor the sustainability of these changes. This has helped improve overall GP satisfaction with Trust communication and improve care and treatment for patients as a result of the Trust responding more effectively to the Quality Alerts.

Insight and Learning Programme at Haringey CCG

NMUH has been the focus of a number of CCG-led Insight visits throughout 2019/20, with visits led by Haringey CCG's Head of Quality and the CCG's Governing Body Nurse Member. The purpose of these visits has been to triangulate assurances received from the hospital with the reported experiences of patients, carers and staff in the department. The areas visited included:

i) The **three Elderly Care wards** at NMUH were visited on 13th March 2019 with a focus on safeguarding, pressure ulcer prevention and discharge planning. Prior to the visit,

five key lines of enquiry were identified; safeguarding alerts received by the CCG's Safeguarding Adults Lead; an increase in the number of reported pressure ulcer related serious incidents, feedback from the CHC Team around failed discharges; falls and dementia care were also included. The recommendations from the visit were fed back to the Trust at CQRG and the Trust shared a robust action plan which will be followed up at an Insight re-visit in March 2020.

ii) **Theatres Department** - on Wednesday 5th June 2019, an Insight visit to the Theatres Department at NMUH took place. This was following the Trust reporting six Never Events between 1st April 2018 and 3rd June 2019. The Insight visit sought to gain assurance that recommendations from a previous Insight visit in April 2018 had been actioned, and also to obtain further assurance that the recommendations from recent Never Events had been implemented. Overall, the visit was positive with no immediate patient safety concerns noted by the Insight Visit Team. The Theatres Team demonstrated good communication gained following the round table post incident meetings. Whilst the Trust had undertaken a significant amount of improvement work around Local Safety Standards for Invasive Procedures, the World Health Surgical Safety Checklist (WHO checklist) and audits since the last insight in July 2018, the visit team found a few outstanding actions including the standardisation of surgical site marking. Recommendations will be followed up by a re-visit to the Theatres department in March 2020.

iii) **Accident and Emergency Department** – Insight visit took place on 4th October 2019 as part of winter planning preparations. The key lines of enquiry for the visit were identified from various sources including serious incidents and other soft intelligence within the local NHS system. Overall the visit was positive and there were no immediate patient safety concerns identified by commissioners.

These visits also enabled the CCG to gain assurance regarding progress of the Trust's Care Quality Commission (CQC) Improvement Plan and make recommendations for improvement to the Trust in a timely way. Demonstrable improvements in services have been reflected in the 2019 CQC ratings.

During 2019/20 Haringey CCG has also worked closely with Islington CCG to plan Insight visits to Whittington Health (WH) NHS Trust. For example, in October and November 2019 an Insight visit and 'focus on' CQRG at WH was carried out on District Nursing services to review Community Pressure Ulcer prevention performance and action plans. This was triggered following the identification of Haringey patients with community acquired pressure ulcers. The meeting provided the WH senior leadership team and commissioners with assurance that the District Nursing service was taking appropriate actions to reduce the risk of pressure ulcers developing.

Community Pressure Ulcer Prevention

Following concerns expressed by the NMUH Director of Nursing regarding the high number of Community Acquired Pressure Ulcers (CAPUs) reported by the Trust, members of the Quality Team and a Haringey CCG Senior Commissioning Manager developed an action plan which was shared at the NMUH CQRG in September 2019. Actions in relation to

CAPUs were divided between the different elements of the pathway that patients with or at risk of a CAPU may experience, namely:

- GP/pharmacy care when the patient is at home and has no district nursing care – the focus is on understanding whether there is more that can be done to prevent pressure ulcers occurring, early identification when they do occur and appropriate management to prevent deterioration.
- District nursing care – the focus is on ensuring that District Nurses have the appropriate skills and capacity to deliver preventative care and to identify and manage pressure ulcers when they do occur.
- Care home care – again, the focus is on ensuring that care homes are suitably skilled in prevention and management.

These actions form part of a wider review of community wound care management in Haringey and Islington which is considering all aspects of community wound care including specifically for leg ulcers and for simple and complex wounds being managed in primary care and reducing unnecessary Emergency Department attendances. Some activities undertaken recently in response to the review include:

i) District Nursing and Pressure Ulcer Prevention

Haringey and Islington - Following reports of two Haringey patients admitted to NMUH with multiple community acquired pressure ulcers and sepsis, Haringey Quality Team liaised with Quality Team colleagues in Islington CCG to undertake a deep dive on Whittington Health District Nursing services which included an assurance visit on the 27th September and a focused CQRG meeting on District Nursing and Pressure Ulcer prevention in October 2019 where feedback from the assurance visit was discussed and additional assurance gained on the Trust's Pressure Ulcer prevention plans.

Managing patient safety incidents and significant events in General Practice

In June 2019, NHS England produced a working guide for General Practice on reporting and learning from patient safety incidents. The working guide was promoted to GPs in Haringey by the Quality Team via different routes including engagement and discussion at GP Clinical Cabinet meetings, GP Collaborative meetings, Local Medical Committee meetings and Haringey Practice Nurse meetings. This engagement led to good practice guidelines being drafted for Haringey which were consulted on in January 2020. Throughout 2019, the Quality Team has seen a steady increase in the number of primary care incidents being reported on the National Reporting and Learning System (NRLS) and more significant event analyses being shared with relevant teams at the CCG. The Quality Team has also provided ongoing advice and support to individual practices undertaking serious incident investigations and advising the CCG Primary Care and Medicines Management teams who support practices with investigations and analysis. Priorities for 2020/2021 in Haringey will be sharing lessons learnt across primary care networks in the borough, ratifying the good practice guide and training staff on incident management and investigation.

Learning Disability Mortality Review (LeDeR) Progamme
The strategic lead and local area contact (LAC) roles for the LeDeR programme sit within Haringey CCG's Quality Team with support from partner agencies. Haringey has a well-established a local steering group and there is strong partnership working to drive the LeDeR agenda forward.

Haringey however, like most areas has faced challenges in completing the mortality reviews within the stipulated 6 month timeframe. This is due to varying reasons:

- Lack of reviewers in the system and difficulty recruiting reviewers especially from outside learning disability services
- Trained reviewers capacity and high turnover of trained reviewers
- Delays in receiving/accessing health records from care providers
- Delays in starting a review due to statutory reviews being undertaken e.g. delays due to; inquests, serious incident process, child death overview process.

The LeDeR Steering Group has included a standing agenda item on prevention with the focus on improving annual health check compliance for people with learning disabilities in the borough. In 2018/19 Haringey has improved annual health check compliance from up from 45% to 57%. Other NCL boroughs are experiencing challenges in meeting NHS England target of 75% of patients receiving a health check. Haringey was highlighted in the NHS England report on LeDeR : Action from Learning (May 2019) for two initiatives:

1. In Barnet and Haringey, the community learning disability team are working with district nursing, phlebotomy, primary care and acute hospitals on a quality improvement project to improve access to blood tests for people with a learning disability and ensure that they can access the service in a timely manner.

2. Haringey Learning Disabilities Partnership are developing a complex physical health pathway to reduce the risk of hospital admissions, help to maintain and improve health and improve quality of life for adults with learning disabilities. Both initiatives report back to the Haringey LeDeR steering group on progress.

LeDeR programme priorities for 20/21 include:

- A robust plan to ensure that LeDeR reviews are undertaken within 6 months of the notification of death to the CCG
- Develop stronger governance process around LeDeR action plans, ownership of progress, and escalation of risk associated with these
- Develop service user and families/carer involvement in the programme in Haringey
- Raise awareness of the LeDeR programme within Primary Care and to develop LeDeR champions in each of the Haringey GP surgeries
- Share ideas and work collaboratively with other CCGs across NCL by developing an overarching NCL LeDeR action plan pulling together common themes ensuring capacity is maximised and to avoid duplication of effort

Quality Team support to the Haringey Continuing Healthcare Clinical Team
Following the departure of the Head of Continuing Health Care at Haringey CCG in June 2019, The Assistant Director of Quality and Head of Quality provided management support to the Lead Nurse for Continuing Healthcare until the transfer of the CHC Clinical Team to Whittington Health was completed early December 2019. Following 2 successive quarters of under performance against the 28-day CHC target, the following interventions were put

in place throughout quarters 2 and 3: improved prioritisation and visibility of patients through weekly tracking of all CHC cases and weekly case note review of the priority 28-day caseload as well as timely escalation to local authority social care departments to resolve delays and disputes. Other support included early intervention and de-escalation following concerns raised by relatives and undertaking complaint investigations and preparing formal responses to complaints. Other activities where the Quality Team provided support included recruitment of temporary nursing and administrative staff, approving requests for enhancements to existing Care Packages, implementing recommendations from the CHC complaints audit (2018), chairing and attending high risk case meetings to ensure effective communication between CHC Commissioning Team, council lawyers and the CCG Designated Safeguarding Adult professional. The management of the CHC Clinical Team transferred to Whittington Health on 1st November 2019 and throughout the transition period the Quality Team provided support to the CHC Lead Nurse and arranged joint handover meetings with the new Team manager. At the time of handover there were no new or ongoing CHC complaints. In terms of the CHC National Standard-(CCGs to make CHC eligibility decisions in at least 80% of all positive checklist received within 28 days), the team saw an improvement in performance in line with the trajectories agreed with NHS England over quarters 2 and 3. The 28 day performance improved from 23% in Q1 2019/20 to 65% in Q2 2019/20 and 75% in September and November 2019. As mentioned earlier under section 3.2, there has also been an overall reduction in CHC complaints (12 to date) over 2019/20 compared with the previous year 2018/19 when 20 complaints were reported.

Patient and public involvement and engagement

In May 2013, the CCG's Governing Body adopted our Patient and Public Engagement (PPE) Strategy which focused on our aspirations for engagement as a new NHS organisation. The PPE strategy was developed collaboratively, and included a consultation period with stakeholders, colleagues and members of the public. It also included an engagement cycle diagram to illustrate how the CCG planned to systematically engage people throughout the commissioning cycle.

Every year, we review and refresh our engagement strategy every year so that it:

- reports on what we have done to deliver on the previous year's priorities for public and patient engagement;
- sets out our commitment that we will maintain and develop the engagement work and systems that we have in place;
- identifies the CCG's strategic priorities and the key stakeholders we need to engage with to ensure achievement of the CCG's plans and priorities
- commits to an annual action plan to support the delivery of the strategy; and
- outlines the engagement priorities and activities for the coming year.

Our latest strategy is available on our website. Our engagement cycle remains at the core of our strategy and can be seen on page 53 of this annual report. We have also given some examples of things we have done in the past year to involve people in our work on page 54.

Assessment by NHS England

Every year the CCG has to demonstrate how we are meeting our statutory duties around patient and public engagement and involvement. Our work is assessed by NHS England against a set framework as part of their assurance process of all CCGs. For 2018/19, Haringey CCG was rated 'Good' for our patient and public engagement. We will hear the outcome of our 2019/20 assessment in July 2020.

Our engagement website area

We have a dedicated engagement website area which shows how we involve people and groups in our work and the impact that it has on our plans and services. We have also included lots of examples of our engagement activities and who we have engaged with, and the difference that their feedback has made. Please visit our website section (www.haringeyccg.nhs.uk/engagement) to see:

- Our engagement approach – including our current engagement strategy and priorities and the way in which we train our staff to undertake effective engagement
- How we work with the voluntary and community sector
- Information about our public meetings and engagement network
- Our 'shaping services' engagement library – which gives some examples of how we are involving people in our key work programmes and the impact that it has made e.g. primary care, end of life care and children and young people's mental health services.
- 'You said, we did' – information about how we measure the impact of people's involvement

- Current consultations and engagement opportunities, and other information about how people can be involved and help us with our work
- Information on how we hold our providers to account for their patient and public involvement

Please contact the CCG's communications and engagement team if you would like any more information: 020 3688 2729/2782 or harccg.comms@nhs.net

Haringey CCG's engagement cycle

How we will engage and involve people in commissioning

1.

We will do this through the Joint Strategic Needs Assessment (JSNA), sections of which are updated annually, and through ongoing engagement in the CCG's core programmes of work.

2.

- We will always share our commissioning priorities and key work areas on our website and make it clear the different ways that people can get involved (or have been involved in their development) – www.haringeyccg.nhs.uk/engagement/
- Our website will always have a comments section so that people can give their views.
- We will receive ongoing feedback on our priorities and key areas of work through the CCG's Engagement Network meetings (which will take place throughout the year) and other events like our public meetings.

3.

- We will involve patients, carers and expert patient groups in the design of pathways and services
- Our Quality Committee, via the CCG's insight and learning programme, will receive on going feedback through complaints, patient surveys, patient participation groups (PPGs) and the CCG's Network.
- Our Quality Committee will hear stories on patient experience and will 'walk the pathway' with patients via Insight and Learning visits.

4.

We will always commission for quality and ensure that patients' views are taken into account in the procurement of services:

- When we review or develop new services or pathways, we will always try to involve patient, service user or Healthwatch representatives in discussions. This could include helping to develop service specifications, tender documents and key performance indicators, or simply helping us to understand patients' experience of the service or pathway being looked at. Where appropriate, they will also have the opportunity to sit on procurement panels and be involved in the choice of successful provider(s).
- We will always make sure that patients who are involved in a procurement process are given support and training to help them with this role.

5.

- We will use a variety of patient experience data to understand how different services are performing. This includes patient stories, patient experience surveys, complaints information, comments on social media and visits and investigations by advocacy groups.
- This information will be channelled through the Quality Committee and will also feed into the contract monitoring process.
- The Quality Committee also receives information on patient experience of hospitals and other service providers, and holds providers to account through Clinical Quality Review Group meetings.

InHealth ASSOCIATES

NB. This engagement cycle has been adapted from the original developed by David Gilbert of InHealth Associates

Haringey CCG's engagement cycle

A few examples of how we have engaged and involved people in our work in 2019/20

Engagement website: Haringey CCG has updated its engagement website section to show more clearly some of the ways we involve people in our work and the impact it has made: www.haringeyccg.nhs.uk/engagement/

Our Insight and Learning programme is our strategic vehicle for systematically reviewing, triangulating and acting on a wide range of patient feedback and quality concerns. In 2019-20, the CCG's Insight and Learning programme has carried out broad horizon scanning of patient experience data from GP Quality Alerts, Provider and CCG complaints and more general patient experience data. Where themes of concern have emerged, in depth reviews have been commissioned and followed through by insight visits and GP surveys. This year there has been a robust programme of insight visits to North Middlesex University Hospital including to A&E, the elderly care wards and some of the hospital's theatres. The findings and recommendations from all visits are discussed with the Trust and action plans for any improvements are developed, with progress reported to the CCG.

Patient representatives on CCG committees

This was our sixth year of having patient representatives on some of our decision making committees, including the Quality and Performance Committee, Strategy and Finance Committee and the Communications and Engagement Sub-Committee. Having patient reps on the committees ensures we are transparent about the decisions we are making and have patients' views to inform discussions. Healthwatch Haringey are also represented on some of the CCG's committees, including the Governing Body.

Improving mental health support in schools: This year, Haringey CCG received significant funding from NHS England to improve mental health support in local schools. To help us develop our plans for this funding, we commissioned Healthwatch Haringey to engage with young people, parents and schools to ensure that we provided a service that met the needs of the young people. This included a focus group with 25 young people to get their thoughts on mental health support in schools. We also engaged with Haringey's Youth Parliament and got feedback from young people within this group about local mental health services and our proposals. You can read more about their feedback and our engagement plans for 2020-21 on our website.

Engagement network: The CCG network – made up of voluntary sector organisations and patients from GP practice patient participation groups – has just finished its sixth year. The network helps to inform the development of the CCG's commissioning intentions and direction of travel. This year, the network has heard about and given feedback on the following areas: primary care networks, development of a strategy for people with long term conditions, integration of services in North Tottenham, child and adolescent mental health services and a consultation on proposed changes to orthopaedic services. Feedback reports from network meetings are available on the CCG's website.

Successful public meetings: Approximately 150 Haringey residents attended our public meetings in October 2019. This year we worked with Haringey Council, Bridge Renewal Trust and Healthwatch to co-ordinate the structure of the meeting. The overarching theme of the meeting was 'Working together' and focused on various levels of collaborative working across the borough to improve services for residents. The Bridge worked with Healthwatch to promote the meetings and provide a range of support to ensure people with diverse needs were able to participate. Feedback from the meetings and how it's been used by our commissioners is available on our website.

Long term conditions: Nearly half of Haringey residents are currently diagnosed with at least one long-term condition. In order to address these issues early on, Haringey CCG and Haringey Council are working together to develop a Long-term Conditions strategy for the borough. This year we have carried out some patient engagement to find out what residents think of the care they receive and the services we provide to help us shape our strategy. This includes through surveys, and attendance at meetings, events and discussion groups. We are also recruiting residents, with one or more long-term condition, as patient representatives on a group which will oversee the strategy's development and delivery.

Last phase of life: In Haringey, we engage with and involve patients, families and carers in the development of our end of life services to make sure we are providing care that is tailored to the patients' needs and supports them to live as well as possible during the last months or years of life or to die with dignity. This year, we held a Last Phase of Life co-production event, which gave patients the opportunity to share their experiences of local end of life services and make suggestions for improvement. We also produced a video to capture the experiences of patients and their families using North London Hospice. Their stories will help us to review and improve the service going forward too. More details are on our website.

Sustainable Development

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

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

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

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

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

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

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

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

- Promote non-motorised forms of transport such as walk to work or cycle to work schemes across our organisations, to reduce fuel usage and improve local air quality and the health of our community

- Promote healthy eating through our health & 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.

Safeguarding adults and children

As commissioners of local health services, we need to assure ourselves that the organisations from which we commission have effective safeguarding children and adult arrangements in place.

Safeguarding forms part of the NHS standard contract and we agree with our providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties. CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. We are also required to demonstrate that we have appropriate systems in place for discharging our statutory duties in terms of safeguarding. Assurance may consist of assurance visits, section 11 and other multi-agency audits, deep dive and diagnostic exercises and through attendance at provider safeguarding committees, measuring the impact of our own and our providers' safeguarding arrangements.

Haringey CCG has fulfilled and is compliant with these safeguarding responsibilities and duties and has demonstrated this through the work of its dedicated safeguarding team who produce regular briefings and annual safeguarding reports, focusing on partnership working for those people who are less able to protect themselves from harm, abuse and neglect. The annual reports, which outline key achievements, challenges and emerging priorities, have been ratified by the CCG's Governing Body and are published on the Haringey CCG's website.

Haringey Safeguarding Adults

Liberty Protection Safeguards (LPS)

The Mental Capacity Amendment (Amendment) Bill received Royal Assent on 16th May 2019. It is expected that LPS will replace Deprivation of Liberty Safeguards (DoLS) on 1st October 2020 and the government estimates there will be over 300,000 LPS applications every year. It creates new statutory duties and responsibilities for local authorities, NHS Trusts and CCGs as well as care providers. Key points include:

- LPS will apply to any care setting (not just hospitals and care homes)
- NHS Trusts and CCGs will become responsible for assessments and authorisations
- LPS extends to young people aged 16 and 17 rather than 18+ under DoLS
- Many new staff groups will be involved in the assessment process
- The role of the Best Interest Assessor (BIA) changes significantly.

Haringey CCG is working in partnership with statutory and partner organisations in the borough and across North Central London to implement changes. Haringey CCG is a member of the local Multi-agency Liberty Protection Safeguards Implementation Network, set up to co-ordinate and implement LPS across statutory and partner organisations.

Haringey Safeguarding Adults Board (HSAB)

The HSAB agreed Haringey Safeguarding Adults Annual Strategic Priorities for 2019-2020. HSAB has a number of subgroups including partner organisations, to support the work of the Board and deliver on its strategic priorities

Haringey CCG is a statutory member of the HSAB and continues to work in partnership with other HSAB board members to monitor and review progress on the Board's Strategic Plan.

New Haringey Safeguarding Children arrangements

The Children and Social Work Act (2017) and Working Together to Safeguard Children (2018) removed the requirement for local authorities to establish Local Safeguarding Children Boards and has replaced these with new local multi-agency safeguarding arrangements.

Haringey CCG has been working with Haringey Council and the local Police to devise new safeguarding arrangements for children, in accordance with the new legislation. The new partnership, called the Haringey Safeguarding Children's Partnership, requires the three statutory partners (CCG, Council and Police) to work together with relevant agencies (as they consider appropriate) to safeguard, protect and promote the welfare of children in the area. The group delivers on safeguarding priorities and ensures learning from practice and development opportunities result in better outcomes for children and families.

The new arrangements were published in June 2019, and implementation began from September 2019.

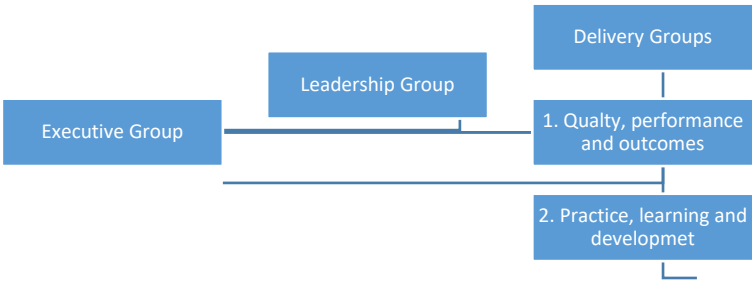


Figure 1 HSCP Structure

The Executive group has overarching governance for the partnership. The leadership group is the 'engine room' of the partnership and is made up of senior officers from across the partnership and are held to account by the Executive group.

The following priorities for the partnership in 2019 – 2021 have been agreed:

i) Children living with mental health issues
ii) Prevention and early intervention
iii) Older children in need of help and protection, and contextual safeguarding, including exploitation

Child Death Review (CDR) process

With the removal of Local Safeguarding Children Boards, the responsibility for ensuring that child death reviews are undertaken resides with the Child Death Review partners: Haringey CCG and Haringey Council. In October 2018, after a period of consultation by the Department of Health and Social Care, new guidance was released to support the development of a new Child Death Review system. An NCL-wide process is now in place to implement the guidance and the Child Death Overview Process (CDOP) will now occur at North Central London level, and will focus on thematic learning. There is a multi-agency, NCL-wide steering group in place over seeing the transition. The CDOP Transformation Group has worked with CCG designated Nurses and representatives from each of the five NCL Councils (as statutory CDR partners) to identify how the system will realign the current resource aligned to the CDR process to the new arrangements. Acute Providers have confirmed readiness to comply with the new CDOP arrangements including establishing their Joint Agency Reviews, Child Death Review Meetings and key worker arrangements by the national deadline of 29 September 2019. Enfield and

Haringey Public Health Consultants have agreed to share the responsibility for coordinating and chairing the NCL CDR Panels for the first year of operation. Key priorities for NCL CCGs over the past year have included:

1. A consistent timely approach to Joint Agency Response meetings, Child Death Review Meetings and information collection (Implementation of NCL electronic eCDOP) across NCL, including supporting a process when deaths occur in home, hospice or other location.
2. Supporting acute providers to establish a network of trained key workers to provide bereavement support for families.
3. Establishing a single point of information regarding NCL CDOP
4. Ensuring the Trusts provide appropriate training to staff involved in the CDR process
5. Ensuring all Trusts are using the eCDOP reporting and recording system.
6. Establish the NCL Child Death Overview Panel.

Health and wellbeing strategy

The Health and Wellbeing Board (HWB) takes the lead in promoting a healthier Haringey. 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 small, 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 Haringey.

Some of the things the HWB has looked at this year include:

- North Central London (NCL) paediatric asthma plan – at its meeting on 12 June 2019 the Board was presented with an outline of the approach being taken across Haringey to improve outcomes for children with asthma and how Haringey's plan contributed to, and was in line with, the NCL approach. The approach will acknowledge asthma as an equality issue, as it disproportionally affects children from poorer backgrounds. Outcomes from the plan will be measured by the NCL Asthma Network Group. The Board endorsed the approach being taken across Haringey.

- North Tottenham locality based care – the Board was presented with an update on progress made with implementing locality-based care in North Tottenham. The aim of this work is to help improve the health and wellbeing of residents in this area, which was identified as experiencing stark health inequalities compared to other parts of the borough. This will be achieved by several organisations, including the CCG, Council, housing and voluntary sector, working together to deliver more integrated services for residents.

- Ageing well strategy – the Board discussed the development of Haringey's Ageing Well strategy, which focusses on ensuring the local older population or those who experience frailty at a younger age are adequately supported by services and can support themselves to maintain or improve their health, well-being and independence. More information on Haringey's Ageing Well strategy can be found on page 23.

Reducing health inequality

Throughout this annual report, you will find many examples of the work we are doing to reduce the health inequalities that exist in Haringey – it's a core objective of Haringey CCG (page 8) and one which underpins all of our work.

In particular, our work on locality based care (page 15); the work of the Health and Wellbeing Board (page 60); our development of improved mental health services and pathways for children and young people (page 21); and our work to improve health outcomes for patients with frailty and long term conditions (page 23).

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

Haringey CCG is a membership organisation made up of all 36 GP practices in Haringey. The practices are divided into geographical locations, as set out below.

West locality

Alexandra Surgery	The 157 Medical Practice	Christchurch Hall Surgery
Crouch Hall Road Surgery	Muswell Hill Practice	Highgate Group Practice
Queens Avenue Surgery	Queenswood Medical Practice	Rutland House Surgery
Vale Practice		

Central locality

Arcadian Gardens	Bounds Green Group Practice	Cheshire Road Surgery
Hornsey Park Surgery	The Old Surgery	Stuart Crescent Health Centre
The Staunton Group Practice	Westbury Medical Centre	

South east locality

Bridge House Medical Practice	Grove Road Surgery	Havergal Surgery
JS Medical Practice (branches at Park Lane, Phillip Lane and Westbury Avenue)	Spur Road Surgery	St Ann's Rd Surgery
West Green Road Surgery		

North east locality

Broadwater Farm Health Centre	Bruce Grove Primary Care Health Centre	Charlton House
Dowsett Road Surgery	Fernlea Surgery	Lawrence House Surgery
Morris House Group Practice	Somerset Gardens Family Healthcare Centre	Tottenham Health Centre

Tottenham Hale Medical Practice	Tynemouth Medical Practice	

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.

You can read more about the CCG's structures in the Governance Statement on page 68. The structures show how the CCG ensures the views of member practices are represented in the running of the CCG. There are also many examples throughout this annual report which illustrate where member practices have opportunities to influence and inform the CCG's work.

Composition of Governing Body

Haringey CCG's Governing Body provides the strategic leadership of the organisation and is responsible for making sure that the CCG always works in the best interests of the local community. The Governing Body is chaired by a local GP and is accountable to the public in Haringey and for the organisation's use of public funds.

You can find out more about our Governing Body members and the other CCG committees, including the Audit Committee, in the Governance Statement. There are also short biographies of all our Governing Body members on our website: www.haringeyccg.nhs.uk/about-us/who-we-are.htm

Register of Interests

Haringey CCG maintains registers of interest in accordance with NHS England's Statutory Guidance on Managing Conflicts of Interest and our 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 reviewed regularly.

Personal data related incidents

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

Haringey 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.haringeyccg.nhs.uk

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Accountable Officer, North Central London CCGs to be the Accountable Officer of Haringey 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,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- 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 accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual 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 Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the 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 Haringey CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Frances O'Callaghan
Accountable Officer
23 June 2020

Governance Statement

Introduction and context

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

The clinical commissioning group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, 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 clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

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

The Governing Body comprises 18 voting members, including 11 elected GP posts, two executives, two lay members and three appointed posts. This includes a nurse and a secondary care clinician. Four of these posts are currently vacant.

The current voting membership of the Governing Body is as follows:

- Dr Peter Christian – Haringey CCG Chair and West GP Lead
- Dr John Rohan - North East GP Lead and Vice-Chair (clinical)
- Dr Sheena Patel - Central GP Lead
- Dr Gino Amato - North East GP Member
- Dr Simon Caplan - North East GP Member
- Dr Lionel Sherman - Central GP Member
- Dr Dina Dhorajiwala - West GP Member
- Dr David Masters - West GP Member
- Dr Daijun Tan - Salaried/Sessional GP member
- Sharon Seber - South East Primary Care Health Professional member
- Frances O'Callaghan - Accountable Officer, North Central London CCGs (previously Helen Pettersen until 28 February 2020)
- Simon Goodwin - Chief Finance Officer, North Central London CCGs
- Sarah Timms - Nurse Member until 31 November 2019; non-voting Lead for Quality from 1 December 2020
- Catherine Herman - Lay Member and Vice Chair (non-clinical)

- Dr Will Maimaris - Interim Director of Public Health for Haringey.

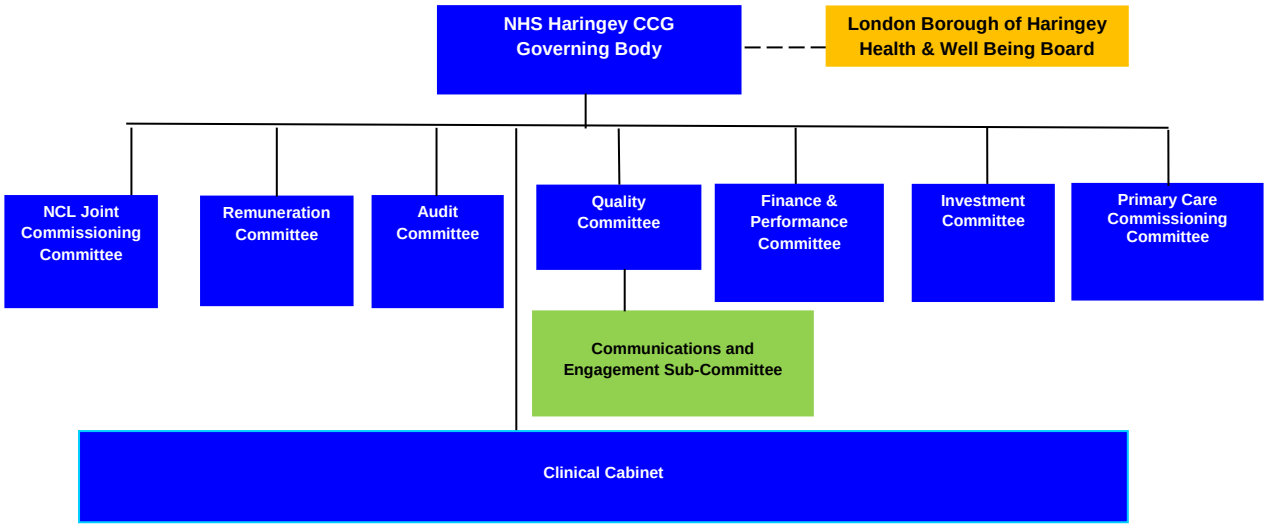
Governing Body meetings are also regularly attended by the Chief Operating Officer (Tony Hoolaghan), the Director of Planning and Delivery (Alex Smith), the Director of Quality and Nursing (Jennie Williams), the Director of Commissioning and Integration (Rachel Lissauer*), the Director of Acute Commissioning and Performance (Elizabeth Ogunoye), and the Director of Finance (Anthony Browne), Sarah McIlwaine (Programme Director, Health and Care Closer to Home, North London Partners) and Paul Sinden (Director of Performance, Planning and Primary Care, NCL CCGs). The Chair of Haringey Healthwatch (Sharon Grant) attends meetings as an observer with speaking rights.

** From 18 April 2019, Haringey and Islington CCGs separated the joint Director of Commissioning function with Rachel Lissauer representing Haringey CCG and Clare Henderson representing Islington CCG respectively. Prior to this, Rachel Lissauer was Director, Wellbeing Partnership, Haringey and Islington CCGs.*

The governance framework of the CCG is set out in Section 6 of the Constitution. Appendix E of the Constitution (Scheme of Reservation and Delegation) details which decisions are reserved for the CCG membership and which are reserved or delegated to either the Governing Body, the Accountable Officer, the Chief Finance Officer or a Governing Body Committee/Sub-Committee.

The CCG has established eight committees and one sub-committee of the Governing Body. The Audit Committee and the Remuneration Committee are statutory committees and the Clinical Cabinet, Quality and Performance Committee, Strategy and Finance Committee, Investment Committee, Primary Care Commissioning Committee, NCL Joint Commissioning Committee and the Communications and Engagement Sub-Committee are non-statutory committees.

Their accountability is set out below.



The minutes of each Committee meeting are received by the Governing Body as a standing item after they have been agreed by the relevant Committee. The terms of reference of each Committee are available on the CCG website at:

http://www.haringeyccg.nhs.uk/Downloads/Publications/Terms%20of%20Reference%20of%20the%20Haringey%20CCG%20Governing%20Body%20Committee.pdf

The Governing Body has met in public on four occasions in 2019-20 and has also held five informal seminar sessions, including four seminars in common with the Governing Body of Islington CCG.

The gender breakdown of the Governing Body is currently eight male members and six female members.

The highlights of the Governing Body's work in 2019-20 include:

- Receiving as standing items at each meeting the Finance Report, the Performance Report, the Strategic Risk Report and the agreed minutes of the CCG's Committees
- Supporting the submission to NHS England of the formal application of the NCL CCGs to form a merged CCG for North Central London from 1 April 2020
- Approving the final 2019/20 Financial Operating Plan update

- Approving the Terms of Reference for the Individual Funding Requests Appeals Panel
- Approving the revised Terms of Reference and Standing Orders for the NCL Joint Commissioning Committee and the revised Terms of Reference for the NCL Primary Care Committee in Common
- Electing Peter Christian as CCG Chair and John Rohan as CCG Deputy Clinical Chair with effect from 1 October 2019
- Receiving reports on the NCL Approach to Implementing the Long Term Plan (LTP), the NCL Change Programme and budget-setting for 2020/21.

Three Part II (confidential) Governing Body meetings were also held during 2019/20 where members agreed previous Part II Governing Body minutes and noted various Part II committee minutes.

Audit Committee (meeting as the NCL Audit Committee in Common)

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

- Integrated governance, risk management, internal and external controls;
- Internal and external audit;
- Counter fraud arrangements; 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 Haringey CCG's Audit Committee during 2019-20 was made up of the Chair, Adam Sharples, until he stood down from his position on 31 August 2019, at which point the Chair role was taken up by Lucy De Groot, Chair of Islington CCG' Audit Committee and member of Haringey's (as Lay Member for Audit and Governance at both CCGs). The final member was Catherine Herman, Lay Member of the Governing Body.

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

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

During the reporting period NCL ACIC fulfilled its responsibilities and:

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

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

Clinical Cabinet

The Clinical Cabinet, which is chaired by John Rohan, drives the development of GP-led, multi-professional clinical commissioning across all CCG members, while also communicating and implementing the CCG's vision. It also promotes innovation and integration in the provision of services and advises the Governing Body and clinical commissioners to commission improvements consistent in quality with the NHS Outcomes Framework.

The Clinical Cabinet met six times in 2019-20. The highlights of its work include:

- receiving reports and providing feedback on the Faecal Immunochemical Test (FIT) for Symptomatic Patients, Shared Care Protocols, Cow's Milk Protein Allergy Guidance, Non-Elective attendances and admissions in East Haringey, the proposed change to the MRI pathway, the Long Term Conditions strategy, the HAGA (Haringey Advisory Group on Alcohol) protocols, the proposed alcohol detoxification service, winter planning, the Haringey self-evaluation for Services for Children and Young People with Special Educational Needs and/or Disabilities, the draft Prescribing Quality and Savings Scheme (PQSS), the draft gastroenterology and hepatology pathways, the CQC inspection at NMUH, the Working Guide for General Practice on the Reporting and Learning from Patient Safety Incidents and Significant Events
- receiving updates on the progress of various STP projects including pathology optimisation in primary care and outpatient transformation, the NCL CCG merger, the development of the Haringey Borough Partnership and localities, clinical leadership, the Diabetes and GP Gyms Care Closer to Home Integrated Networks (CHINs), the draft GP contract arrangements for 2020/21 to 2023/24, Doctorlink and Insight and Learning from quality alerts and complaints
- approving a new MSK MRI pathway, agreeing that the wider GP community should be invited to submit ideas for QIPP schemes for 2020/21, approving the role of primary care in the elimination of Hepatitis C and supporting the draft PQSS 2020/21.

Strategy and Finance and Committee

The Strategy and Finance Committee is responsible for overseeing the financial performance of the CCG and associated financial planning issues. It also provides assurance to the Governing Body regarding the delivery of the QIPP Plan.

The Committee met nine times in common with the Islington Strategy and Finance Committee during 2019/20, having agreed to move to monthly meetings with effect from July 2019. Chairing of the Committee in Common meetings rotates between the Chair of the Haringey committee (John Rohan) and the Chair of the Islington committee (Sorrel Brookes). Lucy De Groot, Lay Member for Islington CCG, joined the Haringey committee as the Lay Member representative with effect from 1 September 2019.

The highlights of the Strategy and Finance Committee's work in 2019/20 include:

- Receiving as standing items at each meeting the Finance Report, the Risk Register, contracts updates, QIPP reports and QIPP Delivery Group action notes
- Receiving the draft 2018/19 out-turn finance report, regular updates on the development of the Medium Term Financial Strategy, regular updates on the Health System Led Investment for Digital work in NCL, an update on the 2020/21 Operating Plan and Budget-Setting, an NHS England financial report on Haringey CCG, minutes of the Haringey Finance and Performance Partnership Board, a report on the decision by the Investment Committee to approved two primary care workforce initiatives using the 2019/20 GP Forward View funding allocation
- Approving investment in MSK in order to progress the QIPP scheme for a Single Point of Access, the 2019/20 winter plans, the awarding of the contract for prescribing decision software to Optum, further investment in MSK in within the 2019/20 Whittington Contract in order to deliver significant savings in 2020/21, the funding of clinical pharmacists in general practice, the funding of the General Practice Nursing Team, the funding of specialist nurses for people with severe mental illnesses, the business case and development of the Multi-agency Anticipatory Care (MAC) network and the creation of a pan-Haringey model of diabetes care, along with a change in the model, so that the care navigators are employed directly by Federated4Health
- Ratifying expenditure on proposed Better Care Fund schemes
- Identifying 'legacy' issues for consideration by the new NCL CCG.

Quality and Performance Committee

The Quality and Performance Committee, which meets in common with the Islington CCG Quality and Performance Committee, is responsible for the oversight and monitoring of the quality of commissioned services including patient experience and safety, the effectiveness of commissioned services, and performance against service delivery indicators.

Chairing of the Quality and Performance Committee in Common meetings has historically rotated between the Chair of the Haringey committee (Sarah Timms) and the Chair of the Islington committee (Lucy de Groot). However, after Sarah Timms stepped down from the Nurse Member post on the Haringey CCG Governing Body in December 2019, it was agreed that she would continue to chair the Haringey Committee in her new capacity as Governing Body Lead for Quality and Lucy De Groot would chair the remaining Quality and Performance Committee meetings in common.

The highlights of the Quality and Performance Committee's work in 2019/20 include:

- Receiving the quarterly reports of Primary Care Quality; Continuing Healthcare; Child Protection and Safeguarding Briefings
- Receiving the bi-annual Patient and Public Engagement Update
- Receiving the annual reports for the NCL Provider Quality Accounts 2018/19 and Learning Disabilities Mortality Review programme
- Noting the annual health check for Learning Disabilities improvement action plan and new arrangements for the NCL Child Death Overview Process
- Approving the annual reports for Equality and Diversity; Child Protection and Safeguarding Adults; Annual Assurance and Governance Report – Children in Care
- Receiving other reports and updates on NCL Care Home Quality Framework; Haringey & Islington Care Home Reports; Looked after Child Policy, Procedure and Framework; Whittington Health Community Transformation Programme; Whittington Health LUTS protocol; Planning towards revised arrangements for quality assurance in NCL; Immunisation and Vaccination performance of General Practice; Child Death Overview Processes; National Patient Safety Strategy; Joint Strategic Needs Assessment; Out of Area Hospital admissions for Mental Health Treatment in Haringey; CAMHS Waiting Times for Haringey Patients at BEHMHT; items to be carried forward to the NCL CCG Quality & Performance Committee
- Approving other reports: Safeguarding Children's Partnerships Arrangements; Safeguarding Children Policy and Procedure; Paediatric Therapy Waiting Times
- Noting the bi-monthly Director of Performance and Director of Quality reports, as well as the risk reports.

Investment Committee

The Investment Committee was established to make recommendations to the Governing Body on investment and disinvestment proposals in line with the financial strategy and budgets which are overseen by the Strategy and Finance Committee. It held one 'virtual' session in November 2019 where it approved two primary care workforce initiatives using the 2019/20 GP Forward View funding allocation to support GP practices to become approved training practices and the funding of two posts as part of the NCL GP Salaried Portfolio and Innovation. These decisions were noted in turn by the Strategy and Finance Committee.

Remuneration Committee

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

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

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

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

During the financial year the Remuneration Committee met 1 time by itself, once in common with the Remuneration Committee of Islington CCG, and 4 times with the other NCL CCG's Remuneration Committees as committees in common. The meetings in common were held in August and November 2019 and in January and March 2020.

The Remuneration Committee met independently in July 2019 in order to:

- Note the intention to extend to 31 March 2020 the terms of office of six elected Governing Body members whose terms of office were due to 31 August 2019;
- Note that Sarah Timms's role would change to Lead for Quality from 1 December 2019;
- Note that Catherine Herman would chair the Haringey Remuneration Committee and attend the NCL IFR panel with effect from 1 September 2019;
- Approve the proposed remuneration of Lucy De Groot for taking on a number of key duties previously held by Adam Sharples, including chairing the Haringey CCG Audit Committee, also with effect from 1 September 2019.

The Remuneration Committee met together with the Islington CCG Remuneration Committee in March 2020 to:

- Consider and approve an 'Additional Responsibility Allowance' for the Managing Director of the Haringey and Islington Directorates of the NCL CCG.

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 Dominic Tkaczyk;
- Elected GP Representatives Clare Stephens, Tal Helbitz, and Charlotte Benjamin; and
- Nursing Representative Claire Johnston.

Camden CCG:

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

Enfield CCG:

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

Haringey CCG:

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

For Islington CCG:

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

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.

Haringey CCG is represented at the committee by the CCG's Chair (Peter Christian), a lay member (Adam Sharples until 31 August 2019 and subsequently Lucy De Groot), the Accountable Officer (Helen Pettersen until 28 February 2020 and subsequently Frances O'Callaghan) and the Chief Finance Officer (Simon Goodwin). Sharon Seber 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 Commissioning 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.

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

Communications and Engagement Sub-Committee

The Communications and Engagement Sub-Committee is responsible for the development, implementation and assurance of the CCG's communications and engagement strategies and channels. Catherine Herman is the Chair of the Sub-Committee.

The highlights of the Sub-Committee's work in 2019/20 include:

- Delivery of the CCG's Engagement Strategy 2019/20 and associated action plan.
- Achievement of a 'good' rating from NHS England for the CCG's collective and individual participation duties.
- Continuing the successful partnership with Public Voice and Bridge Renewal Trust to support the CCG's Patient and Public Engagement activity, specifically working with sections of the community the CCG would not usually hear from.
- Overseeing a series of successful engagement events and campaigns for the public and key stakeholders, including GPs, to inform the CCG's commissioning work. This includes successful public meetings which were attended by approximately 150 people.
- Maintenance and further development of the CCG's e-communication channels, including the CCG website, staff intranet, GP website, GP bulletin and social media (Twitter and other online community forums).
- Overseeing the process of recruiting and supporting patient representatives on to CCG procurement panels and other engagement forums and networks.

For more information, please refer to the engagement section of this annual report or visit the CCG's website: www.haringeyccg.nhs.uk/engagement

Attendance Records ** Non-voting member/in attendance*

Governing Body and Committee Members	Position	GB meeting	Quality & Performance Committee	Strategy & Finance Committee	Remuneration Committee	Clinical Cabinet	Investment Committee	Communications & Engagement Sub-committee	Primary Care Committee in Common	Joint Commissioning Committee	Audit Committee in Common
Peter Christian	Chair, Governing Body and West GP Lead	4/4			5/5					6/9	
Helen Pettersen	Accountable Officer (until 28.2.20)	3/3		1/8						8/8	
Frances O'Callaghan	Accountable Officer (from 17.2.20)	1/1		0/1						1/1	
John Rohan	North East GP Lead and Deputy Clinical Chair	1/4		8/9		5/6				1/1 (as deputy)	
Sheena Patel	Central GP Lead	2/4									
Gino Amato	North East GP Member	2/4				3/6					
Simon Caplan	North East GP Member	4/4				3/6					
Lionel Sherman	Central GP Member (on sabbatical from 15.1.20 – 31.3.20)	2/4				4/6					
Dina Dhorajiwala	West GP Member	4/4		6/9					6/6		
David Masters	West GP Member	3/4				5/6					
Daijun Tan	Sessional GP Member (on maternity leave from 17.6.19)	1/1									
Sharon Seber	South East Primary Care Health	4/4	4/6			3/6				6/9	

	Professional Member										
Adam Sharples	Lay Member (until 31.8.19)	1/1		3/4	1/2						1/1
Lucy De Groot	Lay Member (representing Haringey CCG from 1.9.19)			5/5						4/4	3/4
Will Maimaris	Director of Public Health	2/4		2/9*							
Catherine Herman	Lay Member and Vice Chair (non-clinical)	3/4	4/6		1/4		1/1	4/4	5/6	1/1 (as deputy)	2/4
Sarah Timms	Nurse Member (until 31.11.19) Lead for Quality (from 1.12.19)	3/4	5/6		4/4	3/4	1/1				
Tony Hoolaghan	Chief Operating Officer	4/4*		8/9			1/1				
Simon Goodwin	Chief Finance Officer	3/4		8/9			1/1			5/9	
Paul Sinden	NCL Director of Performance, Planning and Primary Care	4/4*							4/6*	6/7*	
Anthony Browne	Director of Finance	3/4*		9/9							
Alex Smith	Director of Planning, Performance and Delivery	4/4*		8/9							
Rachel Lissauer	Director of Wellbeing Partnership	4/4*		7/9				3/4	2/6		
Jennie Williams	Director of Nursing and Quality	4/4*	6/6								
Sarah McIlwaine	NCL CCG's Health and Care Closer to Home Programme Director	3/4*									
Will Huxter	NCL Director of Strategy									3/7*	
Eileen Fiori	NCL Director of Acute Commission-ing									2/7*	
Ian Porter	Director of Corporate Services									4/7*	

Elizabeth Ogunoye	Director of Acute Commission-ing and Performance Improvement	4/4*	5/6	9/9							
Sharon Grant	Healthwatch Observer	3/4*								6/7*	
Rob Larkman	Interim Chief Finance Officer									1/1	
Dominic Roberts	Independent GP Member				5/5		1/1				
Kate Rees	Clinical Lead for Cancer and End of Life Care					3/6					
Caroline Rowe	Head of Communi-cations and Engagement							4/4			
Isha Richards	Senior Communi-cations Officer							2/4			
Robert Good	Primary Care Communi-cations and Engagement Officer							4/4			
Emdad Haque	Equality and Diversity Manager							3/4			
Mike Wilson	Director, Haringey Healthwatch							4/4			
Geoffrey Ocen	Chief Executive, Bridge Renewal Trust							4/4			
Marion Lombardelli	Practice Manager Representative					2/6					
Lesley Walmsley	Patient Representative		3/6								
Viv Sharma	Patient Representative							1/4			
Helena Kania	Patient Representative							4/4			

UK Corporate Governance Code

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

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the clinical commissioning group 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 clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

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	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include: ▪ Establishing an STP governance structure which includes significant clinical and public oversight; ▪ Establishing an advisory board which includes councillors, Healthwatch and the Chairs of STP partner organisations; ▪ Creating an STP governance handbook; ▪ Engaging with key stakeholders across the system including their formal structures. This includes

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.	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 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.	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include: ▪ In September 2019 the five NCL CCGs agreed to merge to form one organisation; ▪ In November 2019 the member practices approved the Constitution for the new CCG; ▪ In January 2020 GPs and Practice Nurses working in each of the Member Practices across NCL voted to elect their Clinical Representatives on the new CCG's Governing Body; ▪ NHS England approved the merger and the Constitution with the new CCG being established on 1st April 2020; ▪ A Medium Term Financial Strategy was developed; ▪ A staff restructure was undertaken at the Director level to ensure appropriate staff leadership in the new CCG; ▪ A Governing Body for the new CCG has been recruited to.

Principle risks to compliance with the CCG's licence

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

Other sources of assurance

Internal Control Framework

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

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

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

Internal and External Auditors

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

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

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

- The CCG's financial statement are prepared properly, are free from material error and give a 'fair and true' view of the CCG's financial position;

- The CCG's income and expenditure is in accordance with laws and regulations;
- The CCG has arrangements in place to secure value for money.

Peer Review

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

Constitution

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

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

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

The system of internal control has been in place in the CCG for the year ending 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 follows:

Conflict of Interest Area	Compliance Assessment Level
Governance arrangements	Compliant
Declarations of interests	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 substantial (green) 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 area of partial compliance.

Data Quality

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

Information Governance

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

In 2019/20, the CCG met 106 out of the 106 mandatory assertions and 47 out of 51 non-mandatory assertions in the Data Security and Protection Toolkit.

The CCG maintains a privacy by design and default approach by ensuring a Data Protection Impact Assessment is completed for any new project, new system or service redesign. This enables the CCG identify potential data security risks.

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

Business Critical Models

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

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

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

Third party assurances

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

Control Issues

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

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

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

- The Governing Body receives a finance report from the Chief Finance Officer at each of its meetings;
- The Governing Body has established the Strategy and Finance 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. This includes:

- An NCL Audit Committee in Common being established between the five NCL CCGs in 2018. These arrangements strengthen the oversight of the CCG's internal controls and assurance processes by bringing together the five audit chairs and other key individuals and the wealth of expertise and experience they bring. This is supported by a single, aligned, corporate governance framework which is in place across the five NCL CCGs;
- The NCL Primary Care Commissioning Committee being established in 2017 to oversee and make decisions on the commissioning of primary medical care services;
- The NCL Joint Commissioning Committee being established in 2017 to support the joint exercise by the NCL CCGs of the commissioning of acute and integrated care services;
- The Joint Individual Funding Requests Panel being established in 2018 to make collective decisions on individual funding requests for the residents of Barnet, Enfield, Haringey and Islington;
- Pan organisation committees being supported by clear Terms of Reference with regularly scheduled meetings. Each committee's approved minutes are also reported to Governing Body meetings;

- A single suite of corporate governance policies being agreed by the NCL CCGs to ensure a consistent and aligned approach to internal controls. This includes:
    - The NCL Risk Management Strategy and Policy;
    - The NCL Standards of Business Conduct Policy;
    - The NCL Conflicts of Interest Policy;
    - The NCL Counter Fraud, Bribery and Corruption Policy.
- A central management team to ensure efficient and effective operations of delegated functions;
- Robust internal audit and counter fraud arrangements and plans. These are overseen by the NCL Audit Committee in Common.
- Robust policies and procedures in place to support whistle-blowing;
- A robust risk management framework and risk management processes. In 2019 the internal auditors undertook a review of the CCG's risk management framework and rated it as having 'substantial assurance' (green).

Counter fraud arrangements

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

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

EU-Exit

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

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

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

Head of Internal Audit Opinion

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

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

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

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

Personal Health Budgets	Partial Assurance
Financial Management – (Outcomes)	Partial Assurance

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

Personal Health Budgets – There was no annual plan to review all PHBs, guidance did not incorporate statutory updates from NHS England, some relevant documentation was missing from the CCG's patient database, some clinical reviews were outstanding from three to sixteen months and there was no evidence of patients being informed of indicative budgets. Of the eight management actions raised, one low priority 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. Haringey's budget improved from a deficit of £15.9m to one of £14.1m only by releasing the planning contingency, putting the control total at risk. The two medium priority management actions will be followed up when they become due for implementation.

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

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

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

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

Conclusion

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

Frances O'Callaghan

Accountable Officer

23 June 2020

Remuneration and Staff Report

Remuneration Report

Introduction

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

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

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

Remuneration Committee

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

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

Members	Role
Dr Peter Christian	Elected GP Representative (Acting Chair)
Ms Cathy Herman	Lay Member, Governing Body Member
Dr Dominic Roberts	Independent GP Representative
Ms Sarah Timms	Nurse Member, Governing Body
Mr Adam Sharples	Lay Member, Governing Body (until 31 August 2019)

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. The CCG does not operate a system of performance-related pay for senior managers.

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

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

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

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

		Salary (bands of £5,000) **£'000**	**All Pension Related Benefits** (bands of £2,500) **£'000**	**Total** (bands of £5,000) **£'000**	**Started & Ended**
Voting board members					
Frances O'Callaghan*[2]	Accountable Officer	0-5	0	0-5	Started 17/02/20
Helen Pettersen*[2]	Accountable Officer	25-30	0	25-30	Ended 28/02/20
Simon Goodwin*[2]	Chief Finance Officer	25-30	2.5-5	30-35	
Rob Larkman*[2]	Interim Chief Finance Officer	0-5	0	0-5	Ended 06/04/19
Catherine Herman	Lay Member	10-15	0	10-15	
Lucy de Groot*[6]	Lay Member	0-5	0	0-5	Started 01/09/19
Adam Sharples	Lay Member	5-10	0	5-10	Ended 31/08/19
Gino Amato*[1]	North East GP Member	35-40	0	35-40	
Simon Caplan*[1]	North East GP Member	30-35	0	30-35	
Peter Christian*[1]	CCG Chair & West GP Lead	60-65	0	60-65	
Dina Dhorajiwala*[1]	West GP Member	50-55	0	50-55	
David Masters*[1]	West GP Member	36-40	0	36-40	
John Rohan*[1]	North East GP Lead	45-50	0	45-50	
Sarah Timms*[1]	Nurse Member	30-35	0	30-35	
Sheena Patel*[1]	Central GP Lead	50-55	0	50-55	
Daijun Tan*[1]	Sessional GP Member	15-20	0	15-20	
Sharon Seber*[1]	South East Primary Care Health Professional Member	30-35	0	30-35	
Lionel Sherman*[1]	Central GP Member	20-25	0	20-25	
Other senior managers					
Tony Hoolaghan*[3]	Executive Managing Director	60-65	0	60-65	
Jennie Williams*[4]	Director of Nursing & Quality	125-130	70-72.5	195-200	Ended 31/03/20
Rachel Lissauer	Director of Commissioning	100-105	35-37.5	135-140	
Alex Smith*[3]	Director of Planning & Delivery	45-50	15-17.5	65-70	
Elizabeth Ogunoye*[3]	Director of Acute Commissioning &	55-60	5-7.5	60-65	

	Performance Improvement				
Anthony Browne*[3]	Director of Finance	55-60	37.5-40	95-100	
Will Huxter*[2]	Executive Director of Strategy	25-30	0-2.5	25-30	
Sarah Mansuralli*[2]	Executive Director of Strategic Commissioning	10-15	2.5-5	15-20	Started 01/10/19
Paul Sinden*[2]	Executive Director of Performance & Assurance	20-25	2.5-5	25-30	
Eileen Fiori*[2]	Director of Acute Commissioning & Integration	20-25	2.5-5	20-25	Ended 31/01/20
Sarah McIlwaine*[5]	Director of Care Closer to Home	15-20	5-7.5	25-30	
Ian Porter*[2]	Executive Director of Corporate Services	20-25	5-7.5	25-30	
Kay Matthews*[7]	Director of Clinical Quality	0-5	0-2.5	0-5	Started 14/10/19

Notes

*[1] GP members with a contract for services and disclosed under off-payroll engagements.
*[2]North central London shared management team members with salary split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.
*[3]Joint executive management team members with salary split equally across Haringey and Islington CCGs.
*[4]Joint executive management team member with salary split equally across Haringey and Islington CCGs, with additional allowance for one year from 1 February 2019 in lieu of responsibilities as lead Director of Quality for North central London.
*[5] Programme director and therefore a senior manager at Haringey and Islington CCGs, but cost split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.
*[6]Islington CCG audit committee chair with additional allowance for covering Haringey CCG from 1 September 2019.
*[7]Additional allowance for role as Director of Clinical Quality for north central London.

No senior managers received benefits in kind or bonus payments.

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

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

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

- the inflation-adjusted increase in the pension multiplied by 20
- plus the inflation-adjusted increase in the lump sum
- less the contributions made by the individual.

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

Daijun Tan went on maternity leave from 17 June 2019. Lionel Sherman went on sabbatical from 15 January 2020.

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

Full salaries and allowances of senior managers in shared management arrangements 2019/20

		Salary (bands of £5,000) **£'000**	**All Pension Related Benefits** (bands of £2,500) **£'000**	**Total** (bands of £5,000) **£'000**	**Started & Ended**
Voting board members					
Frances O'Callaghan	Accountable Officer	15-20	0	15-20	Started 17/02/20
Helen Pettersen	Accountable Officer	140-145	0	140-145	Ended 28/02/20
Simon Goodwin	Chief Finance Officer	145-150	15-17.5	160-165	
Rob Larkman	Interim Chief Finance Officer	5-10	0	5-10	Ended 06/04/19
Lucy de Groot	Lay Member	15-20	0	15-20	Started 01/09/19
Other senior managers					
Tony Hoolaghan	Executive Managing Director	125-130	0	125-130	
Jennie Williams	Director of Nursing & Quality	255-260	142.5-145	400-405	Ended 31/03/20
Alex Smith	Director of Planning & Delivery	95-100	30-32.5	130-135	
Elizabeth Ogunoye	Director of Acute Commissioning & Performance Improvement	110-115	12.5-15	125-130	
Anthony Browne	Director of Finance	110-115	77.5-80	190-195	
Will Huxter	Executive Director of Strategy	130-135	10-12.5	140-145	
Sarah Mansuralli	Executive Director of Strategic Commissioning	65-70	20-25	85-90	Started 01/10/19
Paul Sinden	Executive Director of Performance & Assurance	115-120	15-17.5	135-140	

Eileen Fiori	Director of Acute Commissioning & Integration	100-105	12.5-15	115-120	Ended 31/01/20
Sarah McIlwaine	Director of Care Closer to Home	90-95	35-37.5	130-135	
Ian Porter	Executive Director of Corporate Services	105-110	30-32.5	140-145	
Kay Matthews	Director of Clinical Quality	130-135	45-47.5	175-180	Started 14/10/19

Eileen Fiori's remuneration is shown until 31 January 2020, after which she ceased to be an attendee of the Governing Body.

Rob Larkman covered sick leave for a period of seven weeks.

The remuneration disclosed for Jennie Williams includes a redundancy agreed before she left on 31 March 2020 but payable afterwards. This was in line with section 16 of Agenda for Change terms and conditions, and disclosed in the note to the accounts on exit packages.

Salaries and allowances of senior managers 2018/19 (subject to audit)		**Salary** (bands of £5,000) **£'000**	**All Pension Related Benefits** (bands of £2,500) **£'000**	**Total** (bands of £5,000) **£'000**	**Started & Ended**
Voting board members					
Helen Pettersen*[2]	Accountable Officer	30-35	37.5-40	65-70	
Simon Goodwin*[2]	Chief Finance Officer	25-30	22.5-25	50-55	
Rob Larkman*[2]	Interim Chief Finance Officer	5-10	0	5-10	Started 04/02/19
Catherine Herman	Lay Member	10-15	0	10-15	
Adam Sharples	Lay Member	10-15	0	10-15	
Gino Amato*[1]	North East GP Member	35-40	0	35-40	
Simon Caplan*[1]	North East GP Member	30-35	0	30-35	
Peter Christian*[1]	CCG Chair & West GP Lead	60-65	0	60-65	
Dina Dhorajiwala*[1]	West GP Member	50-55	0	50-55	
David Masters*[1]	West GP Member	40-45	0	40-45	
John Rohan*[1]	North East GP Lead	45-50	0	45-50	
Sarah Timms*[1]	Nurse Member	30-35	0	30-35	
Sheena Patel*[1]	Central GP Lead	50-55	0	50-55	
Daijun Tan*[1]	Sessional GP Member	25-30	0	25-30	
Sharon Seber*[1]	South East Primary Care Health Professional Member	30-35	0	30-35	
Lionel Sherman*[1]	Central GP Member	30-35	0	30-35	
Other senior managers					
Tony Hoolaghan*[3]	Chief Operating Officer	60-65	52.5-55	115-120	
Jennie Williams*[4]	Director of Nursing & Quality	45-50	7.5-10	55-60	
Rachel Lissauer*[3]	Director of Commissioning & Integration (Haringey)	45-50	20-22.5	65-70	
Alex Smith*[3]	Director of Planning & Delivery	45-50	12.5-15	60-65	
Clare Henderson	Director of Commissioning (Haringey & Islington)	50-55	12.5-15	65-70	Ended 17/03/19
Elizabeth Ogunoye*[3]	Director of Acute Commissioning &	25-30	15-17.5	40-45	Started 10/10/18

	Performance Improvement				
Anthony Browne*[3]	Deputy Chief Finance Officer	45-50	40-42.5	85-90	
Will Huxter*[2]	Director of Strategy	25-30	2-2.5	25-30	
Paul Sinden*[2]	Director of Planning, Performance & Primary Care	20-25	2.5-5	25-30	
Eileen Fiori*[2]	Director of Acute Commissioning & Integration	20-25	15-17.5	35-40	Started 01/05/18
Sarah McIlwaine*[5]	Director of Care Closer to Home	15-20	7.5-10	25-30	
Ian Porter	Director of Corporate Services	15-20	0-2.5	20-25	Started 08/01/18

Notes

*[1] GP members with a contract for services and disclosed under off-payroll engagements.
*[2]North Central London shared management team members with salary split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.
*[3]Joint executive management team members with salary split equally across Haringey and Islington CCGs.
*[4]Joint executive management team member with salary split equally across Haringey and Islington CCGs, with additional allowance for one year from 1 February 2019 in lieu of responsibilities as lead Director of Quality for North Central London.
*[5] Programme director and therefore a senior manager at Haringey and Islington CCGs, but cost split equally across Barnet, Camden, Enfield, Haringey and Islington CCGs.

Pensions

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

Member contribution rates before tax relief (gross)

Annual pensionable pay	Gross contribution rate
Up to £15,431.99	5.0%
£15,432 to £21,477.99	5.6%
£21,478 to £26,823.99	7.1%
£26,824 to £47,845.99	9.3%
£47,846 to £70,630.99	12.5%

£70,631 to £111,376.99	13.5%
£111,377 and over	14.5%

Scheme benefits are set by NHS Pensions and applicable to all members. Past and present employees are covered by the provisions of the NHS pension scheme. Full details of how pension liabilities are treated are shown in note 3.4 of the annual accounts.

Salary and pension entitlements of directors and senior managers

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

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

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

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

Pension benefits of senior managers

	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 2020 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2020 £'000
Voting board members							
Frances O'Callaghan	(0-2.5)	(0-2.5)	40-45	115-120	812	(4)	821
Helen Pettersen	0-2.5	0-2.5	60-65	180-185	1,352	17	1,426
Simon Goodwin	0-2.5	(2.5-5)	50-55	110-115	912	18	974
Other senior managers							
Tony Hoolaghan	0-2.5	(2.5-5)	45-50	130-135	1,002	6	1,050
Jennie Williams	5-7.5	17.5-20	35-40	115-120	715	158	904
Rachel Lissauer	0-2.5	0-2.5	20-25	35-40	267	20	307
Alex Smith	0-2.5	0-2.5	15-20	25-30	191	13	222
Elizabeth Ogunoye	0-2.5	(0-2.5)	20-25	40-45	379	10	415
Anthony Browne	2.5-5	0	25-30	0	237	39	299
Will Huxter	0-2.5	(2.5-5)	40-45	105-110	823	16	877
Sarah Mansuralli	2.5-5	0-2.5	35-40	75-80	607	37	677
Paul Sinden	0-2.5	(0-2.5)	35-40	70-75	618	15	665
Eileen Fiori	0-2.5	(0-2.5)	50-55	125-130	993	17	1,057
Sarah McIlwaine	2.5-5	0-2.5	15-20	35-40	243	20	282
Ian Porter	0-2.5	0	5-10	0	61	10	88
Kay Matthews	2.5-5	0-2.5	45-50	105-110	844	48	932

Cash Equivalent Transfer Values

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.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does 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 scheme or arrangement).

Payments to past members

As in 2018/19, 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 member in Haringey CCG in the financial year 2019/20 was £60k-£65k (2018/19: £65k-£70k). This was 1.5 times (2018/19: 1.42) the median remuneration of the workforce, which was £42k (2018/19: £44k).

In 2019/20, 42 (2018/19: 58) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0-£5k - £135k-£140k (2018/19: £0-£5k - £190k-£195k)

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

The executive management team is shared with Islington CCG. Only the cost to Haringey CCG of an individual is included in the fair pay disclosure. This has considerably reduced the remuneration of the highest paid director in this disclosure, with a corresponding impact on the ratio.

Staff Report

Very senior manager information

At 31 March 2020, there were no individuals on a very senior manager grade in Haringey CCG. One member of staff in a very senior manager grade was shared between Haringey and Islington CCGs, and a further five individuals were on very senior manager grade in north central London shared management positions.

Senior manager information

At 31 March 2020, there were two senior managers on band 9 in the CCG. Four senior managers worked across Haringey and Islington CCGs and another was in a north central London shared management position.

Staff composition

Gender breakdown of Governing Body members at 31 March 2020

Category	Male	Female	Total
Elected	6	4	10
Appointed	1	3	4
Non-Voting	5	4	9
Total	12	11	23

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

Pay group	Female	Male	Total
Band 4	2	0	2
Band 5	9	2	11
Band 6	1	0	1
Band 7	10	3	13
Band 8a	8	4	12
Band 8b	5	2	7
Band 8c	8	3	11
Band 8d	2	3	5
Senior managers (band 9 and above inclusive of VSM & local salary)	2	0	2
Total	**47**	**17**	**64**

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
3.04%	738	729.20	24,019.60

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 managers 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 well-being whilst in employment.

Trade Union facility time

There are no CCG employed trade union officials.

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

- reflecting in its workforce the diversity of the population it serves.
- undertaking annual equality reviews by examining workforce data against protected characteristics.

- continuously refreshing its induction and equality information for staff and external stakeholders to raise awareness.
- ensuring that each manager will work to create an environment in which individual differences and the contributions of all our staff are recognised and valued.
- ensuring 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
3	3	0	188

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	11
Of which, the number that have existed:	
for less than one year at the time of reporting	3
for between one and two years at the time of reporting	5
for between 2 and 3 years at the time of reporting	3
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	7
Of which...	
No. assessed as caught by IR35	7
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0

No. of engagements that saw a change to IR35 status following the consistency review	0

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

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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	31

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

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Haringey Clinical Commissioning Group ("the CCG") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

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

Basis for opinion

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

Emphasis of Matter – Going concern basis of preparation

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

Other information in the Annual Report

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

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

Annual Governance Statement

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

Remuneration and Staff Report

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

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 66, 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 £16.533 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 Haringey CCG put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

In assessing the arrangements in place to secure the CCG's sustainable resource deployment we identified that the CCG reported in year deficit of £16.533 million against a revenue resource allocation of £448.851 million and budgeted deficit of £14.1 million. This deficit was primarily caused by acute provider over performance of £1.170 million and slippage of £3.1 million of quality innovation productivity and prevention schemes. The cumulative underlying deficit of the CCG is £35.096 million.

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

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

As explained more fully in the statement set out on page 66, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

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

Statutory reporting matters

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

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

We have nothing to report in these respects.

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

On 1 April 2020 we wrote to the Secretary of State in accordance with section 30(1)(b) of the Local Audit and Accountability Act 2014 in respect of the CCG's reach of its revenue resource limit. The CCG's financial statements for the financial year ended 31 March 2020 identified a deficit of £16.533 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 Haringey 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 Haringey CCG for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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

25 June 2020

ANNUAL ACCOUNTS

Statement of Comprehensive Net Expenditure for the year ended

31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Other operating income	2	(10,156)	(11,831)
Total operating income		**(10,156)**	**(11,831)**
Staff costs	3	6,874	6,717
Purchase of goods and services	4	468,210	442,857
Depreciation and impairment charges	4	30	16
Other operating expenditure	4	426	1,359
Total operating expenditure		**475,540**	**450,949**
Net operating expenditure		**465,384**	**439,118**
Comprehensive expenditure for the year		**465,384**	**439,118**

	2019-20 £'000	2018-19 £'000
CCG cumulative position		
Revenue resource limit	430,288	420,555
Comprehensive expenditure	(465,384)	(439,118)
Deficit	**(35,096)**	**(18,563)**

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	7	59	89
Total non-current assets		59	89
Current assets:			
Trade and other receivables	8	13,351	6,938
Cash and cash equivalents	9	19	114
Total current assets		**13,370**	7,052
Total assets		**13,429**	7,141
Current liabilities			
Trade and other payables	10	(59,750)	(51,875)
Total current liabilities		**(59,750)**	(51,875)
Assets less liabilities		**(46,321)**	(44,734)
Financed by taxpayers' equity			
General fund		(46,321)	(44,734)
Total taxpayers' equity:		**(46,321)**	(44,734)

The financial statements were approved by the Audit Committee under delegated authority from the Governing Body on

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	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(44,734)	**(44,734)**
Changes in CCG taxpayers' equity for 2019-20		
Net operating expenditure for the financial year	(465,384)	**(465,384)**
Net recognised CCG expenditure for the financial year	**(465,384)**	**(465,384)**
Net funding	463,797	**463,797**
Balance at 31 March 2020	**(46,321)**	**(46,321)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19		
Balance at 01 April 2018	(38,773)	**(38,773)**
Changes in CCG taxpayers' equity for 2018-19		
Impact of applying IFRS 9 to opening balances	(88)	(88)
Adjusted CCG balance at 31 March 2019	(38,861)	(38,861)
Net operating costs for the financial year	(439,118)	(439,118)
Net recognised CCG expenditure for the financial year	**(439,118)**	**(439,118)**
Net funding	433,245	433,245
Balance at 31 March 2019	**(44,734)**	**(44,734)**

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		(465,384)	(439,118)
Depreciation and amortisation	4	30	16
Increase in trade & other receivables	8	(6,413)	(1,057)
Increase in trade & other payables	10	7,875	7,014
Net cash outflow from operating activities		**(463,892)**	(433,145)
Cash flows from investing activities			
Payments for property, plant and equipment		-	(89)
Net cash outflow from investing activities		-	(89)
Net cash outflow before financing		**(463,892)**	(433,234)
Cash flows from financing activities			
Grant in aid funding received		463,797	433,245
Net cash inflow from financing activities		**463,797**	433,245
Net decrease in cash & cash equivalents	9	**(95)**	11
Cash & cash equivalents at the beginning of the financial year		**114**	103
Cash & cash equivalents (including bank overdrafts) at the end of the financial year		**19**	114

The statement of cash flows analyses the cash implication of the actions taken by the CCG during the year. The operating activities (total operating costs for the year adjusted for payables and receivables working balances) are netted off by the actual cash funding received from NHS England, resulting in year end cashbook balance of £19k.

Notes to the financial statements

1 Accounting policies

NHS England/ has directed that the financial statements of clinical commissioning groups (CCGs) shall meet the accounting requirements of the Group Accounting Manual (GAM) issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the GAM 2019-20. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to CCGs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the one judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG 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 CCG 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 Haringey CCG was dissolved on 31 March 2020 having joined with NHS Barnet, NHS Camden CCG, NHS Enfield 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 16 (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 satsified.

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 CCG has entered into a pooled budget arrangement in accordance with 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

1.4 Operating segments

The CCG splits its net expenditure across operating segments note in line with management information, as shown in note 13.

1.5 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;
• As per paragraph 121 of the Standard the CCG will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
• The CCG 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 CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the CCG 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 CCG 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.

1.6 **Employee benefits**

1.6.1 **Short-term employee benefits**

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

1.6.2 **Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the CCG 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 CCG commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 **Other expenses**

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

1.8 **Property, plant & equipment**

1.8.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the CCG;
- 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.

1.8.2 **Measurement**

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

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

1.8.3 **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.

1.9 **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 CCG as lessee**

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

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

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 CCG's cash management.

1.11 **Provisions**

Provisions are recognised when the CCG has a present legal or constructive obligation as a result of a past event, it is probable that the CCG 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 CCG 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 CCG.

1.13 **Non-clinical risk pooling**

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

1.14 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 **Financial assets**

Financial assets are recognised when the CCG 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.

1.15.1 **Financial assets at amortised cost**

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

1.15.2 **Impairment**

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

The CCG 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 CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally the 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 CCG does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

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

1.16 **Financial liabilities**

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

1.17 **Value Added Tax**

Most of the activities of the CCG are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised

purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 **Losses & special payments**

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

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

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

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

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

1.19.2 **Sources of estimation uncertainty**

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

Partially completed spells

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

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the CCG makes an accrual based on the contractual arrangements that are in place and it's legal obligation.

Prescribing liabilities

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately two months in arrears. The CCG uses a forecast 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 uses the figures calculated by the local provider organisations.

1.20 **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 issued but not yet adopted**

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

● IFRS 16 Leases – The Standard is effective 1 April 2020 as adapted and interpreted by the FReM.

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

● 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 income

	2019-20 Total £'000	2018-19 Total £'000
Other operating income		
Other non contract revenue	**10,156**	11,831
Total other operating income	**10,156**	**11,831**
Total operating income	**10,156**	**11,831**

Of the £10.1m Other non contract revenue, £7.8m relates to income from London Borough of Haringey
Income does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG.

3. Employee benefits and staff numbers

3.1 Employee benefits

	Total 2019-20		
	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	**4,319**	**1,394**	**5,713**
Social security costs	**422**	**-**	**422**
Employer contributions to NHS pension scheme	**645**	**-**	**645**
Apprenticeship levy	**5**	**-**	**5**
Termination benefits	**89**	**-**	**89**
Employee benefits expenditure	**5,480**	**1,394**	**6,874**

	Total 2018-19		
	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	**3,968**	**1,894**	**5,862**
Social security costs	**385**	**-**	**385**
Employer contributions to NHS pension scheme	**465**	**-**	**465**
Apprenticeship levy	**5**	**-**	**5**
Employee benefits expenditure	**4,823**	**1,894**	**6,717**

3.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**84.71**	**16.08**	**100.79**	**88.76**	**19.00**	**107.76**

3.3 Exit packages agreed in the financial year

	2019-20 Other agreed departures		**2019-20 Total**	
	Number	**£**	**Number**	**£**
Less than £10,000	1	8,675	1	8,675
£50,001 to £100,000	1	80,000	1	80,000
Total	**2**	**88,675**	**2**	**88,675**

	2018-19 Other agreed departures		2018-19 Total	
	Number	£	Number	£
£25,001 to £50,000	1	28,405	1	28,405
Total	**1**	**28,405**	**1**	**28,405**

Analysis of other agreed departures

	2019-20 Other agreed departures		2018-19 Other agreed departures	
	Number	**£**	Number	£
Voluntary redundancies including early retirement contractual costs	1	80,000	-	-
Contractual payments in lieu of notice	1	8,675	1	28,405
Total	**2**	**88,675**	**1**	**28,405**

These tables report the number and value of exit packages agreed in the financial year. The associated expense was recognised in full during the year.

Redundancies are paid in accordance with the provisions of the NHS Agenda for Change terms & conditions.

Exit packages are accounted for in accordance with the relevant accounting standards and at the latest, in full in the year of departure. There is further disclosure of the current year package in the remuneration section of the annual report.

No early retirements were agreed in 2019-20 or 2018-19.

No contractual payments were made to individuals where the value was more than 12 months' of their annual salary.

3.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

3.4.1 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.

3.4.2 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.

4. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	4,291	4,051
Services from foundation trusts	72,678	65,327
Services from other NHS trusts	251,943	239,295
Services from other WGA bodies	1	-
Purchase of healthcare from non-NHS bodies	61,768	56,956
Prescribing costs	32,143	30,658
GPMS/APMS and PCTMS	44,014	42,546
Supplies and services – clinical	244	218
Supplies and services – general	258	2,395
Consultancy services	3	188
Establishment	177	531
Transport	1	1
Premises	429	314
Audit fees	51	54
Other non statutory audit expenditure		
· internal audit services	28	24
· other services	8	10
Other professional fees	90	190
Legal fees	75	88
Education, training and conferences	8	11
Total purchase of goods and services	**468,210**	**442,857**
Depreciation and impairment charges		
Depreciation	30	16
Total depreciation and impairment charges	**30**	**16**
Other operating expenditure		
Chair and non-executive members	476	513
Research and development (excluding staff costs)	33	-
Expected credit loss on receivables	(83)	846
Total other operating expenditure	**426**	**1,359**
Total operating expenditure	**468,666**	**444,232**

Fees payable to the CCG's External Auditor, KPMG are:

	2019-20		2018-19	
	Statutory Audit Services	Other Services - Audit Related Assurance Service	Statutory Audit Services	Other Services - Audit Related Assurance Service
	£'000	£'000	£'000	£'000
Services	43	8	45	10
VAT Payable	8	-	9	-
Total	**51**	**8**	**54**	**10**

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 £500,000 aside from where the liability cannot be limited by law. This is in aggregate in respect of all services. The statutory audit fee disclosed above excluding VAT is £42,750

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.

The CCG has commenced the assessment of the application of IFRS 16 to its financial statements. This work sought to test whether any lease arrangements currently identified as operating leases should be reclassified and accounted for as finance leases. The CCG's regulator NHSE requested that as a result of COVID19 pandemic the implementation of this standard be deferred until 2021/21. Work on this standard is expected to recommence in Autunm 2020. The CCG has accrued £2k (excluding VAT) in relation to this work.

5 Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	8,632	97,075	9,456	95,373
Total non-NHS trade Invoices paid within target	8,170	92,248	9,061	88,897
Percentage of non-NHS trade invoices paid within target	**94.65%**	**95.03%**	95.82%	**93.21%**
NHS payables				
Total NHS trade invoices paid in the year	3,553	335,547	3,375	318,116
Total NHS trade invoices paid within target	2,943	320,517	2,879	307,901
Percentage of NHS trade invoices paid within target	**82.83%**	**95.52%**	**85.30%**	**96.79%**

The BPPC requires the CCG to pay 95% of all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

As in 2018/19, no payments were made during the year in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998.

6. Operating leases

6.1 As lessee

6.1.1 Payments recognised as an expense	Buildings £'000	2019-20 Total	Buildings £'000	2018-19 Total
Minimum lease payments	392	392	316	316
Total	**392**	**392**	**316**	**316**

Whilst the CCG's arrangements with the London Borough of Haringey and NHS Property Services Limited fall within the definition of operating leases, the rental charge for future years has not yet been agreed. Consequently this note does not include future minimum lease payments for these arrangements.

7. Property, plant and equipment

2019-20	Information technology £'000	Total £'000
Cost or valuation at 01 April 2019	140	140
Cost or valuation at 31 March 2020	**140**	**140**
Depreciation 01 April 2019	51	51
Charged during the year	30	30
Depreciation at 31 March 2020	**81**	**81**
Net book value at 31 March 2020	**59**	**60**
Purchased	59	59

Total at 31 March 2020	**59**	**59**
Asset financing:		
Owned	59	59
Total at 31 March 2020	**59**	**59**

7.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	2	5

8 Trade and other receivables

8.1 Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: revenue	1,485	1,630
NHS prepayments	1,649	1,774
NHS accrued income	1,376	1,967
Non-NHS and other WGA receivables: revenue	1,120	2,331
Non-NHS and other WGA accrued income	8,473	128
Expected credit loss allowance-receivables	(852)	(935)
VAT	100	42
Other receivables and accruals	-	1
Total trade & other receivables	**13,351**	**6,938**
Total current and non current	**13,351**	**6,938**
Included above:		
NHS maternity pathway prepayments	1,649	1,774

8.2 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies	2019-20 Non DHSC Group Bodies	2018-19 DHSC Group Bodies	2018-19 Non DHSC Group Bodies
	£'000	£'000	£'000	£'000
By up to three months	317	115	38	382
By three to six months	42	154	102	-
By more than six months	475	21	292	22
Total	**834**	**290**	**432**	**404**

8.3 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies	Total
	£'000	£'000
Balance at 01 April 2019	(935)	(935)
Lifetime expected credit losses on trade and other receivables-Stage 2	83	83
Total	**(852)**	**(852)**

9 Cash and cash equivalents

	2019-20	2018-19
	£'000	£'000
Balance at 01 April 2019	114	103
Net change in year	(95)	11
Balance at 31 March 2020	19	114
Made up of:		
Cash with the Government Banking Service	19	114
Cash and cash equivalents as in statement of financial position	**19**	**114**
Balance at 31 March 2020	**19**	**114**

10 Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: revenue	15,217	14,485
NHS accruals	2,122	2,182
Non-NHS and other WGA payables: revenue	4,961	13,063
Non-NHS and other WGA accruals	36,647	21,215
Social security costs	61	64
Tax	50	56
Other payables and accruals	692	810
Total trade & other payables	**59,750**	**51,875**
Total current and non-current payables	**59,750**	**51,875**
Included above:		
NHS partially completed spells	1,549	1,260

Other payables include £278k outstanding pension contributions at 31 March 2020

11 Provisions

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the CCG. The legal liability, however, remains with the CCG. There are no legacy provisions held by NHS England on behalf of the CCG as at 31 March 2020.

12 Financial instruments

12.1 Financial risk management

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

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

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

12.1.1 Currency risk

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

12.1.2 Interest rate risk

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

12.1.3 Credit risk

As the majority of the CCG's revenue comes from parliamentary funding, the CCG 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 note 8.1 trade and other receivables.

12.1.4 Liquidity risk

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

12.1.5 Financial Instruments

As the cash requirements of NHS England (NHSE) 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 NHSE's expected purchase and usage requirements and NHSE is therefore exposed to little credit, liquidity or market risk.

12.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other receivables with NHSE bodies	2,456	2,456
Trade and other receivables with other DHSC group bodies	8,877	8,877
Trade and other receivables with external bodies	1,120	1,120
Cash and cash equivalents	19	19
Total at 31 March 2020	**12,472**	**12,472**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost	Total
	2019-20	2019-20
	£'000	£'000
Trade and other payables with NHSE bodies	443	**443**
Trade and other payables with other DHSC group bodies	26,580	**26,580**
Trade and other payables with external bodies	32,615	**32,615**
Total at 31 March 2020	**59,638**	**59,638**

13 Operating segments

The CCG has elected not to split its net expenditue by operating segment, as it only has one segment: commissioning of healthcare services.

14 Pooled budgets

14.1 Interests in pooled budgets

			Amounts recognised by CCG 2019-20		Amounts recognised by CCG 2018-19	
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Income**	**Expenditure**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**
Section 75 pooled budget	NHS Haringey CCG & London Borough of Haringey	Mental Health, Learning Disabilities, Child & Adolescent Mental Health Services, Better Care Fund	(7,875)	(91,243)	(7,402)	(76,473)

15 Related party transactions

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

Details of related party transactions with individuals are as follows:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Federated 4 Health Ltd				
Drs Gino Amato, Simon Caplan, Peter Christian, Dina Dhorajiwala, Sheena Patel, John Rohan, Sharon Seber, Daijun Tan, David Masters	6,581	-	191	-
Jewish Care				
Simon Caplan	143	-	-	-

During the year, Peter Christian, Dina Dhorajiwala and David Masters were members of the CCG and the practices to which they belong were shareholders in Wish Limited, a consortium of eight general practices providing doctors for the Urgent Care Centre at the Whittington Hospital NHS Trust. The CCG commissions services provided from the Trust as part of a block contract. The Trust then contracts directly with Wish Limited, with which the CCG has no direct contract.

The practices with which the Governing Body members listed above are associated, are members of Federated 4 Health Ltd, the pan-Haringey federation of GP practices.

CCGs are clinically-led membership organisations made up of general practices. The members of the CCG are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.

The members of the CCG are contained within the constitution. Where payments have been made to these practices, these are listed below. The majority of the payments are in relation to delegated commissioning practice payments, and agreed locally enhanced services and some prescribing costs.

	Payments to related party £'000	Receipts from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000
Morris House Group Practice	1,879	-	83	-
Fernlea Surgery	1,202	-	34	-
Vale Practice	1,307	-	97	-
Queenswood Practice	2,897	-	118	-
Bounds Green Group Practice	2,093	-	86	-
Dowsett Road	608	-	71	-
Tottenham Hale	601	-	218	-
Lawrence House Surgery	2,257	-	77	-
JS Medical Practice	1,668	-	50	-
Alexandra Surgery	688	-	30	-
The 157 Medical Practice	229	-	15	-
Christchurch Hall Surgery	418	-	8	-
Crouch Hall Road Surgery	1,028	-	57	-
Highgate Group Practice	2,035	-	88	-
Queens Avenue Surgery	481	-	19	-
Rutland House Surgery	754	-	23	-
Arcadian Gardens	499	-	20	-
The Old Surgery	234	-	16	-
Stuart Crescent Health Centre	668	-	70	-
Westbury Medical Centre	1,589	-	45	-
Bridge House Medical Practice	1,257	-	36	-
Grove Road Surgery	595	-	35	-
Havergal Surgery	798	-	25	-
West Green Road Surgery	1,510	-	57	-
Bruce Grove Primary Care Health Centre	1,021	-	218	-
Charlton House	841	-	64	-
Somerset Gardens Family Healthcare Centre	1,833	-	58	-
Tottenham Health Centre	773	-	22	-
Tynemouth Medical Practice	1,381	-	96	-
Cheshire Road Surgery	858	-	25	-
St Ann’s Rd Surgery	1,791	-	115	-
Muswell Hill Practice	1,724	-	211	-
Staunton Group Practice	766	-	185	-
Hornsey Park Surgery	542	-	65	-
Spur Road Surgery	296	-	20	-
Stuart Crescent Health Centre	394	-	51	-
Myddleton Road Surgery	227	-	73	-

The Department of Health is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department of Health is regarded as the parent. The threshold for materiality set by external audit was £6.7m.

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£'000	£'000	£'000	£'000
Whittington Health NHS Trust	98,681	(7)	5,537	(723)
North Middlesex University Hospital NHS Trust	93,472	-	1,507	(633)
Barnet, Enfield & Haringey Mental Health NHS Trust	36,299	-	1,805	-
University College London Hospitals NHS Foundation Trust	26,171	-	1,054	(236)
Royal Free London NHS Foundation Trust	22,989	-	586	(116)
London Ambulance Service NHS Trust	11,019	-	84	-
Homerton University Hospital NHS Foundation Trust	7,145	-	1,215	-
Barts Health NHS Trust	7,073	-	358	-

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

	Payments to related party	Receipts from related party	Amounts owed to related party	Amounts due from related party
	£'000	£'000	£'000	£'000
London Borough of Haringey	9,338	(8,097)	10,547	(8,369)

15 Related party transactions - 2018-19

Details of related party transactions with individuals are as follows:

	Payments to related party £'000	Receipts from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000
Barnet, Camden, Enfield, Haringey and Islington CCGs operate under a shared management team, comprising a single accountable officer, chief finance officer, and other director-level posts. In addition, Haringey and Islington CCGs have a shared executive management team. Details of the indivudals concerned can be found in the annual report.				
Federated 4 Health Ltd				
Drs Gino Amato, Simon Caplan, Peter Christian, Dina Dhorajiwala, Sheena Patel, John Rohan, Sharon Seber, Daijun Tan, David Masters	4,578	-	685	-
Jewish Care	105	-	-	-
Simon Caplan				

During the year, Peter Christian, Dina Dhorajiwala and David Masters were members of the CCG and the practices to which they belong were shareholders in Wish Limited, a consortium of eight general practices providing doctors for the Urgent Care Centre at the Whittington Hospital NHS Trust. The CCG commissions services provided from the Trust as part of a block contract. The Trust then contracts directly with Wish Limited, with which the CCG has no direct contract.

The practices with which the Governing Body members listed above are associated, are members of Federated 4 Health Ltd, the pan-Haringey federation of GP practices.

CCGs are clinically-led membership organisations made up of general practices. The members of the CCG are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.

The members of the CCG are contained within the constitution. Where payments have been made to these practices, these are listed below. The majority of the payments are in relation to delegated commissioning practice payments, and agreed locally enhanced services and some prescribing costs.

	Payments to related party £'000	Receipts from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000
Lawrence House Surgery	2,149	-	84	-
Staunton Group Practice, Morum House Medical Centre	1,663	-	186	-
Tynemouth Medical Practice	1,379	-	114	-
Highgate Group Practice	1,814	-	115	-
Charlton House Medical Centre	825	-	60	-
Morris House Group Practice	1,851	-	105	-
Bruce Grove Primary Care Health Centre	968	-	59	-
Somerset Gardens Family Health Care	1,985	-	164	-
Westbury Medical Centre	1,385	-	52	-
Arcadian Gardens Medical Centre	460	-	51	-
Queens Avenue Surgery	454	-	15	-
Hornsey Park Surgery	442	-	21	-
Spur Road Surgery	218	-	15	-
Havergal Surgery	741	-	26	-
Christchurch Hall Surgery	424	-	8	-
Muswell Hill Practice	1,570	-	112	-
Stuart Crescent High Road	611	-	51	-
Stuart Crescent Health Centre	376	-	28	-
Bounds Green Group Practice	2,099	-	134	-
157 Medical Practice	679	-	14	-
Crouch Hall Road Surgery	1,033	-	45	-
Fernlea Surgery	1,212	-	72	-
Tottenham Health Centre	771	-	29	-
Grove Road Surgery	539	-	16	-
Dowsett Road Surgery	508	-	25	-
Cheshire Road Surgery	808	-	27	-
Myddleton Road Surgery	414	-	64	-
West Green Surgery	1,232	-	46	-
Alexandra Surgery	696	-	39	-
Rutland House Surgery	739	-	39	-
Old Surgery	224	-	20	-
JS Medical Practice	1,601	-	53	-
Vale Practice	1,211	-	47	-
St Ann's Road Surgery	1,686	-	116	-

Queenswood Medical Practice	2,818	-	278	-
Bridge House Medical Practice	1,183	-	91	-
Tottenham Hale Medical Practice	496	-	12	-

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

	Payments to related party £'000	Receipts from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000
The Whittington Hospital NHS Trust	95,480	(15)	3,156	(750)
North Middlesex University Hospital NHS Trust	84,583	(5)	2,260	(834)
Barnet, Enfield & Haringey Mental Health NHS Trust	37,046	(5)	2,017	(5)
University College London Hospitals NHS Foundation Trust	23,371	(5)	1,318	(236)
Royal Free London NHS Foundation Trust	21,884	(5)	382	(5)
London Ambulance Service NHS Trust	10,249	-	604	-

The de minimus limit applied for disclosure of NHS organisations was £7.7m, with additional disclosures as necessary relating to interests declared by members.

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

	Payments to related party £'000	Receipts from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000
London Borough of Haringey	10,847	(7,766)	10,650	(1,768)

16 Events after the end of the reporting period

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

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

The estimated financial effect of the merger is set out in the table below:

	NHS Barnet CCG	NHS 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)**

17 Financial performance targets

CCGs have a number of financial duties under the NHS Act 2006 (as amended). Haringey's performance against those duties was as follows:

		2019-20				2018-19			
Target	**Measure**	**Target £'000**	**Performance £'000**	**Surplus/(Deficit) £'000**	**Duty Achieved**	**Target £'000**	**Performance £'000**	**Surplus/(Deficit) £'000**	**Duty Achieved**
Expenditure not to exceed income	Gross expenditure on revenue and capital	459,008	475,541	(16,533)	No	433,154	451,038	(17,884)	No
Capital resource use does not exceed the amount specified in Directions	Capital expenditure	-	-	-	N/A	95	89	6	Yes
Revenue resource use does not exceed the amount specified in Directions	Net revenue expenditure	448,851	465,384	(16,533)	No	421,228	439,118	(17,890)	No
Revenue administration resource use does not exceed the amount specified in Directions	Net admin revenue expenditure	6,604	6,403	201	Yes	6,435	6,337	98	Yes