NHS
Islington
Clinical Commissioning Group

Annual Report and Accounts

2019/20

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Foreword – Accountable Officer's introduction

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

During the past year Islington 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 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:

- improving how GPs access consultant advice before referring patients into secondary care for non-urgent treatment, helping to improve the diagnosis and treatment for patients.
- the launch of a new mental health recovery pathway which is helping to make better use of the borough's buildings to provide day activities and counselling therapies to residents.
- 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 under financial duties in the Performance Analysis section of this report.

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 Islington 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 Islington 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

North Central London CCGs - 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 Quality, Innovation, Productivity and Prevention, 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 is available at: www.northcentrallondonccg.nhs.uk/ . More information on NCL plans for our Integrated Care System can be found on page 14.

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 from across NCL:

Dementia care across NCL shining example of best practice

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

Proposal put forward for consultation for adult planned orthopaedic services

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

Proud to Care website

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

First contact practitioners pilot

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

Whole-system plan to improve outcomes for children

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

Tele-dermatology service pilot

This service was launched in 2019, seeing in excess of 130 referrals to dermatologists at University College Hospital London, Royal Free Hospital and The Whittington Hospital in one year.

By using tele-dermatology patients' images can be clinically 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 and 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 service was awarded £600,000 to fund five workers from across the boroughs of Barnet, Camden, Enfield, Haringey and Islington who provide support to help 300 people with severe mental illness find and thrive in paid employment.

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

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

North Central London 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, education and skills.

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

- working as partners to integrate care where it improves outcomes
- fixing the basics and reducing waste and duplication
- working across health, public health, social care and the voluntary and community sector to focus on prevention and early-interventions
- 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.

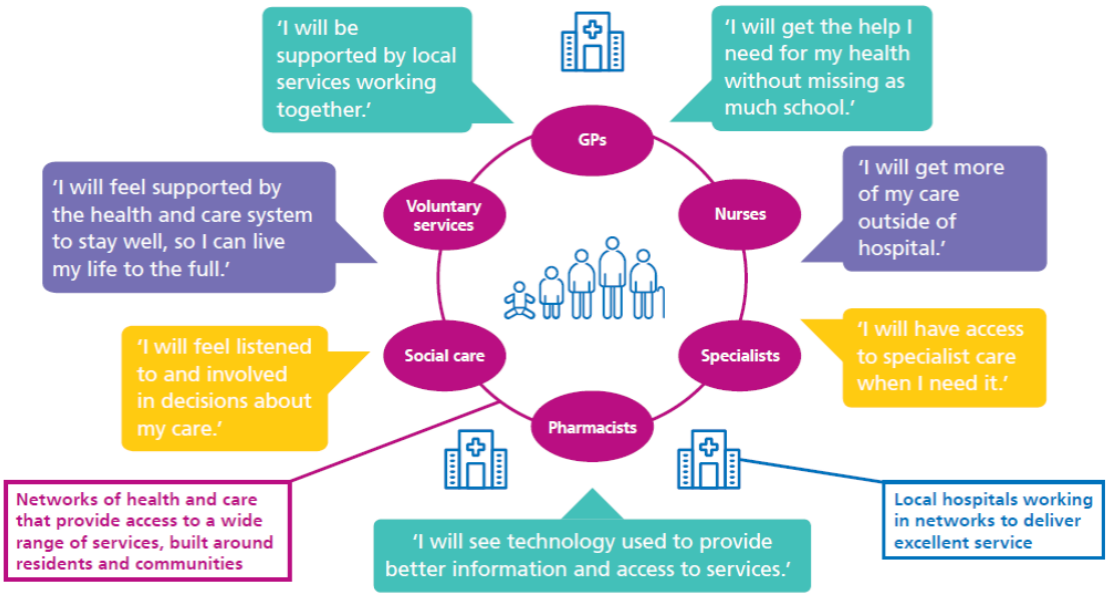
This is supported by actions to:

- 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 different 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 a North Central London Integrated Care System

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

Locally, at neighbourhood level

Staff from across health and care organisations and professions proactively supporting residents and communities to stay well and live full lives. For example, GP practices will work with care workers and health visitors to improve access to support around employment and community activities, as well as offering high-quality clinical care.

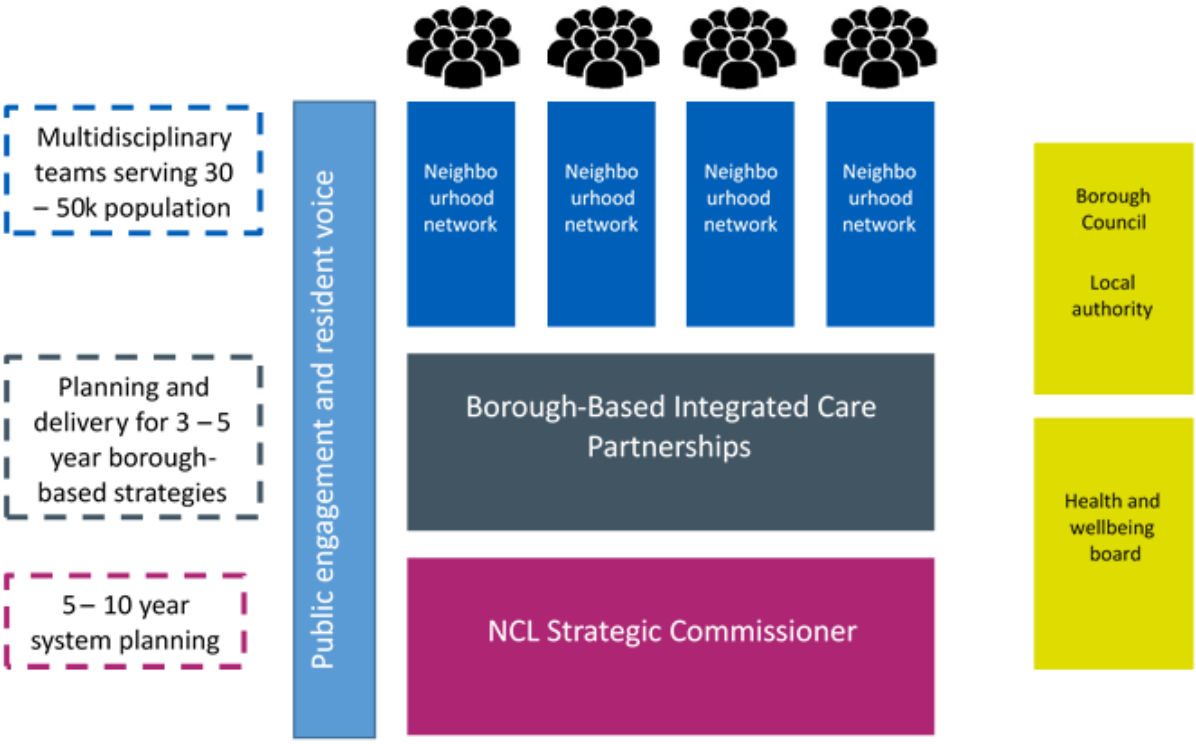
Across each borough – within Integrated Care Partnerships

These will support services to work together to best meet the needs of local residents. For example, health and care organisations will jointly plan services to support older residents, rather than people receiving care from several different teams or organisations.

Across North Central London – through our Integrated Care System

This will allow us to plan services for the five boroughs together where it makes 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, with borough-level Integrated Care Partnerships, might look like.



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 NHS Foundation Trust and Whittington Health NHS Trust working together, and The Royal Free London Group (Royal Free, Barnet Hospital, Chase Farm Hospital) working with North Middlesex University Hospital NHS Foundation Trust.

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 in Health and Care 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 in Health and Care, 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.

Exit from the European Union

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

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

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

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

The CCG operates a robust approach to identifying and managing its key risks. This includes strong oversight and scrutiny of the most significant risks by the Governing Body and its committees. The most serious risks to the achievement of the CCG's 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:

2019/20 Quality, Innovation, Productivity and Prevention delivery (Threat)
At year end, the CCG had delivered £9.958m or 76.7% of our total Quality, Innovation, Productivity and Prevention (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.

2019/20 Financial Control Total (Threat)
The CCG proactively managed this risk throughout the year and delivered a balanced budget at year end.

Healthy London Partnership
NHS Islington 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.

Islington borough partnership

2019/20 has seen the development of the Islington Fairer Together Borough Partnership bringing together leaders across the public sector. The partnership is broader than just the NHS and Islington Council and includes the Police, Fire Service, Education, Voluntary Sector partners and Healthwatch who come together at a Strategic level to set the vision.

To date this has led to the development of the Fairer Together Green Paper that sets out the ambition to work in a new way as partners to be the best in the world at prevention and early intervention so that everyone in Islington is able to start well, live well and age well.

To gain momentum and hear views about the ambition of the partnership we have held a series of engagement events including national speakers to share experiences of transformation from elsewhere. These started in February 2020 and had good representation from a broad range of people who both live and work in the borough.

Meanwhile we are continuing to develop our work programme to ensure that system change in grounded in the wider strategic context, which for the NHS means a focus

on delivery of the Long Term Plan. Primary Care Networks have been set up and these nest within the 3 localities, North, Central and South. Integrating primary and community services is a key outcome we are focusing on locally in order to develop capacity and capability at a place level. One example of this is work to build on the existing foundation of multi-disciplinary working by developing “rising risk” MDTs to identify patients before they deteriorate.

Similarly, social prescribers now employed through Primary Care Networks have brought the opportunity to deepen the connection between health services and local voluntary sector groups, already developed through the health navigator offer. The plan here is to develop locality hubs for the voluntary sector thereby strengthening the place-based approach to social prescribing.

Looking to the future the Strategic Board will continue to identify areas where we can add value by working together to improve the lives of local people.

Primary care

Primary Care Networks

In 2019/20 in response to the national GP Contract, general practices in Islington formed into four geographically based networks known as Primary Care Networks. These cover north, south and central Islington, with the central area being split into two networks. This built on a strong history of practices in Islington working together, for example to review and put plans in place to support people at high risk of admission to hospital.

Over 2019/20 practices worked together to make additional hours of general practice available to 100 percent of the population, and to recruit practice-based pharmacists and social prescribing link workers to be shared across the networks. Local GPs from each area have stepped forward to be Clinical Directors of the Primary Care Networks and are working with practices and with other service providers on plans for future recruitment and Primary Care Network services.

Extended access

Islington was one of the first CCGs to provide extended access to primary care both at a national and London level. Provided by the Islington GP Federation, the extended access service operates from three GP hubs across Islington. The service offers additional primary care GP and nurse appointments after core surgery hours, 18:30 – 20:00 on weekdays, 08:00 – 20:00 on weekends, 365 days a year.

The service is jointly funded by NHS England and Islington CCG, and has been running for three years. The national GP contract published in 2019 ensures a continued commitment to extended access services with responsibility for provision of extended access passing to Primary Care Networks from April 2021. The current contract will be extended until March 2021 to meet this national timeline.

Utilisation of the service has increased over the last year and is regularly performing very highly against the activity as mandated by NHS England (average of 100% in Quarter 3 of 2019/20). It should be noted that there is sufficient capacity within the service, as the CCG commissions a greater number of appointments than is mandated by NHS England and there are plans to increase capacity even further in 2020/21.

GP Federation

The CCG continues to work closely with the Islington GP Federation to support the development of closer working between practices, and the development of partnerships between networks of GP practices and other health and care providers. Islington GP Federation was selected by Islington's Primary Care Networks to receive and manage the Primary Care Network funding on their behalf, and is actively providing leadership, management and administrative support to the networks.

This work is key to giving general practice in Islington a strong voice within North Central London's Sustainability and Transformation Partnership and to ensuring that primary care is represented during the development of Integrated Care Systems. The Islington GP Federation continues to support the implementation of the General Practice Forward View to enable its member practices to be more resilient and to

work more efficiently. The GP Federation has also been proactive in using funding from NHS England to support workforce development in primary care, specifically with programmes to support newly qualified GPs and to retain existing staff. In 2019/20 the Islington GP Federation took on the hosting of the 'Training Hub' (formerly Community Education Provider Network) which will support workforce development across primary and community services in Islington.

We continued to commission the following services from the GP Federation in 2019/20:

- Extended Access - primary care appointments in the evening and at weekends
- Community Ear, Nose and Throat service
- community gynaecology service
- Quality Improvement Support Team
- infrastructure to support Primary Care Networks

More information on the Islington GP Federation is available here: www.islingtongp.nhs.uk

Quality Improvement Support Teams

Islington's Quality Improvement Support Team has been working on several projects that align with Islington CCG's priorities and will have direct benefits to patients in Islington. This has resulted in the following achievements during 2019/20:

- collaborative working with Whittington Health NHS Trust to reduce paediatric Accident and Emergency attendances for children with conditions that can be managed at home, by a pharmacist or via GP extended access
- increased awareness and use of clinical pathways that have been developed and implemented across North Central London to streamline care for patients
- increased awareness and use of Clinical Advice and Guidance so that Islington GPs are requesting more than twice their target level of referrals, helping patients avoid unnecessary hospital appointments, with a reduction in waiting time for those who do need to see a hospital doctor

- a large increase in Coordinate My Care record completion (essential for ensuring patient's wishes are met during the last phase of life)
- an increase in the number of health checks completed for patients with a learning disability. Practices are up 10% up on the previous year's performance at the end of Quarter 3.

Clinical Advice and Guidance

Demand for secondary care outpatient appointments continues to grow, yet a significant proportion of patients are discharged after a first outpatient appointment. This suggests no need for ongoing care in hospital, and that the patient's initial need may have been more appropriately met in another setting.

In the spring of 2018, a Clinical Advice and Guidance referral process was adopted in Islington, improving the way GPs access consultant advice prior to referring patients into secondary care for non-urgent treatment. Improving communication between GPs and specialists supports the management of patients in primary care as well as preventing unnecessary hospital appointments.

The number of requests for advice and guidance has more than doubled since last year as the process has become embedded in general practice and the range of specialities covered for advice has increased. In the first ten months of this year, advice and guidance has been sought on over 2,872 occasions across a range of specialities, helping to improve the diagnosis and treatment for patients and reduce avoidable patient referral to hospital by 13%.

Practice-based pharmacists

A team of seventeen clinical pharmacists are currently working across four clinical networks in Islington to support patients to get the best from their medicines. Four of the clinical pharmacists are already Independent Prescribers and five are due to finish their training in April 2020. All the other pharmacists are enrolled onto the Centre for Pharmacy Postgraduate Education training pathway and expected to become Independent Prescribers by January 2021.

The pharmacists are working on the following areas:

- medication reviews and optimisation
- medicines reconciliation and queries
- medicines optimisation prescribing scheme and clinical audits
- minor ailments and walk-in clinics
- liaison with community pharmacy, CCG medicine management, other organisations and practice educational support.

The pharmacists are also working on improving the efficiency and safety of repeat prescribing and implementing medication safety procedures related to prescribing.

CCG Medicines optimisation pharmacist team

A team of three pharmacists employed in 2019 and supported by the existing CCG Medicines Optimisation Team has been working across Islington GP practices supporting implementation of the Medicines Optimisation Prescribing Scheme. This new role provides additional resource to GP practices in implementing the Medicines Optimisation Scheme and supporting patients.

The Medicines Optimisation Team continue to support practices on the following areas:

- answering medicines queries
- identifying areas of poor practice and developing resources and pathways to support practice improvement
- developing and supporting implementation of electronic prescribing decision tools
- holding training and education events
- evaluating new drugs as part of North Central London hospitals drug and therapeutic groups

The team is also involved in developing innovative solutions to polypharmacy and better management of repeat prescribing, as well as supporting the STOMP initiative

(stopping over medication of people with a learning disability, autism or both with psychotropic medicines).

Estates and premises work

The CCG continues to work closely with partners at Islington Council and NHS England to improve and develop our primary care premises. Following successful bids to NHS England's Estates and Technology Transformation Fund, the CCG is in the planning stage for new premises for two practices in the north of Islington.

During 2019/20, two Islington practices have been successful in obtaining improvement grant funding from NHS England to create four new consultation rooms. This will lead to increased capacity to cope with increasing demand and to house the new staff employed via the Primary Care Network Direct Enhanced Service.

During 2019/20 Haringey CCG and Islington CCG's Strategic Estates Plan was incorporated into a North Central London Strategic Estates Plan that has been rated 'good' by NHS England. This document is being refreshed to ensure that capital funding can be accessed when made available. We have also coordinated several Estates Locality Planning Workshops in Islington in 2019/20, which have enabled system partners to begin thinking about all our estate together and not in isolation. The Primary Care Networks in Islington are now coming together to talk specifically their estates utilisation and opportunities.

Training and education

In 2019/20 Islington's Community Education Provider Network has developed into a primary and community care training hub, designed to meet the educational needs of the multidisciplinary primary care team, and bring together NHS organisations, community providers and local authorities. In 2019/20 it continued to successfully provide integrated multi-disciplinary learning opportunities, delivering transformation, and supporting recruitment and retention programmes. Highlights have included:

- Mental Capacity Act training: one of the ten projects nationally shortlisted for the Health Service Journal "Best Educational Programme for the NHS"

- a programme to support general practice staff to access statutory and mandatory training with secondary care partners
- provision of a trainee Nursing Associate programme and provision of a practice managers' development programme.

Quality, Innovation, Productivity and Prevention

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 council 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.

Significant strides have been made in this area in 2018-19 as a result of close and collaborative working between the Whittington Trust, community organisations and

CCG staff. With oversight and steer from the Local Delivery Board, a joint Bed Usage Plan was developed spanning Accident and Emergency attendances and admissions, and Rapid Response services. Overall, it is estimated that the Integrated Frailty programme has resulted in £406k of savings across the health care system.

Musculoskeletal Single Point of Access pilot**:**

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 significant savings overall and is testament to the collaborative planning and implementation across Haringey and Islington.

Mental health

Child and Adolescent Mental Health Services

NHS Islington CCG and partners have had a strong focus on the transformation of our emotional wellbeing and mental health service offer for children and young people as set out in our Child and Adolescent Mental Health Services Transformation Plan. Culminating in a redesigned pathway, this work aims to improve access, equity and capacity, to ensure all children and young people reach the right service at the right time.

Our work specifically included the broadening of the offer of early intervention for children and young people with mild to moderate needs. Launched in September 2019 after significant engagement with partners in social care, education and health, children and young people, parents and carers, a central point of access for accessing these services has been successfully implemented.

Operating from the principle of ‘no wrong referral’, the model extends beyond traditional Child and Adolescent Mental Health service settings to improve access into a wide range of health, social and digital community-based services for local children and young people. Significant additional local funding into the voluntary and community sector has increased capacity by providing access for a minimum of 500 children and young people into community-based counselling and therapeutic services.

This approach means we are able to meet the need of every child and young person with a strong focus on building resilience, promoting early intervention and supporting particularly vulnerable groups. We have also seen a significant reduction in waiting times into our emotional wellbeing and Social, Emotional and Mental Health service pathways for Children and Young People which helps to prevent mental health issues from escalating.

This innovative work and expanded investment has enabled us to reach achieve 41% of our local children and young people with diagnosable mental health conditions access emotional wellbeing and mental services, exceeding the previous National Five Year Forward View Mental Health ambitions target for at least 35% (70,000 nationally). The new NHS England Long Term Plan increased this access target to an additional 345,000 children and young people aged 0-25 and locally we are continuing to work towards exceeding our trajectory targets year-on-year.

Mental health recovery pathway

Launched in 2019, Islington’s new mental health recovery pathway is already proving a success. Provided by Islington Mind, the service is making better use of the borough’s buildings to provide day activities and counselling therapies to residents.

In March 2019 those who had previously used services delivered in the south of the borough made the safe transition to Isledon Road Resource Centre. Located 2 ½ miles north, Isledon Road is a larger building with a range of facilities on a historically under-used site and is now much busier.

The move has seen the forging of new connections and relationships, with existing groups such as the Isledon Road Women's Group welcoming newcomers from other services. As the next phase of the move takes shape, the Women's Group will move to Ashley Road where a dedicated day of activities for women takes place every week. The consolidation of these women's services to Ashley Road will enable Isledon Road's many rooms, arts spaces and resources to be used by the wider community.

Historically a number of people using Isledon Road's services have received long-term counselling and key working with unfortunately very little progression. This resulted in long waiting lists and a reluctance to refer to this service. With the new pathway has come a broader offer, a more focused and time-limited psychosocial approach which can be accessed from day centres without the need for waiting.

Islington Mind has worked hard to lead a considered and safe implementation of the new pathway, taking the time to engage with people using existing services and supporting those moving to new ones. An inclusive approach has helped people adjust to change while maintaining focus on the need to move forward. We continue to meet with Islington Mind to monitor progress and look forward to seeing Islington's mental health services continue to improve.

Health-Based Place of Safety

In 2019/20, Islington CCG commissioned a new Health-Based Place of Safety to support people suffering from a complex mental health crisis.

The place of safety is a new state-of-the-art facility at Highgate Mental Health Centre which will significantly improve the experience of people coming into contact with the mental health system through local police. Instead of the busy, high-stimulus environment of an emergency department, service users are now being seen by a dedicated mental health team in a bespoke and calming setting.

Since opening at the end of January 2020, there has been positive feedback from both police and patients. The new Highgate site is now part of the London Health Based Place of Safety network enabling us to connect with colleagues in other

places of safety to manage challenges and help us improve the service we provide. This development is a significant step in delivering the ambitions to improve mental health in the borough as laid out in the NHS Long Term Plan.

Launch of a crisis café

Following the commissioning of a mental health recovery pathway by NHS Islington CCG and Islington Council in October 2019, Mind Islington established an out-of-hours crisis café. The Mind Crisis Café provides residents with support and respite, with the intention of averting mental health crises through the help of volunteers and peer support workers with lived experience.

The development of the café is part of a wider policy to improve mental health community and crisis pathways with the intention of delivering better outcomes for service users suffering from serious mental illness. Plans in place from April 2020, will see ‘in-reach’ from secondary care services at Camden and Islington NHS Foundation Trust. This aims to provide less intensive community-based support and avoiding Accident and Emergency presentations and hospital admissions where possible.

In addition to this we have expanded our Crisis Home Recovery and Treatment Teams, introduced new technology to support the crisis phone line and commissioned a dedicated nurse to support home treatment for seriously mental ill patients; all of which will contribute to improved accessibility to crisis services, more people treated at home and shorter stays in hospital.

Performance Analysis

Financial performance: 2019/20 financial review

Introduction

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

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

Financial duties

The CCG's accounts have been prepared under directions issued by NHS England and in accordance with guidance set out in the National Health Service Act 2006. In 2019/20 the CCG received a £433.6m 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 balanced budget in 2019/20.

All CCGs in North Central London (Barnet, Camden, Enfield, Haringey and Islington) experienced a further year of increased costs and activity, which culminated with the unprecedented impact of the national Coronavirus (Covid-19) 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 Islington. These pressures in Islington CCG were offset by a number of non-recurrent underspends across the CCG and resulted in a balanced budget in 2019/20.

The CCG's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2019/20 the CCG spent £5.6m in this area which is in line with the planned spending target.

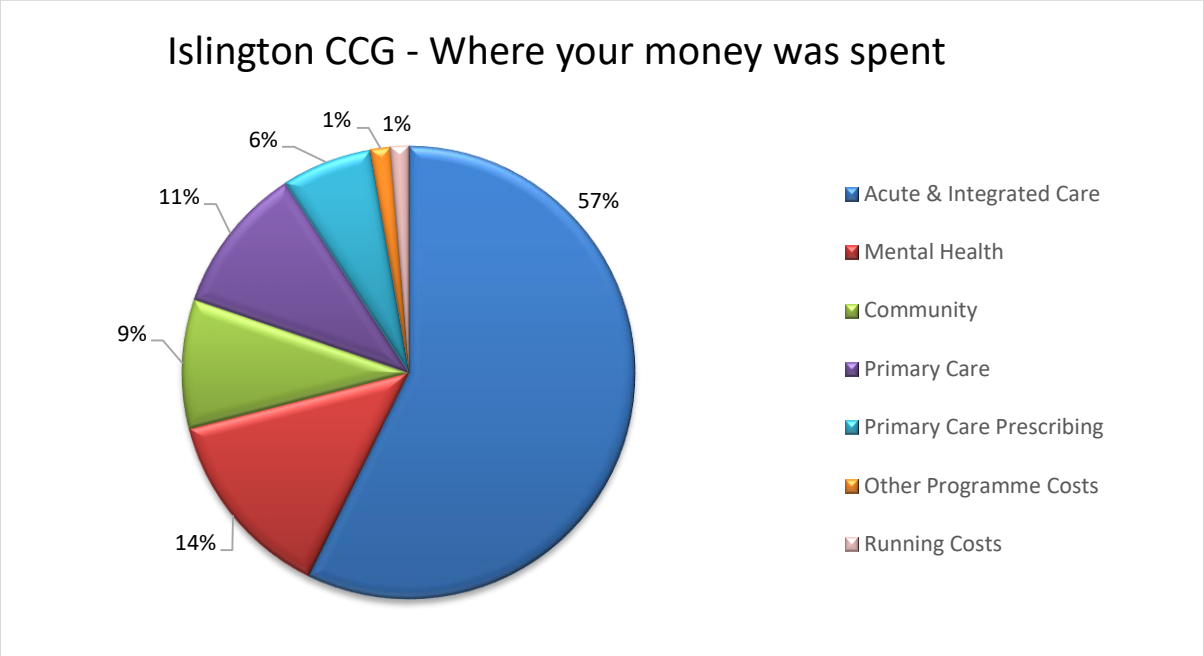
Financial performance

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

Of the CCG's total £434m expenditure in 2019/20, £247m or 57%, was spent on acute (hospital-based) and integrated care (community-based) services in 2019/20. This vast majority of this spend was on the provision of care services at the CCG's two main acute hospitals: Whittington Health NHS Trust and University College London NHS Foundation Trust. The CCG's main provider of mental health services, Camden and Islington NHS Foundation Trust, accounted for more than 70% of the £62m 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 Islington Council to better align patient health and social care needs.

The following chart illustrates how the CCG spent public funding on the provision of healthcare services for the local population.

Overall spending during 2019/20



During the 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 Accident and Emergency, drugs and devices, elective, non-elective care (unplanned emergency care) and outpatient services. 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 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 Islington.

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 £18.9m

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

All CCGs in North Central London have delegated responsibility from NHS England to commission primary care services for General Practice within their boroughs. During 2019/20 Islington CCG spent £38.8m 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 Quality, Innovation, Productivity and Prevention

In order to meet financial planning requirements and improve the quality and efficiency of services, the CCG agreed a £13m Quality, Innovation, Productivity and Prevention (QIPP) target for 2019/20. The QIPP programme, set at 3.1% 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 £10m (or 77%) of the targeted £13m 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-19 recovery period with system partners.

2020/21 planning guidance and financial outlook

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

In the autumn of 2019 North Central London Sustainability and Transformation Partnership set out its response to the NHS five-year strategic plan. The NHS began its planning process for translating the strategic plan into the one-year 20/21

operating plan, however this work was suspended in March as part of the NHS response to the Covid-19 pandemic.

For the April 2020 - July 2020 period, a set of temporary national financial arrangements have been put in place in order in reduce transactions and allow cash to flow to frontline services as quickly as possible. Contracting arrangements have been simplified and pooled funding agreements with local authorities have been extended in order to meet the whole cost of hospital discharges. Financial governance processes have been strengthened to ensure joined up decision making in response to Covid-19 in North Central London.

Further national guidance is expected once the initial Covid-19 response period is over. North Central London CCG will need to plan for a continued heightened response to Covid-19 activity throughout the year whilst addressing elective workloads not undertaken during the response period. This will sit alongside the 2020/21 planning requirements to meet important performance and spending targets in mental health, community services and primary care.

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 Clinical Commissioning Group (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) enabled 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 and NHS Improvement wrote to Islington CCG to confirm it had been rated as 'good' for 2018/19.

NHS 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 and Integrated Care Systems.

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. The CCG's rating for 2019/20 will be published in late July 2020 and will 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 which include:

Hospital care

The following four main hospitals provide services (often called secondary care services) to Islington residents:

- Whittington Health NHS Trust
- University College London Hospitals NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Homerton University Hospital NHS Foundation Trust.

Specialist care

Islington works with the following hospitals that provides specialist care:

- Moorfields Eye Hospital NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust.

Community services

Whittington Health NHS Trust also provides community services to the Islington community; these can also be called primary care services. London borough of Islington 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 Islington residents from Camden and Islington NHS Foundation Trust, as well as a range of other service providers.

Other services provided to Islington are from the London Ambulance Service 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 NHS 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 during 2019/20 are available here: www.islingtonccg.nhs.uk/about-us/governing-body-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 Islington CCG area.

Figure 1: Overview of Islington 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 (Whittington Health NHS Trust))	95%	**83.8%**	March 2020
Elective care standards			
18 week Referral to Treatment - Incomplete pathway (Feb 20 snapshot)	92%	**82.5%**	March 2020
Diagnostic tests - % of patients waiting 6 weeks or more	1%	**4.0%**	
Cancer standards			
Cancer 2 week waits following urgent GP referral for suspected cancer	93%	**93.7%**	
Cancer 2 week waits - Breast Symptomatic where cancer not suspected	93%	**91.1%**	
Cancer 31 day - 1st definitive treatment from diagnosis	96%	**97.5%**	
Cancer 31 day - Subsequent treatment for cancer / Surgery	94%	**91.4%**	
Cancer 31 day - Subsequent treatment for cancer / Chemotherapy	98%	**99.2%**	
Cancer 31 day - Subsequent treatment / Radiotherapy	94%	**93.0%**	
Cancer 62 days - 1st treatment following an urgent GP referral	85%	**76.7%**	
Cancer 62 days - 1st treatment following referral from Screening Service	90%	**76.7%**	
Cancer 62 days - 1st treatment following consultants decision to upgrade	No standard	**82.0%**	
Mental health standards			
Increasing Access to Psychological Therapies (IAPT) * Q1 – Q3 2019/20. Q4 performance not yet available.	5.5% (average per quarter)	**4.2%**	Quarter 3
Dementia diagnosis rate	67%	**89.8%**	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 (A&E) is that at least 95% of people who attend A&E will have been seen, treated, admitted or discharged in under four hours. Our local hospital is Whittington Hospital and Islington CCG is the lead commissioner for the services provided by Whittington Health NHS Trust. Performance was challenged throughout the year, particularly during the winter period. The Trust saw a significant increase in the number of people attending the A&E department, particularly those with acute care needs and those requiring admission to a ward. This however reduced significantly in March due to the Covid-19 pandemic.

Waiting times in A&E remains a national challenge and an area the CCG continued to focus on extensively in 2019/20. The Islington A&E Delivery Board continues to monitor the progress of the delivery of the A&E standard at the Whittington Hospital and the Board met monthly during 2019/20 to discuss the challenges to delivering the four-hour A&E standard. The board is chaired by the Chief Executive of Whittington Health NHS Trust with senior representation from other key stakeholders such as the CCG, Islington Social Services, Camden and Islington NHS Foundation Trust and the London Ambulance Service.

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 seven days to achieve the four-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 workstream 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 processes at Whittington Health NHS Trust that enable staff to deliver the highest quality of care in a timely way to ensure a positive patient experience.
- The outflow workstream focuses on timely and effective transfer and discharge of patients from both the A&E department and wards into community settings.

At times of the greatest need, the A&E Delivery Board worked together to de-escalate winter pressure situations in a proactive way, outside the regularly scheduled monthly meetings.

Although the demand for A&E services is growing on both local and national level, the joint system working has enabled us to achieve the lowest increase in the number of patient attendances when compared to other North Central London Trusts. Reducing the long length of stay for patients has been another key area of success for Whittington Health NHS Trust and this has been achieved through effective engagement with the system partners in ensuring patients are discharged in a timely way.

London Ambulance Service 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		Response time with an average of seven minutes

	Life threatening injuries and illness (e.g. anaphylactic shock or bee sting)	Response before 15 minutes for nine out of ten calls (90th centile)
2	Emergency calls (e.g. stroke)	Response time with an average of 18 minutes
		Response before 40 minutes for nine out of ten 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 nine out of ten calls (90th centile)
4	Less urgent likely requiring transport or hear and treat	Response before 180 minutes for nine out of ten calls (90th centile)

Figure two, shows that across the first ten months of 2019/20, the London Ambulance Service met the category one and two 90th centile target and narrowly missed the category three 90th centile target. The focus for the London Ambulance Service is on reaching the sickest patients who require the fastest response times with category one being life threatening and category two being emergencies.

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 Service's Ambulance Response Programme performance

Category	Measure	National standard	2019/20 Performance April 19 – Jan 20 (Islington CCG)	Performance February 20 (All LAS)	Performance March 20 (All LAS)
1	90th centile	00:15:00	**00:10:36**	**00:11:16**	**00:17:36**
2	90th centile	00:40:00	**00:38:56**	**00:45:66**	**02:21:31**
3	90th centile	02:00:00	**02:44:22**	**03:05:27**	**07:17:16**
4	90th centile	03:00:00	**03:09:56**	**07:00:55**	**09:55:28**

Improving Referral to Treatment Times

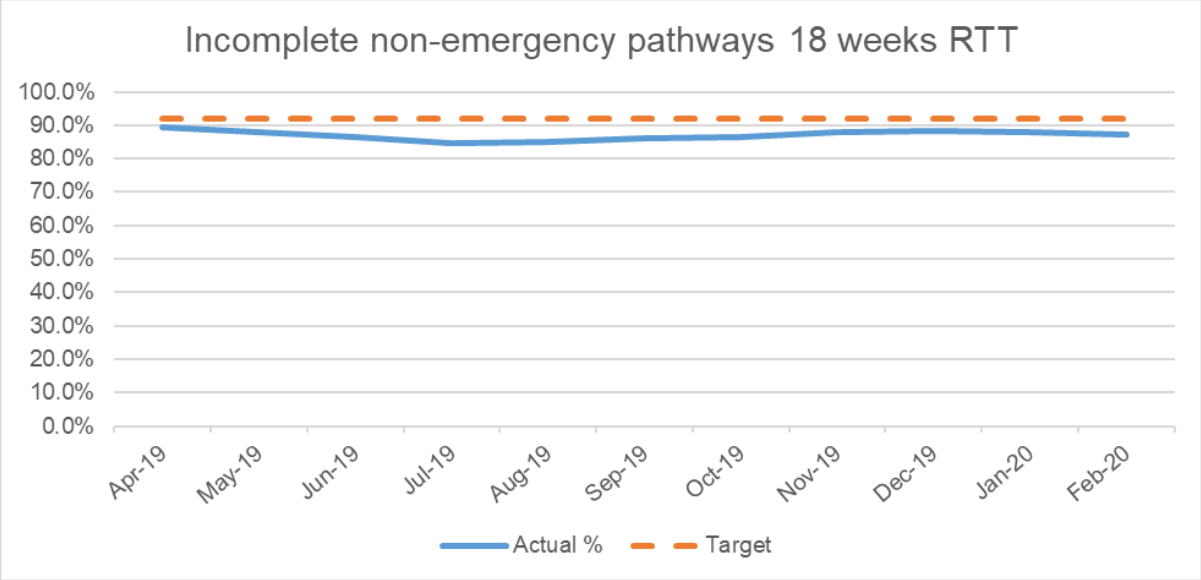
Referral to Treatment Time (RTT) means the length of time you have to wait between your referral (for example, from your GP) for your treatment to start (for example, at a hospital). In most cases, this wait should be no longer than 18 weeks for people treated as either inpatients (admitted) or in an 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 RTT 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 three shows the RTT performance for Islington CCG's registered population. Performance was challenged in 2019/20 with a performance of 82.5% (March 2020 snapshot), therefore not achieving the 92% operational standard. Islington's performance was affected by the installation of a new Patient Administration System in April 2019 by University College London Hospitals NHS Foundation Trust. 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 is 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: Islington CCG performance on Referral to Treatment Time standard in 2019/20**

***Performance does not include Royal Free London NHS Foundation Trust, as the provider stopped reporting from February 2019 while the Trust addresses 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.

During 2019/20, 98 Islington patients, waited a very long time for treatment. As of March 2020, nine Islington 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, Great Ormond Street Hospital, Bart's Health and Guy's and St. Thomas'.

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 4.0%, 3% worse than the national operational standard. Islington's performance was again affected by University College London Hospitals NHS Foundation Trust's implementation of a Patient Administration System. In April 2019 the Trust 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. The Trust resumed reporting on diagnostic tests for September 2019 activity although activity in March 2020 was reduced due to Covid-19.

Whittington Health NHS Trust, Islington CCG's main acute provider just missed the 1% standard for 2019/20 with a year-to-date performance of 1.5%. March performance was the main reason the standard was not met across the year. In March 10% of diagnostic tests were not carried out within six weeks as diagnostic activity was reduced due to Covid-19.

Electronic referrals

There is a wide recognition that paper referrals are an outdated mechanism for booking healthcare appointments. Utilisation of the electronic referrals (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, Islington CCG achieved three of the eight standards (which have a target). The standards not met for 2019/20 were two-week wait for an appointment referred with breast symptoms, 31 day wait for surgery and radiotherapy and 62 day wait from urgent GP referral and from a referral from an NHS screening service to treatment.

Figure 5: Islington 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%	**93.7%**
	First outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	**91.1%**
31 Day	From diagnosis to first definitive treatment for all cancers	96%	**97.4%**
	For subsequent treatment where that treatment is surgery	94%	**91.4%**
	For subsequent treatment where that treatment is an anti-cancer drug regimen	98%	**99.2%**
	For subsequent treatment where the treatment is a course of radiotherapy	94%	**92.3%**
62 Day	From urgent GP referral to first definitive treatment for cancer	85%	**76.7%**
	From referral from an NHS screening service to first definitive treatment for all cancers	90%	**76.7%**
	For first treatment following a consultant decision to upgrade	No target	**82.0%**

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

The North Central London Cancer Performance Leadership group meets monthly 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 University College London Hospitals Cancer Collaborative is also providing support.

Mental health standards

The NHS Five Year Forward View highlighted 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's year-to-date performance Islington CCG achieved six 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 three indicators where the CCG did less well against the mental health performance indicators were:

- physical health checks for people with Severe Mental Illness (SMI)
- memory services referral-to-diagnosis six week waits
- the proportion of children and young people with eating disorders (routine cases).

Islington CCG commissioners regularly meet with its mental health service providers to discuss the progress of service improvement implementation plans. To increase the number of annual health checks delivered to people with severe mental illness, the CCG commissions a dedicated team of nurses based in primary care. Performance has improved throughout the year and we expect to be at, or almost at target by the end of the financial year.

Memory services not achieving the referral to diagnosis six-week wait target can be attributed to the need for an MRI scan to confirm diagnosis and work is underway to look for a North Central London solution.

Figure 6: Islington 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	56.0%	**73.4%**
Proportion of admissions to acute wards that were gate kept by the crisis resolution home treatment (CRHT) teams	95.0%	**98.3%**
Proportion of patients on a Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care	95.0%	**96.2%**
Physical Health Checks for People with Severe Mental Illness	50.0%	**40.1%**
Dementia diagnosis rate (Age 65+)	66.7%	**89.8%**
Memory Services Referral to Diagnosis Waiting Time	85.0%	**54.3%**
Out of Area Placements in Mental Health Services		**54**
Child and Adolescent Mental Health Access rate (cumulative YTD values for each month)	21%	**24.4%**
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%	**84.9%**
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%	**100.0%**

Islington's Children and Adolescent Mental Health Service Local Transformation Plan

The Children and Adolescent Mental Health Service (CAMHS) Transformation Plan for Islington aims to ensure that local services meet the needs of children and young people. It aims to continuously improve local emotional health and wellbeing and mental health services for children, young people and their families based on their experiences.

During 2019/20, the plan was refreshed and received positive feedback from NHS England in its latest assurance rating and have been given the highest rating across the whole of London.

Eating disorders

Locally we are committed to ensuring we meet national waiting time targets for children and young people to access treatment. To enable the service to achieve this and ensure targets are fully met, we have agreed ongoing transformation funding and will be working closely with Royall Free London NHS Foundation Trust.

Improving Access to Psychological Therapies Standards

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 six or 18 weeks or less from referral to entering a course of IAPT treatment.

Figure 7, shows that for 2019/20's year-to-date performance Islington CCG achieved two of the IAPT standards. The indicators that underperformed in 2019/20 were:

The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment:

- During the year the provider of Islington's IAPT service, Camden and Islington NHS Foundation Trust experienced significant problems with administrative support following a large increase in referrals over the last year and staffing problems (sickness/retention).
- The service has increased the administrative resource and has been implementing an action plan to catch up with the backlog. November indicates an improvement in performance.

The IAPT access rate:

- Islington 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 four will be required to ensure Islington achieves the national access target of 22% by the end of quarter four of 2019/20.

Figure 7: Islington CCG's performance on Improving Access to Psychological Therapies 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%	**69.3%**
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%	**98.7%**
Recovery Rate (quarterly)	50%	**51.2%**
Access Rate (quarterly)	5.5% (average per quarter)	**4.2%**

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. The changes aim to reduce the amount of time spent in Accident and Emergency (A&E) and to accelerate the reporting of all cases. In recent months, the number of breaches has increased, which demonstrates the long amount of time some mental health patients spend in A&E and the importance of access to the correct environment for care.

During 2019/20, on average there were seven patients each month reported by Whittington Health NHS Trust to NHS England and NHS Improvement as waiting over 12 hours for a bed to be found following a decision to admit. All were due to delays in transferring patients to appropriate mental health beds, including those requiring care in other areas, following assessment by local mental health liaison teams.

We want to eliminate these breaches which do not represent good patient care. This is being addressed jointly by all relevant stakeholders by reviewing current capacity, processes and mental health pathways and alternatives to A&E presentation. This work aims to reduce the number of breaches and improve the overall experience of mental health patients in Accident and Emergency departments.

NHS Continuing Healthcare

NHS Continuing Healthcare (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
- that 80% of continuing health care referrals are completed within 28 days.

Figure 8, shows that in the first three quarters of 2019/20 (the latest data available) Islington 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 assessments carried out in an acute setting.

Period	**% of DST carried out in an acute hospital setting**	**Target**
Quarter 1 2019/20	0%	Less than 15%
Quarter 2 2019/20	6%	
Quarter 3 2019/20	8%	
Quarter 4 2019/20	9%	

The second national standard is that 80% or more of continuing health care referrals are completed within 28 days. Figure 8, shows that Islington missed the 28 day standard in each quarter of 2019/20. Performance improved during quarter two and this higher level of performance was maintained through the rest of the year.

The performance has been below standard due to capacity issues within social care teams (a combination of clinical staff turnover and a lack of staff to complete assessments) and validation of outstanding patient assessments. The Islington continuing healthcare team developed an improvement plan during the year, which built on the collaborative work with acute trusts to improve the quality of continuing healthcare referrals. The Islington Continuing Healthcare team has continued to work with Islington Council to devise a risk and cost-sharing framework (to ensure funding discussions don't delay care decisions) and to support them to resolve their capacity constraints (social worker and community beds).

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

Period	**% Standard continuing healthcare referrals completed within 28 days**	**Target**
Quarter 1 2019/20	50%	Greater than 80%
Quarter 2 2019/20	77%	
Quarter 3 2019/20	78%	
Quarter 4 2019/20	75%	

Quality Premium

The Quality Premium is one of the mechanisms used 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 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 chronic kidney disease prevalence.

The Quality Premium payment received in January 2020 based on the performance for 2018/19 was £439,000. NHS England and NHS Improvement have indicated that there will not be a quality premium scheme for 2019/20.

Sustainable development

The North Central London (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 North Central London CCGs are committed to the following actions to improve the organisations' sustainability and ensure we promote a sustainable healthcare that is safe, smart, ethical and future proof
- promote non-motorised forms of transport such as walk to work or cycle to work schemes across our organisations, to reduce fuel usage and improve local air quality and the health of our community
- promote healthy eating through our health and wellbeing week and encourage staff to reach to local businesses and organic products to fight waste food from restaurants and supermarkets in our area
- encourage agile working through teleconferencing and access to e-documents to reduce the usage of paper, office space and travel needs and its environmental impact. There will be a lot of improvement on this section once the 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 / council colleagues to reduce building energy usage and improve the recycling systems
- embed sustainability within the commissioning cycle: the CCG intends to use e-procurement methods as far as possible, and include tender questions and performance measures relating to environmental considerations in the contracts tendered. The CCG will encourage providers (and potential providers) to be innovative in reducing their environmental impact whilst maintaining excellent clinical quality standards and improved outcomes
- improve equality and diversity in our organisation and through the services we commission
- work in partnership with our providers, local authorities and other CCGs to reduce duplication and optimise outputs
- as part of the Long Term Plan published in January 2019, there is a transition from STPs to Integrated Care Systems. In support of this, NHS organisations and Councils in North Central London share a commitment to improve the health and wellbeing of the local population to align with the development of Integrated Care Partnerships and the work on the Integrated Care System across NCL. The NCL CCGs have also gone through a process to merge into one organisation (NCL CCG) from 1 April 2020. This will have clear sustainable benefits in the way this new organisation manages resources to create even further efficiencies which will reduce our environmental footprint.

Improve quality

Quality and patient safety

Islington CCG is the lead commissioner for Camden and Islington NHS Foundation Trust, Moorfields Eye Hospital NHS Foundation Trust, Whittington Health NHS Trust, and North Central London Termination of Pregnancies services. Islington CCG is responsible for the oversight and monitoring of the quality of commissioned services including patient experience and safety.

In March 2019, the Care Quality Commission (CQC) rated Moorfields Eye Hospital NHS Foundation Trust as ‘Good’ following a comprehensive inspection in December 2018. Camden and Islington NHS Foundation Trust had a comprehensive inspection

of core services and focused inspection of the Trust's community-based mental health services for adults of working age during October and November 2019, and maintained a rating of 'Good'. Whittington Health NHS Trust had a core services CQC inspection in December 2019 followed by a well-led inspection in January 2020.

In 2019, Islington GP Group Limited received its first CQC inspection. The CQC inspectors visited eight sites the Federation operate services from and spoke with team members and the leadership team. Seven of the services received a rating of 'good' with one 'requiring improvement'. The CQC in early 2020 plan to revisit the 'requires improvement site' and will publish a report when the review is complete. All providers have demonstrated an open and transparent culture and have maintained strong links with CQC relationship managers and the CCG.

The CCG is responsible for ensuring the performance, safety and quality of all clinical services commissioned (and jointly commissioned) by the CCG, are robustly contracted, delivered, adequately monitored and that clinical services are delivered in a high-quality and safe manner. During 2019/20 assurance has been gained through the following meetings:

- Governing body: during 2019/20 the committee has followed a diverse and inclusive work plan covering both standing items and areas of escalated quality and safety risks for all commissioned services.
- Quality and Performance Committee: this provides an opportunity to review performance and quality in detail and receive escalations as a subcommittee of the governing body.
- Monthly Clinical Quality Review Group Meetings and Contract Review Meetings: these are contractual meetings, which provide the opportunity to monitor performance against the NHS constitutional standards, local key performance indicators and quality.

The CCG also gains assurance of providers and services during insight and assurance visits to providers to see first-hand that services are safe, effective and of

good quality. These visits which are planned in collaboration with Trusts actively seek feedback from patients, relatives, carers and staff on their experiences.

In 2019/20, the CCG has worked in partnership with the Trusts who they are lead commissioner for to review how quality and safety is monitored by the Clinical Quality Review Group (CQRG) to ensure the meetings are accurately and effectively focusing on clinical quality, care, patient outcomes and quality improvement initiatives. Because of these discussions, it was agreed that Whittington Health NHS Trust would trial a new way of using the existing CQRG slots to alternate between joint assurance visits and formal meetings each month. Focused visits have been based on risk or where improvement plans have been in place and are agreed jointly by the provider and CCG. This change facilitated closer scrutiny of clinical areas and visiting teams have included representatives from Healthwatch, Governing Body Lay Members, GPs, and NHS England and NHS Improvement. Moorfields Eye Hospital NHS Foundation Trust has continued with bi-monthly CQRG meetings. Camden and Islington NHS Foundation Trust, where needed, has had focused CQRG meetings. During 2019/20 the CCG has engaged providers in discussions about future models for oversight and assurance.

In 2020/21 with the formation of the North Central London (NCL) Clinical Commissioning Group, there will be focus on a larger number of providers over a wider geographical footprint across acute, community, mental health and primary care settings. There will be an emphasis on developing and embedding a new whole-system approach to monitoring quality and safety across NCL and the wider health and social care system. Emerging Integrated Care Systems will require the mechanisms to support transition to the revised arrangements.

Priority quality and safety areas for 2020/21 will include:

- reducing variation in the quality of patient care and experience across NCL
- clear strategies for the involvement and engagement of patients, families, carers and other lay people in the development and monitoring of emerging systems and services

- implementation of national and local quality and patient safety agendas including the national patient safety strategy
- robust systems to support quality assurance, surveillance, escalation and shared learning
- system-wide workforce development including supporting the improved health and wellbeing of staff and compliance with Workforce Race Equality Standards.

Quality Improvement

Quality Improvement (QI) is a structured approach to improving performance. It is now an integral part of the quality agenda and aims to make health care safe, effective, patient-centred, timely, efficient and equitable. Below are just a handful of examples of quality improvement work within the Trusts. Further information on QI projects can be found on each Trust's websites.

- Whittington Health NHS Trust has continued to embed a quality improvement ethos, has appointed a QI lead, commenced a QI steering group, continuing its QI methodology in-house training programme, and identified QI coaches and QI Mentors.
- Camden and Islington NHS Foundation Trust successfully opened a 136 Place of Safety suite in January 2020 with the aim to reduce waits for mental health beds where possible, including reducing the number of out of area placements.
- Moorfields Eye Hospital NHS Foundation Trust's National Institute for Health Research Biomedical Research Centre is a partnership award given to both Moorfields Eye Hospital and the UCL Institute of Ophthalmology. This award provides the infrastructure support to major programmes of innovative research such as gene therapy and regenerative medicine.

Collaborative working

Collaborative approaches to system-wide working can improve communication, reduce duplication and ultimately improve outcomes and provide a better experience for patients and is in line with the central ethos that runs through the NHS Long Term Plan. During 2019/20 Trusts have shown innovation in how they are moving towards

new ways of working. Below are just a few examples of collaborative working within the Trusts:

- Camden and Islington NHS Foundation Trust began a trial of an innovative partnership model whereby mental health nurses accompany London Ambulance staff attending crisis calls. This project is still within its early stages.
- Whittington Health NHS Trust and Moorfields Eye Hospital NHS Foundation Trust will be working in partnership to deliver 'human factors' training to staff across both organisations.
- Whittington Health NHS Trust and Camden and Islington NHS Foundation Trust have a Service Level Agreement in place to ensure that Serious Incidents where both organisations have been involved in an individual's care are investigated jointly.

Harm-free care – pressure ulcers

Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. They can happen to anyone, but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time. Skin damage is categorised in to four categories. Categories one and two are superficial damage to the skin, and categories three and four are deep skin damage that can include damage to tissue, muscle and bone. Camden and Islington NHS Foundation Trust and Moorfields Eye Hospital NHS Foundation Trust have reported zero category three or four Trust apportioned pressure ulcers in 2019/20.

In quarter three, Whittington Health NHS Trust reported 69 Trust attributable category three or four pressure ulcers for 2019/20. There is continued focus of learning from the NHS England and NHS Improvements' Improvement Programme across the teams. In July 2019, the Trust established a new Pan-Trust Pressure Ulcer Prevention and Management group with the remit to oversee agree and review pressure ulcer prevention work, policy, planning and performance.

Incidents of venous thromboembolism

Venous thromboembolism (VTE) is a condition in which a blood clot (thrombus) forms in a vein. It may dislodge from its original site and travel in the blood, a process known as embolism. It needs to be identified and treated early. Risk assessment for VTE is a national quality requirement and 95% of all adults admitted to hospital as inpatients need to be risk assessed according to the criteria set out in the national VTE risk-assessment tool. Providers are required to undertake root-cause analysis of any cases that meet the criteria and are not risk assessed. Audits of provision of prophylaxis are also undertaken. The average monthly performance for Moorfields Eye Hospital NHS Foundation Trust is 98.8% and for the Whittington Health NHS Trust 95.5%.

Infection prevention and control

On behalf of Islington CCG, the North East London Commissioning Support Unit Infection Prevention and Control (IPC) Team provides the clinical IPC expertise and works collaboratively with Trusts and the CCG to ensure that there is compliance with expected standards.

The CCG receive assurance of compliance through Clinical Quality Review Group, post-infection reviews and quarterly reports developed by the CSU. During 2019/20, the CCG has received assurance that providers have robust IPC arrangements in place.

Incidents of Methicillin-Resistant Staphylococcus Aureus

Methicillin-Resistant Staphylococcus Aureus (MRSA) is a type of bacteria that is resistant to several widely-used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. MRSA infections mainly affect those who are staying in hospital. They can be serious, but can usually be treated with antibiotics that work against MRSA. The target set by NHS England for all trusts is zero tolerance of cases of MRSA bacteraemia.

Quarter three reports at Whittington Health NHS Trust, Moorfields Eye Hospital NHS Foundation and Camden and Islington NHS Foundation Trust had zero cases of MRSA for 2019/20.

Sepsis

Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.

During 2019/20 Whittington Health NHS Trust has continued to focus on the early identification and treatment of sepsis. The Trust has a designated sepsis team, a specialist sepsis nurse, a robust sepsis pathway, checklist, and easy ‘grab bags’ for quick access to equipment. The Trust also offers training to staff working in primary care.

The National Early Warning Score (NEWS) 2 was developed to improve the detection of and response to clinical deterioration in patients with acute illness. NEWS2 when used correctly supports better identification of patients likely to have sepsis, improved scoring for patients with hypercapnic respiratory failure, recognising the importance of new-onset confusion or delirium. All Trusts have demonstrated that they are using this tool and have systems in place to monitor compliance with use and can identify areas where improvement is needed.

Escherichia coli

The Department of Health and Social Care set an ambition to reduce gram-negative blood stream infections by 50% by 2021. Most urinary tract infections are caused by Escherichia coli (E.coli) and it is often seen in hepato-biliary disease, as well as wound infections, pneumonia and other infections.

Whittington Health NHS Trust reported 46 E.coli bacteraemia in quarter three, compared to 37 for the same period of reporting in 2018/19. Of these cases, 12 were hospital onset and 34 were community onset cases. To date the Trust has reported 119 cases, including 24 hospital-onset cases and 95 community-onset cases.

All Trust-related cases are reviewed to identify root causes and learning. There is an inconsistent approach in the community to those cases not attributed to a Trust, and an opportunity to plan and deliver interventions to reduce infection, which needs

further system-wide exploration. Whittington Health NHS Trust has a workplan targeted at decreasing the incidence of E.coli and the actions needed to achieve their ambitions.

Incidents of clostridium difficile infections

Clostridium difficile is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It can spread easily to others. Clostridium difficile infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

Whittington Health NHS Trust has a threshold of 19 clostridium difficile infections for 2019/20. In quarter three, the Trust reported eight hospital-associated cases for the year-to-date.

Moorfields Eye Hospital NHS Foundation Trust and Camden and Islington NHS Foundation Trust have both reported zero Trust apportioned clostridium difficile infections.

Incidents of pseudomonas aeruginosa

Pseudomonas aeruginosa is a bacteria than mainly affects the respiratory and urinary tracts, especially in patients with compromised immunity and those in hospital. Pseudomonal infections can lead to serious complications, but usually cause mild symptoms that can be treated with antibiotics.

Whittington Health NHS Trust reported an increased occurrence of pseudomonas urine incidents, which was highlighted in July 2019, 8 cases of pseudomonas in urine following cystoscopy. A look back exercise of these cases by a multidisciplinary team (MDT) including Public Health was undertaken to ensure there were no links. The Trust were assured that all appropriate safeguards were in place, and no lapse in care contributed to the increased number of incidents.

Prevention of Future Deaths notices

Coroners have a statutory duty to issue a Prevention of Future Deaths notices (PFD) to any person or organisation where, in the opinion of the coroner, action should be taken to prevent future deaths. The report is sent to whoever the coroner believes has the power to take such action and the recipient then has 56 days to respond. During 2019/20, Her Majesty's Coroner issued Camden and Islington NHS Foundation Trust with two notices and Whittington Health NHS Trust one.

The Trusts have provided robust responses to the coroner and CCG through the Clinical Quality Review Group, detailing actions taken and plans in place to prevent reoccurrence. Further details of specific cases can be found here: https://www.judiciary.uk/subject/prevention-of-future-deaths/

Patient experience

NHS Friends and Family Test – patient feedback

The NHS Friends and Family Test (FFT) is a feedback tool used to support quality improvement and an opportunity to gather feedback from patients, service users, carers and relatives. Taking this feedback and listening to what people have said can lead to better outcomes, quicker recovery and increased efficiencies.

The CCG monitors FFT data at CQRG providing an opportunity for the CCG to gain insight into themes and where improvements have been implemented. Whittington Health NHS Trust has struggled to consistently meet the target for numbers of responses in outpatients, Accident and Emergency department (A&E) and the community. Positive responses for community services and outpatients have remained above the 90% target. In A&E, positive responses have struggled to meet target. Moorfields NHS Foundation Trust has met their targets for response rates in outpatients and A&E and positive feedback has been above the 90% target. Camden and Islington NHS Foundation Trust from July 2019 until December 2019 remained above the 20% target for response rates but saw a drop below 20% in December. Positive response rates have consistently been above the 80% target.

During 2019/20 Whittington Health NHS Trust, Moorfields Eye Hospital NHS Foundation Trust, Camden and Islington NHS Foundation Trust have all

demonstrated that they have been looking at ways to increase how patients can provide feedback. Assurance has been provided at CQRG that Trusts have plans in place to address areas where response rates and feedback needs to be improved. This includes ensuring that accessible information standards are include.

A full breakdown of FFT data can be found at https://www.england.nhs.uk/fft/friends-and-family-test-data/

Patient stories

Patient stories are used widely across the NHS as a methodology to drive change and improve the quality of care. They help to provide a focus on patient experience prior to decision making, to triangulate patient experience with reported data and information and to seek assurance that the organisation is learning from individual stories in order to benefit the wider patient experience.

All three Trusts regularly invite patients to their board meetings to talk about their experience of services.

Incident reporting, never events and serious incidents

A serious incident is an incident that is out of the ordinary or unexpected, that causes or has the potential to cause serious harm. Never events are defined as 'serious incidents' that are wholly preventable. Both the CCG and Trusts follow the 2015 NHS Serious Incident Framework: https://improvement.nhs.uk/documents/920/serious-incidnt-framwrk.pdf.

How serious incidents and never events are reported and investigated will change over the next couple of years with trials of new processes taking place across the country. Islington CCG has been active in responding in the NHS England consultation about what the new serious incident framework looks like to influence change.

During 2019/20, Whittington Health NHS Trust, Camden and Islington NHS Foundation Trust and Moorfields Eye Hospital NHS Foundation Trust have demonstrated a good culture of reporting serious incidents (events needing

additional resources to mount a comprehensive response) and never events (serious, largely preventable patient safety incidents), adhering to the Serious Incident Response Framework. The Trusts have also demonstrated a positive learning culture, with a focus on safety and sharing learning from incidents using a variety of methods and media.

For 2019/20 up to December 2019, Camden and Islington NHS Foundation Trust has seen a year-to-date continuing downward trend in incidents resulting in harm. This is due to a wide programme of ongoing work in the Trust to reduce incidents of violence and aggression, such as the implementation of Safe Wards: http://www.safewards.net. In conjunction with this the Trust has also seen a significant decrease in the use of seclusion for 2019/20. For 2019/20 up to December 2019, the Trust has reported 16 serious incidents.

Whittington Health NHS Trust has reported eight serious incidents and six never events for the year-to-date in quarter three reporting. Moorfields Eye Hospital NHS Foundation Trust reported two serious incidents and two never events for the year at the end of quarter three.

Completion of actions identified through investigations are monitored at CQRG, and assurance visits and/or focused round table meetings undertaken where appropriate.

Quality Assurance visits

Quality Assurance (Insight) visits are organised to gain observed evidence and assurance of the quality and safety of services offered by providers. Visits provide the opportunity to gain context regarding the achievement of a range of minimum expected standards and to review areas of concern identified through other routes.

A greater understanding of services and the issues and challenges that the providers face in service provision can be captured. Trusts demonstrate that they have a culture of openness and learning and are working within a quality improvement approach. There has been an increasing culture of Trusts inviting CCG colleagues to participate in internal peer review visits. These visits provide commissioners with a

greater level of assurance at the point of care (service and ward level) and avoids duplication.

During 2019/20 CCG visits have included:

- Moorfields Eye Hospital Foundation NHS Trust: Bedford Hospital receiving evidence to show significant improvements in performance against the 18-week Referral To Treatment target for cataract and glaucoma services, and improvement in waiting times for these services.
- Marie Stopes International UK Essex Centre where it was evident that patient confidentiality and safeguarding was a high priority and that these standards were met consistently and effectively.
- Camden and Islington NHS Foundation Trust to gain insight on the implementation of Safewards in the Trust. It was clear from both patient and staff feedback that Safewards has had a significantly positive impact in de-escalation and how relationships are built and maintained.
- Whittington Health NHS Trust's District nursing service during home visits we witnessed compassionate care delivery to patients and the systems that are in place to monitor complex patients.
- Moorfields Eye Hospital NHS Foundation Trust at St George's Hospital, which provided an opportunity to walk around the newly refurbished Duke Elder Unit, and to visit the outpatient's department. The outpatient department environment remained a challenge in terms of space and layout. All patients we spoke with spoke very highly of the staff, and the quality of care they had received. They felt well informed and included in conversations about their treatment.
- Peer review visits including the Accident and Emergency Department, Clinical Decision Unit, district nursing, community healthcare clinic, critical care unit and a care of the older person inpatient ward. Peer visits are initiated on invitation by Whittington Health NHS Trust.
- Participated in the World Health Organisation's World Patient Safety Day.

<u>Workforce</u>

In quarter three, 2019/20 Camden and Islington NHS Foundation Trust's vacancy rate of 7.1% is the lowest that it has been in the last four years. Turnover has also

reduced, with on-going fortnightly review of hot spots where the turnover rate is greatest. The Trust's current overall core skills compliance stands at 90.3%, well above the target of 80%. Only two core skills are currently below target: Information Governance (91% in October 2019 with a target compliance of 95%) and Intermediate Life Support (78% in October with a target compliance of 80%). Compliance with core skills is significantly higher when compared with figures for 2018/19.

Whittington Health NHS Trust vacancy rate is 12.2% on a target of 10% or lower, this is a slight improvement compared to that of 2018/19. Turnover of staff has seen a small improvement in year. The Trust's current core skills compliance stands at 82.1% overall on a target of 90% or higher. As a result, the Learning and Development team is being expanded, advertising e-learning supported sessions, improving communications and 'how-to guides' for staff.

Moorfields Eye Hospital NHS Foundation Trust turnover of staff is 12.8% on a target of 15%. The Trust's current Information Governance training stands at 93.6% on a target of 95%. Core skills compliance stands at 92% overall on a target of 90%. The Trust has undertaken targeted work to improve the overall compliance of staff with information governance training. Moorfields Eye Hospital NHS Foundation Trust staff appraisal compliance currently stands at 80.3% on a target of 80%.

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.

Islington 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 Islington CCG website.

Safeguarding adults in Islington

Liberty Protection Safeguards

The Mental Capacity Amendment (Amendment) Bill received Royal Assent on 16 May 2019. It is expected that Liberty Protection Safeguards (LPS) will replace Deprivation of Liberty Safeguards (DoLS) on 1 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.

Islington CCG is working in partnership with statutory and partner organisations in the borough. The CCG is also co-chair of the local Multi-agency Liberty Protection Safeguards Implementation Network, set up to co-ordinate and implement LPS across statutory and partner organisations. The Islington Designated Professional for Adult Safeguarding is supporting the co-ordination of the implementation of the LPS

across the five North Central London (NCL) boroughs of Barnet, Camden, Enfield, Haringey and Islington in partnership with the CCG Designated professional for Safeguarding Children and adults.

Islington Safeguarding Adults Board

The Islington Safeguarding Adults Board agreed the Islington Safeguarding Adults Annual Strategic Priorities for 2019-2020. The Islington Safeguarding Adults Board (ISAB) has a number of subgroups including partner organisations, to support the work of the Board and deliver on its strategic priorities. The following priorities for 2020-21 have been agreed:

- ensuring safeguarding is person centred and outcomes focussed
- preventing abuse and neglect where possible
- responding to abuse in a timely and proportionate way
- supporting culture change, driving learning and improvement.

Islington CCG is a statutory member of the ISAB and chair of the Quality Audit and Assurance. The CCG continues to work in partnership with other ISAB board members to monitor and review progress on the Board's Strategic Plan.

Safeguarding children in Islington

New Islington 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. Islington CCG has been working with Islington Council and local Police to devise new safeguarding arrangements for children, in accordance with the new legislation.

This year saw the implementation of the new multiagency safeguarding arrangements, which were published on the 29 June 2019 and implemented on the 2 September 2019.

The new partnership continues to be known as the Islington Safeguarding Children's Board. It 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.

Islington Safeguarding Children Board

The Executive Board of the Islington Safeguarding Children Board (ISCB) is made up of representatives of the statutory safeguarding partners, specifically from the CCG. These include the Chief Operating Officer, the Designated Nurse for Safeguarding Children and Children Looked After, sub-group chairs and the Independent Chair.

The role of the Executive Board is to provide strategic leadership, direction and support to the Board to ensure it meets its statutory responsibilities. The board is chaired by the Independent Chair who is responsible for publishing and reviewing the terms of reference of the executive.

The board's priorities are as below and are integrated into the CCG safeguarding team's work plan:

- addressing the impact of neglect on children, including to help children become more resilient
- addressing the consequences / harm suffered because of domestic violence, parental mental ill health, and sub-stance abuse
- identification of children who are vulnerable to sexual exploitation, criminal exploitation, and gangs.

Further information on the membership and structure of the Islington Children Safeguarding Board is available here: https://www.islingtonscb.org.uk/MASA

Move to the new Child Death Overview Process in North Central London

The move to the new safeguarding arrangements (as above) included the local transfer of responsibility for the review of child deaths from the Department for Education to the Department of Health and Social Care.

The Children and Social Work Act (2017), Working Together: transitional guidance (2018) and the subsequent Child Death Review Statutory and Operational Guidance (October 2018) set out how professionals and organisations across all sectors involved in a child death should contribute to the child death review process.

A North Central London-wide process is now in place to implement the guidance and the Child Death Overview Process (CDOP) will now occur at this level with a focus on thematic learning. There is a multi-agency, North Central London-wide steering group in place overseeing the transition.

The CDOP Transformation Group has worked with CCG designated Nurses and representatives from Barnet, Camden, Enfield, Haringey and Islington councils (as statutory Child Death Review partners) to identify how the system will realign the current resource aligned to the Child Death Review (CDR) process to the new arrangements.

Acute providers confirmed readiness to comply with the new arrangements including establishing their Joint Agency Reviews, CDR 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 North Central London (NCL) CDR Panels for the first year of operation. Key priorities for Barnet, Camden, Enfield, Haringey and Islington CCGs over the past year have included:

- a consistent and timely approach to Joint Agency Response meetings, CDR Meetings and information collection (implementation of NCL electronic eCDOP) across North Central London, including supporting a process when deaths occur in home, hospice or other location.

- supporting acute providers to establish a network of trained key workers to provide bereavement support for families
- establishing a single point of information regarding NCL CDOP
- ensuring the Trusts provide appropriate training to staff involved in the CDR process
- ensuring all Trusts are using the eCDOP reporting and recording system.
- establish the NCL Child Death Overview Panel.

Engaging people and communities

The CCG is strongly committed to delivering meaningful patient and community engagement and this runs throughout the organisation. One of the ways we ensure that patient engagement is embedded in all of our work and commissioning decisions is through our Patient and Public Participation Committee. This is one of three committees that report into our Governing Body. The role of the committee is to ensure that strong and effective engagement (for the individual and collective duty) is taking place in every area of the CCG.

Our key work programmes present annually to the committee to demonstrate how they have engaged with local communities and how they have used this insight in their commissioning (see past papers from our committees on our website for details). Alongside this, we also monitor how they are improving and supporting local people to look after their own health.

To support our work, we have developed a Patient and Public Participation Strategy 2015/16 to 2020/21. The strategy has four objectives by which we measure all engagement activities and these are:

1. to support people to look after their own health and build the number of people who self-care in Islington
2. to involve and engage patients in all levels of decision making from commissioning decisions to service design to the delivery of community wellbeing projects

3. to ensure the local community is always informed and fed back to about the CCG's commissioning direction, and community and engagement work in Islington
4. to listen to, involve and consult individuals and groups that find it hard to have their say because they are socially excluded, vulnerable or experience the worst health. To ensure that they are all treated fairly and equally and that Islington CCG is meeting its responsibilities under the Equalities Act 2010.

Each year we report on the overall progress of the strategy to the Patient and Public Participation Committee and have a yearly action plan to support the delivery of the five/year strategy. Links to the strategy and action plan are available on our website.

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, Islington 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 to show more clearly 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, who we have engaged with and the difference that their feedback has made. Please visit our website www.islingtonccg.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
- the work we undertake around community development and how we work with the voluntary and community sector
- information about our public meetings and community groups

- 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. Choice and Control in primary care
- information about how we measure the impact of people’s involvement, specifically through our engagement dashboard and some ‘you said, we did examples’
- 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. This past year we have been working closely with Whittington Health NHS Trust to improve their patient engagement and involvement. As part of this work they have begun working with patients and GPs on improving their discharge summaries, making them more patient friendly.

We have also given some examples of things we have done in the past year to involve people in our work below.

Examples of our engagement work

Service change engagement: Walk-In Centre at Ritchie Street Medical Centre

In 2009 Angel Medical Services was commissioned to provide a walk-in centre service which has been based at Ritchie Street Medical Centre in the south of Islington.

With the walk-in centre contract coming to an end, Islington CCG took the opportunity to review the way services are provided, and to determine whether funding could be used differently to better meet the needs of patients. We commissioned Healthwatch Islington to carry out an extensive programme of engagement which took place over a six-month period in 2018-19.

There were 2 phases to the engagement which included:

Phase 1 - June-August 2018

- Islington Patient and Community Group meeting – an opportunity for residents to ask questions and comment on the planning and delivery of healthcare services

- Same day GP services patient questionnaire
- Visits to the Walk in Centre using face to face questionnaire
- GP survey
- Stakeholder mapping to identify any additional groups (this led to the setting up of a deaf focus group).

Phase 2 - October-January 2019

- Mystery shopper (testing the process of registering at 10 GP practices across the borough)
- Follow up GP practice healthcare staff survey
- Additional Walk In Centre residence for one week with structured questionnaires for unregistered and younger patients (as a result of previous engagement)
- Patients survey – versions 1 and 2 (those who have used the Walk In Centre and those who haven't)
- Continuing visits to Practice Patient Participation Groups
- Focus group for deaf patients - 12th December 2018.

Feedback from the engagement and next steps were provided to all those who took part via social media, and on our website.

Consultation: Proposed move of Moorfields Eye Hospital's (City Road) services

Islington CCG's Engagement Leads have formed part of the steering group for the public consultation on the proposed move of Moorfields Eye Hospital's (City Road) services. Throughout 2019, the team worked to plan engagement and consultation events. The public consultation ran from 24th May – 16th September 2019.

Information about next steps and the decision making process are provided on our website.

Consultation: Planned orthopaedic surgery for adults in north central London

Islington CCG's Engagement Leads have worked closely with North London Partners in Health and Care on the public consultation on proposed changes to planned orthopaedic surgery for adults in north central London. This consultation is

ongoing and the Engagement Leads continue to sit on the steering group and support engagement activities across Islington.

Working with the community

Community Research and Support Programme

Since 2015 we have commissioned a Community Research and Support Programme. The aim of the programme is to strengthen the way in which we hear from communities who face barriers to accessing services, gather research and feedback on our commissioning, strengthen our relationships with grassroots organisations and support them to develop their evaluation and research skills so they can better represent the views of their local community. The information we hear is fed into commissioning plans ensuring we are meeting the needs of the local population.

This year we re-commissioned a consortia group led by Healthwatch Islington and made up of nine other organisations which represent communities from Black, Asian, Minority, Ethnic, Refugee and Migrant communities. We also re-commissioned Help On Your Doorstep which works with deprived communities in the borough, to work in partnership with Claremont. The Peel Centre which is working in a partnership with Galbhur Foundation were also commissioned.

This year the focus for the Healthwatch consortia, Help on Your Doorstep and Claremont was 'Social Prescribing and Navigation.' The Peel and Galbhur worked with the Islington Somalian Community, looking at barriers faced when accessing mental health support.

Overall the projects engaged 329 people. In addition The Peel trained six Somali young people to be community researchers, and spoke with an additional six Somali community leaders. You can read the final reports on our website from Healthwatch consortia, The Peel and Help on Your Doorstep and Claremont. The questions that the projects asked are also available.

Through the programme we have been able to identify particularly vulnerable members of the Islington community with more complex needs and additional

support requirements (who we would not otherwise have been able to reach) and enabled them to more easily access health services. This work has fed into our Social Prescribing Model across Islington, and our work in Mental Health. Through this work the community groups we commission have become more informed about services and support available in Islington, and so in turn have been able to more effectively signpost those taking part. They have also been able to offer more intensive support to those that most need it (e.g. supporting them to complete benefit documents, or helping them to book a healthcare appointment and in some cases attending with them).

Community wellbeing project

A community wellbeing project in New River Green has been funded since March 2014 in partnership with Islington Giving, a local charitable trust. The project is delivered by Help on Your Doorstep. It aims to tackle isolation and improve health and wellbeing outcomes for residents of the estate through an asset-based community development model. We engage local residents experiencing isolation, financial hardship and poor mental or physical health in community activities, enabling them to share their skills and lead and shape the activities that are delivered. This project has a local emphasis with all of the activities focussed around residents of the New River Green estate in the Canonbury area.

We have improved our focus over the past year implementing the Five Ways to Wellbeing concept within our work: enabling residents to connect with each other, learn new skills, give and contribute to their communities, be more active, be mindful or actively consider their mental wellbeing. The activities delivered include free yoga and meditation classes, a community garden and gardening sessions, football for young children, weekly arts and crafts sessions, coffee mornings, a lunch club and film nights. A relational approach is fundamental to the health and wellbeing projects where friendships and mutual support are valued as a basis for improving individuals' experience of wellbeing in the long term.

This year we measured the wellbeing impact of the project. A summary of this analysis shows that as a result of taking part in the project:

- 98% of respondents said that they were more physically active as a result of taking part in Good Neighbours Scheme (GNS) activities
- incredibly, 92% of respondents agreed or strongly agreed that their health has improved as a result of taking part in GNS activities
- 82% of people said that they felt more positive about the neighbourhood, with the remainder saying that they did not know
- 74% of respondents feel more connected with their neighbours than before
- 80% of people said that they had learnt new skills
- 53% of residents said that they felt closer to others often or all of the time and 38% of people said that they felt closer to other people some of the time/ occasionally
- 63% of people said that they felt more relaxed all of the time or often and 34% said that they felt more relaxed some of the time or occasionally.

Islington Giving and Peabody Housing Association fund a third of our Good Neighbours Scheme in Kings Cross and the Priory Green Estate, whilst Islington Giving and Islington Council fund our most recent project on the Bemerton Estate. These projects are also delivered by Help on Your Doorstep. Learning from these other projects and having a wider pool of scheme coordinators to share ideas, learning and resources, adds value to the project at New River Green.

Further information

If you would like any further information about the CCG's engagement and involvement work, please contact our communications and engagement team:

- Email: islccg.comms@nhs.net
- Tel: 020 3688 2900

Reducing health inequality via our Health and Wellbeing Strategy

It is a duty of the Health and Wellbeing Board to promote the integration of services across the NHS, public health and Islington Council in order to improve efficiency, secure better care and, ultimately, improve health and wellbeing outcomes for the local community. Chaired by the leader of Islington Council, the Health and Wellbeing Board is responsible for the mutual obligation on Islington Council and the

CCG to prepare an assessment of relevant needs and a Joint Health and Wellbeing Strategy for the borough of Islington.

The Islington Joint Health and Wellbeing Strategy 2017-2020 was developed by the Health and Wellbeing Board and is our shared vision to reduce health inequalities and improve the health and wellbeing of Islington, its communities and residents. The focus for this strategy is predominantly on the health and social care related factors that influence health and wellbeing. The important underlying determinants of health and wellbeing are addressed through other key strategies of Islington Council and partners. The strategy emphasises the importance of partnership working and the joint commissioning of services to achieve a more focused use of resources and better value for money. The strategy has been informed by our Joint Strategic Needs Assessment and consultation with residents, strategic partners and other stakeholders.

We have identified three priorities aligned to the CCG's objectives that will help deliver this vision. They are:

- ensuring every child has the best start in life
- preventing and managing long-term conditions to enhance both length and quality of life and reduce health inequalities
- improving mental health and wellbeing.

This year we have contributed to the delivery of the Islington Joint Health and Wellbeing strategy in a broad range of ways, including:

- continued work to support Islington Bright Start and the First 21 Months programme, delivering a seamless and fully integrated early childhood service including maternity, health visiting, children's centres and other children's health provision.
- during 2019/20, the First 21 Months programme has focussed on antenatal and postnatal parenting support, success in the UNICEF baby-friendly accreditation

for Bright Start, better parental engagement through parent champions and perinatal mental health.

Combatting the reduced uptake of childhood vaccinations in Islington by working with Public Health and other partners to ensure vaccination status is checked and encouraged at routine health and development contacts, undertake a centralised recall and catch up programme of MMR vaccination and ensure that catch-up vaccinations are available through the school age vaccination programme.
The CCG has worked with Public Health to develop an updated 0-18 years weight management pathway in order to integrate and build stronger links between available services for children and families, ensuring childhood obesity is a shared priority. They have also inputted into the development and delivery of the Tier 3 Child Weight Management Service for children/families with more complex needs.
Supporting the development of a transformed approach to support social and emotional health for children and young people, including a single point of access, multi-agency front door triaging referrals to a broad range of services including, Child and Adolescent Mental Health Services, digital options, social prescribing and social and emotional wellbeing workers.

Completion of a self-harm needs assessment with a number of recommendations addressed through the transformation of the Children and Young People Social and Emotional Mental Health Service. A perinatal mental health needs assessment was also completed, and recommendations are being implemented including a new pathway for mild-moderate perinatal mental health problems, and specialist support to improve screening, building health visitor skills in the provision of “listening visits”, and training of perinatal mental health champions.

Continued work with partners to develop more integrated models of care for Islington people, including those with long term health conditions. This includes joining up council, NHS and voluntary sector services in the north of the borough, and an increased focus on integrated working to prioritise early intervention, prevention and resilience through the Fairer Together Partnership.

Supporting GPs to continue to deliver the long term conditions locally commissioned service, which focusses on earlier diagnosis of long term conditions, follow up for those who are at high risk of developing long term conditions, care planning and education and leadership.

Islington CCG and Public Health take a lead role for North Central London (NCL) partners to implement a range of projects focused on improving outcomes for people living with diabetes, including initiation of a new project to address inequalities in structured education for diabetes. The CCG is also closely involved in the implementation of the national diabetes prevention programme.

Supporting the use of use of Cancer Transformation Funds across NCL to deliver a range of projects to increase awareness of cancer and uptake of screening, including a local social marketing campaign using health champions.

Islington CCG and Public Health have established a falls prevention programme to drive forward work to reduce the rate and risk of falls and the associated distress, pain, injury and loss of independence.

Supporting a targeted approach to increased mental wellbeing awareness in Islington through a community mental health and wellbeing project. The CCG has undertaken research to better understand the needs of the Somali community in Islington relating to mental health and wellbeing; findings of this work will be used to inform and shape the recommissioning of the community mental health and wellbeing project.

The CCG has continued to work with Public Health, adult social care and voluntary sector partners to deliver a Time to Change Hub Partnership, which aims to change behaviour and attitudes towards mental health, to reduce levels of stigma, and to empower people with experience of mental health problems.

The CCG is working with Public Health and partners to make dementia a priority for Islington, working towards becoming a dementia friendly community.

Ongoing work on suicide prevention including supporting the development of a multi-agency suicide prevention strategy and action plan across Camden and Islington and working with NCL partners to procure a new 'support after suicide' service which will provide practical and emotional support to people bereaved by suicide.
The CCG is working with Public Health and wider partners to develop a strategic and coordinated approach to tackling social isolation and loneliness. A detailed action plan is being developed and will be presented to the Health and Wellbeing Board for endorsement later in 2020.

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

Set up in 2013, Islington CCG is a membership organisation made up of 32 member GP practices across the borough. The practices are divided into geographical locations, as set out below:

North

- Archway Medical Centre
- Hanley Primary Care Centre
- The Rise Group Practice
- Stroud Green Medical Clinic
- The Village Practice
- Andover Medical Centre
- The Beaumont Practice
- The Northern Medical Centre
- St John's Way Medical Centre
- The Goodinge Group Practice
- The Junction Medical Practice
- Partnership Primary Care Centre
- The Family Practice

Central

- The Miller Practice
- Islington Central Medical Centre
- Mitchison Road Surgery
- Roman Way Medical Centre
- Highbury Grange Medical Practice
- The Medical Centre
- Mildmay Medical Practice
- Sobell Medical Centre
- Elizabeth Avenue Group Practice
- New North Health Centre

- River Place Group Practice
- St Peter's Street Medical Practice

South

- Barnsbury Medical Practice
- Killick Street Health Centre
- Ritchie Street Group Practice
- Amwell Group Practice
- City Road Medical Centre
- Clerkenwell Medical Practice
- Pine Street 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. 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

Islington 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 Islington 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.islingtonccg.nhs.uk/about-us/meet-the-governing-body.htm

Register of interests

Islington CCG is committed to the principles of transparent and open decision-making. The Conflicts of Interest policy has been adopted 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. The CCG keeps a register of interests which is reviewed regularly and updated as necessary. This is available on the CCG's website: www.islingtonccg.nhs.uk/about-us/register-of-interests.htm

We continue to review and monitor potential conflicts of interest across our Governing Body and committee meetings. This year, our Conflicts of interest policy was revised in line with updated guidance and includes reference to Primary Care Networks. The CCG continues to ensure up to date declarations of interest are completed and published where appropriate.

Personal data related incidents

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

Islington 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.islingtonccg.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 Islington CCG.

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

- the propriety and regularity of the public finances for which the Accountable Officer is answerable
- keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- the relevant responsibilities of accounting officers under Managing Public Money
- ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))
- ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the NHS Act 2006 (as amended), NHS England has directed each CCG 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 CCG 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
- prepare the financial statements on a going concern basis

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

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

Frances O'Callaghan
Accountable Officer
23 June 2020

Governance statement

Introduction and context

Islington Clinical Commissioning Group (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

Constitution

The CCG's Constitution sets out the arrangements put in place to meet its responsibilities for commissioning healthcare for Islington residents. It sets out the membership of the CCG, accountability, the governance structure including decision-making arrangements and Governing Body roles and responsibilities and the management of conflicts of interest.

Governing Body

This section provides information about the CCG's Governing Body members, including details of their terms of service. The members of the Governing Body are:

* In attendance/non-voting member

Voting members	Role
Josephine Sauvage	Chair (GP Governing Body Member)
Sorrel Brookes	Lay Member (Vice Chair and Audit Committee member)
Dr Imogen Bloor	Clinical Vice Chair
Simon Goodwin	Chief Finance Officer, North Central London CCGs
Lucy de Groot	Lay Member (Chair Audit Committee)
Dr Sabin Khan	Salaried / Sessional GP Representative
Sara Lightowlers	Secondary Care Consultant
Frances O'Callaghan	Accountable Officer, NCL CCGs From 17 February 2020 (and NCL CCG with effect from 1 April 2020)
Helen Pettersen	Accountable Officer, North Central London CCGs until 28 February 2020
Dr Rathini Ratnavel	South East Locality GP Representative
Dr Rue Roy	North Locality GP Representative
Dr Karen Sennett	South West Locality GP Representative
Deborah Snook	Practice Manager Representative

Jennie Williams	Director of Nursing and Quality, Haringey and Islington CCGs and Registered Nurse, Islington CCG until 31 March 2020.

Non-voting members	**Role**
Julie Billett	Director of Public Health, Camden and Islington
Jessica McGregor	Service Director, Adult Social Care Strategy and Commissioning

Attendees	Role
Anthony Browne	Director of Finance, Haringey and Islington CCGs
Katie Coleman	Joint Vice-Chair (GP), April 2013 – January 2016 Vice – Chair (GP), February 2016 – March 2018 Co-opted GP representative (in attendance) - March 2018
Eileen Fiori	Director of Acute Commissioning, North Central London CCGs
Tony Hoolaghan	Chief Operating Officer, Haringey and Islington CCGs
Clare Henderson*	Director of Commissioning, Haringey and Islington CCGs until 17 April 2019 Director of Commissioning and Integration, Islington CCG from 18 April 2020
Will Huxter	Director of Strategy, North Central London CCGs
Rachel Lissauer*	Director of the Wellbeing Partnership for Haringey and Islington CCGs until 17 April 2019
Sarah McIlwaine	North Central London CCGs' Health and Care Closer to Home Programme Director
Elizabeth Ogunoye	Director of Acute Commissioning and Performance
Ian Porter	Director of Corporate Services, North Central London CCGs
Dominic Roberts	Clinical Director
Paul Sinden	Director of Performance, Planning and Primary Care, North Central London CCGs
Alex Smith	Director of Planning and Delivery, Haringey and Islington CCGs
Emma Whitby	Chief Executive, Healthwatch Islington

The Governing Body also has a number of regular attendees as follows:

- From 18 April 2019, Haringey and Islington CCGs separated the joint Director of Commissioning function with Clare Henderson representing Islington CCG and Rachel Lissauer representing Haringey CCG respectively.

The Governing Body met five times in 2019/20 and held an Annual General Meeting in September 2019. The attendance of individual committee members is shown on page 108 onwards.

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

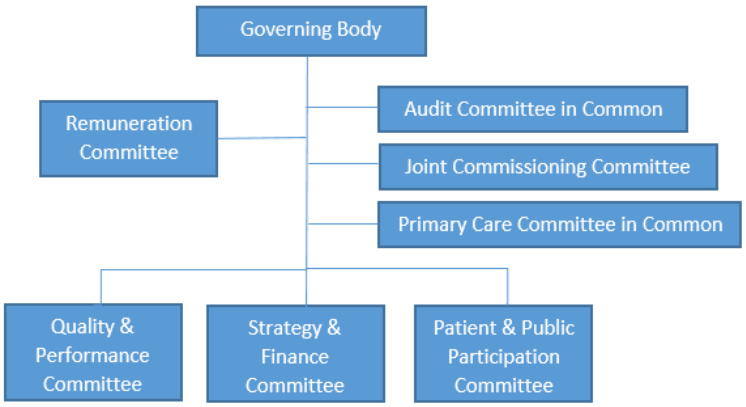
- receiving the following standing items at each meeting; the Finance Report, the Performance Report, the Board Assurance Framework and the agreed minutes of the CCG's Committees
- delegating authority to the Quality and Performance Committee in Common to approve the new arrangements for the Child Death Overview Panel (CDOP)
- receiving an update on the 2019/20 Financial Operating Plan
- approving the Terms of Reference for the Joint Individual Funding Requests Appeals Panel
- approving the revised Terms of Reference and Standing Orders for the NCL Joint Commissioning Committee
- supporting the NCL Response to the NHS Long Term Plan (LTP)
- approving the revised Terms of Reference for the NCL Primary Care Commissioning Committee in Common
- approving the revised Terms of Reference for the Patient and Public Participation Committee
- 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
- receiving papers for noting on the Annual Public Health Report, Progress update on the CCG merger and the NCL CCG 2020/21 Budget.

In addition to the formal meetings, there were five Haringey and Islington Governing Body seminars in common.

CCG Committees

The CCG has established seven committees of the Governing Body. The Audit Committee and the Remuneration Committee are statutory committees and the Quality and Performance Committee, Strategy and Finance Committee, Primary Care Commissioning Committee, NCL Joint Commissioning Committee and the Patient and Public Participation Committee are non-statutory committees. The membership and attendance of all committees during 2019/20 is set out on page 108 onwards and their full terms of reference are available on the CCG's website.

CCG Organisational chart



Quality and Performance Committee

The Quality and Performance Committee, which meets in common with the Haringey 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 Reports; 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;
- 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 and Islington Care Home Reports; Looked after Child Policy, Procedure and Framework; Whittington Health Community Transformation Programme; Whittington Health NHS Trust's 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 and 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
- noting the minutes from a number of sub-committees, including the Communications and Engagement Sub-Committee, the Patient and Public

Participation Committee, Medicines Optimisation Committee, Medicines Subgroup, Adult and Children Safeguarding Committee, Safeguarding Sub-Group, North Central London Serious Incident Panel and the different Clinical Quality Review Group meetings with providers.

The committee met six times in 2019/20, the attendance of individual committee members is shown on page 108 onwards.

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 Haringey 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 Islington committee (Sorrel Brookes) and the Chair of the Haringey committee (John Rohan).

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 update on the redevelopment of St Pancras Hospital and the transformation of mental health services in Camden and Islington, an update on the Islington GP Federation's use of funds and a subsequent summary of the Federation's business plan for assurance
- 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 within the

2019/20 Whittington Contract in order to deliver significant savings in 2020/21, the decommissioning of the Angel Walk In Centre and investment into Primary Care hubs and extended hours, the awarding of a one year interpretation service to Language Line Solutions, the continuation of the existing frailty services for proactive ageing well and falls, an extension of the Community Gynaecology Service for six months, a proposed tariff for Community Gynaecology and the business case for SMI (Serious Mental Illness) health checks

- ratifying the decision to award the Children and Young People Third Sector Counselling and Therapeutic Service contract to Barnardo's and the decision to decommission the Stroke Club at Manor Gardens
- identifying 'legacy' issues for consideration by the new NCL CCG.

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 Haringey 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 November 2019 in order to:

- approve the extension to the terms of office for both the CCG Chair and CCG Secondary Care consultant up to 31 March 2020.

The Remuneration Committee met together Haringey 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
- 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

- Nursing Representative Claire Johnston.

Camden CCG:

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

Enfield CCG:

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

Haringey CCG:

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

For Islington CCG:

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

Patient and Public Participation Committee

The committee is responsible for the development, implementation and oversight of the CCG's Patient and Public Participation and Equality and Diversity Strategies. The committee was chaired by Dr Katie Coleman during the year.

This year, the committee received reports on progress of matters taking place at Islington CCG such as:

- consultations on Moorfields Eye Hospital and North Central London Orthopaedic Review
- updates on the work around the Sustainability and Transformation Partnership and its engagement plan

- reports on public and community engagement and involvement and its impact across CCG workstreams, e.g. planned care and integrated care (including the choice and control and personalised care programmes)
- updates on work in Primary Care, including Primary Care Networks and engagement around proposed changes to the Walk In Centre at Angel Medical Centre
- updates on equality and diversity and Impact Assessment Reports
- updates and feedback on the Community Research and Support Programme and Community Wellbeing Programme
- information about campaigns, events, surveys and annual reports in the CCG.

The Committee met six times in 2019/20. The attendance of individual Committee members is shown on page 108 onwards.

North Central London Primary Care Committee in Common

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

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

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

Islington CCG is represented by three members consisting of a lay member, the director responsible for Primary Care and a GP representative as per the other CCGs. The committee is chaired by Catherine Herman, one of Haringey CCG's lay members. Islington CCG's GP representative on the committee, Dominic Roberts, is Islington CCG's Clinical Director and Caldicott Guardian and is not an Islington GP. Sorrel Brookes is the Islington CCG lay member representative on the committee, and vice-chair of the primary care committee in common.

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.

Islington CCG is represented at the committee by the CCG's Chair (Jo Sauvage), a lay member (Sorrel Brookes), the Accountable Officer (Helen Pettersen until 28 February 2020 and subsequently Frances O'Callaghan) and the Chief Finance Officer (Simon Goodwin).

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

The highlights of the Committee's work include:

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

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

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

Islington CCG is represented at the committee by the CCG's Chair (Jo Sauvage), a lay member (Sorrel Brookes), the Accountable Officer (Helen Pettersen until 28 February 2020 and subsequently Frances O'Callaghan) and the Chief Finance Officer (Simon Goodwin).

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

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

- integrated governance, risk management, internal and external controls
- internal and external audit
- counter fraud arrangements
- financial reporting.

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

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

Each individual Audit Committee comprises of three members:

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

The membership of Islington CCG's Audit Committee during 2019-20 was made up of the Chair, Lucy De Groot and Sorrell Brookes, both Lay Members of the CCG's Governing Body, plus Dominic Tkaczyk, Chair of Barnet and Camden CCGs' Governing Bodies.

Adam Sharples was Chair of NCL ACIC until he stood down from his role on 31 August 2019. The Chair of Camden CCG, Dr Richard Strang, also stood down from his position on 20 June 2019. As such, NCL ACIC agreed that each one of the three remaining audit committee chairs within NCL would chair one of the remaining three meetings of the 2019-20 financial year.

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

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

During the reporting period NCL ACIC fulfilled its responsibilities and:

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

Attendance records

* In attendance/non-voting member

Islington Governing Body Member	Position	Governing Body meeting	Quality and Performance Committee	Strategy and Finance Committee	NCL Remuneration Committee in Common	Remuneration Committee (Islington)	Remuneration Committee (Islington and Haringey CCGs)	Patient and Public Participation Committee	NCL Primary Care Committee in Common	NCL Joint Commissioning Committee	Audit Committee (not met in 2019/20)	NCL Audit Committee in Common
Dr Josephine Sauvage	Chair	5/5		4/9	1/1			2/5		7/9		
Dr Katie Coleman*	GP Representative	4/5						5/5	1/1			
Dr Sabin Khan	Sessional GP Representative	5/5	3/6									

Dr Rathini Ratnavel	South East Locality GP Representative	4/5		7/9							Y	
Dr Rue Roy	North Locality GP Representative	5/5										
Dr Karen Sennett	South West Locality GP Representative	5/5	5/6									
Deborah Snook	Practice Manager Representative	5/5						5/5				
Dr Imogen Bloor	Clinical Vice Chair	4/5			2/3	0/1	1/1			1/1 [1]		
Sorrel Brookes	Lay Vice Chair Member	4/5		8/9	3/3	1/1	1/1	4/5	5/6	7/9	Y	2/4
Dr Sara Lightowlers	Secondary Care Consultant	3/5										

[1] as deputy for Dr Jo Sauvage

Lucy de Groot	Lay Member	4/5	6/6	9/9	3/3	1/1	1/1	1/1[2]	1/1[3]		Y	3/4
Helen Pettersen	Accountable Officer	4/4		1/8	1/1					8/8		
Frances O'Callaghan	Accountable Officer	1/1		0/1						1/1		
Simon Goodwin	NCL Chief Finance Officer	2/5		8/9					0/6	5/9		4/4
Paul Sinden	NCL Director of Performance, Planning and Primary Care	5/5*							4/6	6/7*		
Tony Hoolaghan	Chief Operating Officer	4/5*		8/9				4/5	2/2[4]			
Clare Henderson	Director of Commissioning	5/5*		6/9					3/6			

[2] (as deputy for Sorrel Brookes)
[3] (as deputy for Sorrel Brookes)
[4] (as deputy for Paul Sinden)

Rebecca Kingsnorth	Assistant Director of Primary Care								1/1[5]			

[5] (as deputy for Clare Henderson)

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 2013 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 Governing Body and appropriate Governing Body committee at each meeting. This ensures that there is the highest level of oversight of these risks and that the senior management team are held to account for the management of these risks
- key system-wide risks overseen by NCL wide committees are reported to every Governing Body meeting
- in addition to the above every Governing Body and Governing Body committee report must identify its key risks in the report coversheet. This enables the organisation to have oversight and control of its key risks at all levels.

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

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

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

Risk assessment

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

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

integrated services due to an inability to act or legal challenge.	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	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;

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.	▪ 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

The partially compliant rating on the Register of Interests was due to some gaps in the information on the register and an action plan is in place to address this. However, 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.

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 and effectiveness of the use of resources

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

To ensure this:

- the Governing Body receives a finance report from the Chief Finance Officer at each of its meetings
- the Governing Body has established the 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
- in 2018-19, Islington CCG was rated as 'Good' overall by NHS England against the Improvement and Assurance Framework.

Delegation of functions

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

- an NCL Audit Committee in Common being established between the five NCL CCGs in 2018. These arrangements strengthen the oversight of the CCG's internal controls and assurance processes by bringing together the five audit chairs and other key individuals and the wealth of expertise and experience they bring. This is supported by a single, aligned, corporate governance framework which is in place across the five NCL CCGs
- the NCL Primary Care Commissioning Committee being established in 2017 to oversee and make decisions on the commissioning of primary medical care services
- the NCL Joint Commissioning Committee being established in 2017 to support the joint exercise by the NCL CCGs of the commissioning of acute and integrated care services
- 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 – Direct payments into prepaid cards were not being monitored, guidance did not incorporate statutory updates from NHS England, some relevant documentation was unauthorised and not filed and some clinical reviews were outstanding from four to seven months. Of the nine management actions raised, one low priority recommendation is overdue and the rest will be followed up when they become due for implementation.

Financial Management (Outcomes) – A 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. Islington's share of the budget was improved from a £5.3m deficit to break-even only by releasing all reserves and contingencies, 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. The committee's membership and activities during the year are discussed in the governance statement section of the report.

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

Remuneration policy

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

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

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

Contractual arrangements

The Accountable Officer and other directors are on permanent contracts, except the Interim Chief Finance Officer. The Accountable Officer is subject to a three-month notice period and other directors, twelve weeks, except the Interim Chief Finance Officer, who 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**	**Commenced and ended**
Voting board members					
Dr Josephine Sauvage[1]	Chair	110-115	0	110-115	01/04/13
Dr Imogen Bloor[1]	Vice-Chair (Clinical)	45-50	0	45-50	14/11/18
Ms Sorrel Brookes	Vice-Chair (Non-Clinical)	15-20	0	15-20	01/04/13
Ms Frances O'Callaghan[2]	Accountable Officer	0-5	0	0-5	17/02/20
Ms Helen Pettersen[2]	Accountable Officer	25-30	0	25-30	03/04/17 to 28/02/20
Mr Simon Goodwin[2]	Chief Finance Officer	25-30	2.5-5	30-35	01/06/17
Mr Rob Larkman[2]	Interim Chief Finance Officer	0-5	0	0-5	04/02/19 to 06/04/19
Ms Jennie Williams[4]	Director of Nursing and Quality	125-130	70-72.5	195-200	14/11/16 to 31/03/20
Dr Sabin Khan[1]	Salaried GP Representative	20-25	0	20-25	01/04/13
Dr Rathini Ratnavel[1]	South West Locality GP Representative	30-35	0	30-35	01/04/13
Dr Rue Roy[1]	North Locality GP Representative	15-20	0	15-20	01/11/16 to 30/06/20
Dr Karen Sennett[1]	South East Locality GP Representative	25-30	0	25-30	01/04/13
Ms Deborah Snook	Practice Manager Representative	5-10	0	5-10	01/04/13
Ms Lucy de Groot[6]	Lay Member	10-15	0	10-15	01/06/15

Dr Sara Lightowlers	Secondary Care Clinician	10-15	0	10-15	13/02/17

Other senior managers

Mr Tony Hoolaghan[3]	Executive Managing Director	60-65	0	60-65	01/06/17
Ms Sarah Mansuralli[2]	Executive Director of Strategic Commissioning	10-15	2.5-5	15-20	01/10/19
Mr Paul Sinden[2]	Executive Director of Performance and Assurance	20-25	2.5-5	25-30	01/04/13
Ms Eileen Fiori[2]	Director of Acute Commissioning and Integration	20-25	2.5-5	20-25	01/05/18 to 31/01/20
Ms Clare Henderson	Director of Commissioning	105-110	25-27.5	135-140	13/09/17
Ms Elizabeth Ogunoye[3]	Director of Acute Commissioning and Performance Improvement	55-60	5-7.5	60-65	10/10/18
Mr Alex Smith[3]	Director of Planning and Delivery	45-50	15-17.5	65-70	14/09/17
Ms Sarah McIlwaine[5]	Director of Care Closer to Home	15-20	5-7.5	25-30	16/10/17
Mr Anthony Browne[3]	Director of Finance	55-60	37.5-40	95-100	01/07/17
Mr Will Huxter[2]	Executive Director of Strategy	25-30	0-2.5	25-30	01/06/17
Dr Dominic Roberts	Clinical Director	60-65	35-37.5	95-100	07/07/14
Mr Ian Porter[2]	Executive Director of Corporate Services	20-25	5-7.5	25-30	08/01/18
Ms Kay Matthews[7]	Director of Clinical Quality	0-5	0-2.5	0-5	14/10/19
Dr Katie Coleman[1]	Observer	90-95	0	90-95	01/04/18

Notes

[1]GP members with a contract for services and disclosed under off-payroll engagements. Salaries include employer's contribution to GP pensions.

[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 until 31 January 2020 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] Additional allowance for covering audit committee chair vacancy for 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.

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

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

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

This value does not represent an amount that will be received by the individual. It is a calculation intended to convey to the reader an estimation of the benefit that being

a member of the pension scheme could provide. The pension benefit table provides further information on the benefits accruing to the individual.

The table above includes GP remuneration for non-Governing Body work as follows:

- Jo Sauvage - £15-20k;
- Rue Roy - £0-5k;
- Katie Coleman - £60-65k.

Sorrel Brookes's remuneration includes £0-5k for her primary care co-commissioning position, which is outside her normal Governing Body role.

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**	**Commenced and ended**
Voting board members					
Ms Frances O'Callaghan	Accountable Officer	15-20	0	15-20	17/02/20
Ms Helen Pettersen	Accountable Officer	140-145	0	140-145	03/04/17 to 28/02/20
Mr Simon Goodwin	Chief Finance Officer	145-150	15-17.5	160-165	01/06/17
Mr Rob Larkman	Interim Chief Finance Officer	5-10	0	5-10	04/02/19 to 06/04/19
Ms Jennie Williams	Director of Nursing and Quality	255-260	142.5-145	400-405	14/11/16 to 31/03/20
Ms Lucy de Groot	Lay Member	15-20	0	15-20	01/06/15

Other senior managers

Mr Tony Hoolaghan	Executive Managing Director	125-130	0	125-130	01/06/17
Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	65-70	20-25	85-90	01/10/19
Mr Paul Sinden	Executive Director of Performance and Assurance	115-120	15-17.5	135-140	01/04/13
Ms Eileen Fiori	Director of Acute Commissioning and Integration	100-105	12.5-15	115-120	01/05/18 to 31/01/20
Ms Elizabeth Ogunoye	Director of Acute Commissioning and Performance Improvement	110-115	12.5-15	125-130	10/10/18
Mr Alex Smith	Director of Planning and Delivery	95-100	30-32.5	130-135	14/09/17
Ms Sarah McIlwaine	Director of Care Closer to Home	90-95	35-37.5	130-135	16/10/17
Mr Anthony Browne	Director of Finance	110-115	77.5-80	190-195	01/07/17
Mr Will Huxter	Executive Director of Strategy	130-135	10-12.5	140-145	01/06/17
Mr Ian Porter	Executive Director of Corporate Services	105-110	30-32.5	140-145	08/01/18
Ms Kay Matthews	Director of Clinical Quality	130-135	45-47.5	175-180	14/10/19

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.

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

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**	**Commenced and ended**
Voting board members					
Dr Josephine Sauvage[1]	Chair	135-140	0	135-140	01/04/13
Dr Imogen Bloor[1]	Vice-Chair (Clinical)	15-20	0	15-20	14/11/18
Ms Sorrel Brookes	Vice-Chair (Non-Clinical)	15-20	0	15-20	01/04/13
Ms Helen Pettersen[2]	Accountable Officer	30-35	37.5-40	65-70	03/04/17
Mr Simon Goodwin[2]	Chief Finance Officer	25-30	22.5-25	50-55	01/06/17
Mr Rob Larkman[2]	Interim Chief Finance Officer	5-10	0	5-10	04/02/19
Ms Jennie Williams[4]	Director of Nursing and Quality	45-50	7.5-10	55-60	14/11/16
Mr Ian Huckle	Joint Practice Manager Representative	0-5	0	0-5	15/06/14 to 03/08/18
Ms Jennie Hurley[1]	Practice Nurse Representative	0-5	0	0-5	01/04/13 to 30/01/19
Dr Sabin Khan[1]	Salaried GP Representative	10-15	0	10-15	01/04/13
Dr Rathini Ratnavel[1]	South West Locality GP Representative	25-30	0	25-30	01/04/13
Dr Rue Roy[1]	North Locality GP Representative	20-25	0	20-25	01/11/16
Dr Karen Sennett[1]	South East Locality GP Representative	25-30	0	25-30	01/04/13

Ms Deborah Snook	Joint Practice Manager Representative	0-5	0	0-5	01/04/13
Ms Lucy de Groot	Lay Member	10-15	0	10-15	01/06/15
Dr Sara Lightowlers	Secondary Care Clinician	10-15	0	10-15	13/02/17

Other senior managers

Mr Tony Hoolaghan[3]	Chief Operating Officer	60-65	52.5-55	115-120	01/06/17
Mr Paul Sinden[2]	Director of Planning, Performance and Primary Care	20-25	2.5-5	25-30	01/04/13
Ms Eileen Fiori[2]	Director of Acute Commissioning and Integration	20-25	15-17.5	35-40	01/05/18
Ms Clare Henderson	Director of Commissioning	50-55	12.5-15	65-70	13/09/17
Ms Elizabeth Ogunoye[3]	Director of Acute Commissioning and Performance Improvement	25-30	15-17.5	40-45	10/10/18
Ms Rachel Lissauer[3]	Director of Wellbeing Partnership	45-50	20-22.5	65-70	17/03/19
Mr Alex Smith[3]	Director of Planning and Delivery	45-50	12.5-15	60-65	14/09/17
Ms Sarah McIlwaine[5]	Director of Care Closer to Home	15-20	7.5-10	25-30	16/10/17
Mr Anthony Browne[3]	Deputy Chief Finance Officer	45-50	40-42.5	85-90	01/07/17
Mr Will Huxter[2]	Director of Strategy	25-30	2-2.5	25-30	01/06/17
Dr Dominic Roberts	Clinical Director	60-65	0	60-65	07/07/14
Mr Ian Porter[2]	Director of Corporate Services	15-20	0-5	20-25	08/01/18
Dr Katie Coleman[1]	Observer	90-95	0	90-95	01/04/18

[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 NHS 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 (subject to audit)

	Real increase in pension at pension age **(bands of £2,500)**	**Real increase in pension lump sum at pension age** **(bands of £2,500)**	**Total accrued pension at pension age at 31 March 20** **(bands of £5,000)**	**Lump sum at pension age related to accrued pension at 31 March 2020** **(bands of £5,000)**	**Cash equivalent transfer value at 1 April 2019** **£'000**	**Real increase in cash equivalent transfer value** **£'000**	**Cash equivalent transfer value at 31 March 2020** **£'000**
Voting board members							
Ms Frances O'Callaghan	(0-2.5)	(0-2.5)	40-45	115-120	812	(4)	821
Ms Helen Pettersen	0-2.5	0-2.5	60-65	180-185	1,352	17	1.426
Mr Simon Goodwin	0-2.5	(2.5-5)	50-55	110-115	912	18	974
Ms Jennie Williams	5-7.5	17.5-20	35-40	115-120	715	158	904
Other senior managers							
Mr Tony Hoolaghan	0-2.5	(2.5-5)	45-50	130-135	1,002	6	1,050
Ms Sarah Mansuralli	2.5-5	0-2.5	35-40	75-80	607	37	677
Mr Paul Sinden	0-2.5	(0-2.5)	35-40	70-75	618	15	665
Ms Eileen Fiori	0-2.5	(0-2.5)	50-55	125-130	993	17	1,057
Ms Clare Henderson	0-2.5	0	9	0	81	14	112

Ms Elizabeth Ogunoye	0-2.5	(0-2.5)	20-25	40-45	379	10	415
Mr Alex Smith	0-2.5	0-2.5	15-20	25-30	191	13	222
Ms Sarah McIlwaine	2.5-5	0-2.5	15-20	35-40	243	20	282
Mr Anthony Browne	2.5-5	0	25-30	0	237	39	299
Mr Will Huxter	0-2.5	(2.5-5)	40-45	105-110	823	16	877
Dr Dominic Roberts	0-2.5	0-2.5	20-25	30-35	264	22	301
Mr Ian Porter	0-2.5	0	5-10	0	61	10	88
Ms 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 Islington CCG in the financial year 2019/20 was £105k-£110k (2018/19: £95k-£100k). This was 2.46 times (2018/19: 2) the median remuneration of the workforce, which was £44k (2018/19: £49k).

In 2019/20, 0 (2018/19: 8) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0-£5k - £105k-£110k (2018/19: £0-£5k - £150k-£155k)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.
The 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 the 31 March 2020, there were Seven (7) individuals on a Very Senior Manager grade in Islington CCG, one (1) Very Senior Manager grade is shared across Haringey and Islington CCG, there are a further five (5) individuals on Very Senior Manager grade in North Central London shared management positions.

Senior Managers Information

At the 31 March 2020, there were 14 Senior Managers on Band 9, six (6) Senior Managers are shared across Haringey and Islington CCG, and one (1) Senior Manager in North Central London shared management positions, and the cost of the

Lead Director of Quality which is held by the Director of Quality and Nursing is spilt across North Central London.

Staff numbers and costs

Staff composition

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

	Male	Female	Total
Elected	0	7	7
Appointed	1	4	5
Non-Voting	7	6	13
Total	8	17	25

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

Pay Group	Female	Male	Total
Band 2	1	1	0
Band 3	2	0	0
Band 4	1	0	2
Band 5	6	1	11
Band 6	5	4	1
Band 7	16	4	13
Band 8a	23	6	12
Band 8b	11	6	7
Band 8c	10	10	11
Band 8d	6	4	5
Medical and Dental Terms and Conditions	0	0	0
Senior Managers (Band 9 and above inclusive of VSM and Local Salary)	10	14	2
Grand Total	91	50	141

*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 Islington CCG for the calendar year 01 January 2019-December 2019 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
1.56%	871	750.72	48,022.65

Staff policies

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

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

he CCG's Resourcing Policy and Procedure explicitly states that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled. Reasonable steps are taken accordingly to ensure all

disabled applicants are treated fairly which includes making adjustments in terms of interviewing venue, selection and aptitude tests. Recruitment and Selection and unconscious bias training is provided to managers involved in recruitment and selection in addition to equality and diversity. The selection criteria contained within the job descriptions and person specifications are regularly reviewed to ensure that they are consistent with duties and responsibilities and are essential for the effective performance of the role- and do not unfairly discriminate directly or indirectly any potential candidates discriminate.

The CCG is committed to organisational improvement through organisational, team and personal development. This means that all employees need to continually develop their skills and expertise so that they are able to carry out their role efficiently and effectively and can fully contribute to the success of the CCG.
The Appraisal Policy and Procedure provides a framework for maximising the effectiveness and potential of each employee so that they can contribute successfully to the achievements of the CCG's objectives. It also helps staff and managers to develop objectives by ensuring links to team/service objectives- and ensures the right support, tools and mechanisms are in place to achieve the objectives. The Workforce System has the necessary functions to help staff and mangers to plan and complete their appraisals- and also monitor and record progress.

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

Trade Union Facility Time Reporting Requirements

Reference	Question	Figures
Table 1 Relevant Union Officials	Number of employees who were relevant union officials during the relevant period	1
	Full-time equivalent employee number	1 FTE
Table 2 Percentage of time spent on facility time	How many of your employees who were relevant union officials employed during the relevant period spent a) 0% b) 1% - 50% c) 51%-99% or d) 100% of their working hours on facility time?	B- 1-50%
Table 3 Percentage of pay bill spent on facility time	Total cost of facility time	£710
	Total Pay bill	£3,965k
	Percentage of the total pay bill spent on facility time	0.02
Table 4 Paid Trade union activities	Time spent on paid trade union activities as a percentage of total paid facility time hours	35(Hours in total)

Employee consultation

Islington 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 the NHS priorities
- Amend current roles to provide a clearer focus on the strategic challenges of the CCG

- Limiting recruitment internal only during transition period therefore providing greater certainty and assurance to current members of the CCG about their roles in the organisation.

Equality and diversity

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

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

Expenditure on consultancy

2019/20 Total	2019/20 Admin	2019/20 Programme	2018/19 Total
£000	£000	£000	£000
254	2	252	505

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	30
Of which, the number that have existed:	
for less than one year at the time of reporting	9
for between one and two years at the time of reporting	6
for between 2 and 3 years at the time of reporting	2
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	12

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	4
Of which...	
No. assessed as caught by IR35	1
No. assessed as not caught by IR35	3
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.	10
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.	29

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

Islington 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, where necessary. 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 ISLINGTON CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

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

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

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

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

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.

We have nothing to report in this respect.

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

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

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

Statutory reporting matters

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

- we 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; or
- 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.

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 Islington 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 Islington 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	(5,540)	(5,614)
Total operating income		**(5,540)**	**(5,614)**
Staff costs	3	9,119	7,025
Purchase of goods and services	4	428,631	403,570
Depreciation and impairment charges	4	35	-
Other operating expenditure	4	1,316	260
Total operating expenditure		**439,101**	**410,855**
Net operating expenditure		**433,561**	**405,241**
Total net expenditure for the financial year		**433,561**	**405,241**
Comprehensive expenditure for the year		**433,561**	**405,241**
CCG cumulative position			
Revenue resource limit		446,921	418,515
Comprehensive expenditure		(433,561)	(405,241)
Surplus		**13,360**	**13,274**

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	7	69	104
Total non-current assets		69	104
Current assets:			
Trade and other receivables	8	6,937	7,685
Cash and cash equivalents	9	46	65
Total current assets		**6,983**	7,750
Total assets		**7,052**	7,854
Current liabilities			
Trade and other payables	10	(51,696)	(38,361)
Total current liabilities		**(51,696)**	(38,361)
Total Assets less Liabilities		**(44,644)**	(30,507)
Financed by taxpayers' equity			
General fund		(44,644)	(30,507)
Total taxpayers' equity:		**(44,644)**	(30,507)

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
Balance at 01 April 2019	(30,507)	**(30,507)**
Adjusted CCG balance at 31 March 2019	**(30,507)**	**(30,507)**
Changes in CCG taxpayers' equity for 2019-20		
Net operating expenditure for the financial year	(433,561)	**(433,561)**
Net recognised CCG expenditure for the financial year	**(433,561)**	**(433,561)**
Net funding	419,424	**419,424**
Balance at 31 March 2020	**(44,644)**	**(44,644)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19		
Balance at 01 April 2018	(35,445)	**(35,445)**
Adjusted CCG balance at 31 March 2019	**(35,445)**	**(35,445)**
Changes in CCG taxpayers' equity for 2018-19		
Net operating costs for the financial year	(405,241)	(405,241)
Net recognised CCG expenditure for the financial year	**(405,241)**	**(405,241)**
Net funding	410,179	410,179
Balance at 31 March 2019	**(30,507)**	**(30,507)**

The statement of changes in taxpayers' equity analyses the cumulative movement on reserves. The net funding represents the main actual cash funding requested during the year.

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		(433,561)	(405,241)
Depreciation and amortisation	4	35	-
(Increase)/decrease in trade and other receivables	8	748	3,770
Increase/(decrease) in trade and other payables	10	13,335	(8,607)
Net cash outflow from operating activities		**(419,443)**	(410,078)
Cash flows from investing activities			
Payments for property, plant and equipment		**-**	(104)
Net cash outflow from investing activities		**-**	(104)
Net cash outflow before financing		**(419,443)**	(410,182)
Cash flows from financing activities			
Grant in aid funding received		419,424	410,179
Net cash inflow from financing activities		**419,424**	410,179
Net decrease in cash and cash equivalents	9	**(19)**	(3)
Cash and cash equivalents at the beginning of the financial year		**65**	68
Cash and cash equivalents (including bank overdrafts) at the end of the financial year		**46**	65

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 £46k.

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

1.2 Accounting convention

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

1.3 Pooled budgets

The CCG has entered into a pooled budget arrangement Under Section 75 of the NHS Act 2006.

The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

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 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 is 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 and 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; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

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

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

1.8.3 **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 and 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**

The CCG participates in a risk-pooling scheme under which it 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.

1.16.1 **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.

1.16.2 **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.

1.17 **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.

1.17.1 **Financial guarantee contract liabilities**

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.18 **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.

1.19 **Losses and 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).

1.20 **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.

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

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

1.20.2 **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 its legal obligations.

Prescribing

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

Maternity pathways

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

1.21 **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.

1.22 **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	2018-19 Total
	£'000	£'000
Other non-contract revenue	**5,540**	5,614
Total other operating income	**5,540**	**5,614**
Total operating income	**5,540**	**5,614**

Income does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG.

3.1.1 Employee benefits **Total** **2019-20**

	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	**5,231**	**1,726**	**6,957**
Social security costs	**716**	**-**	**716**
Employer contributions to NHS pension scheme	**1,324**	**-**	**1,324**
Apprenticeship levy	**33**	**-**	**33**
Termination benefits	**89**	**-**	**89**
Gross employee benefits expenditure	**7,393**	**1,726**	**9,119**

Total **2018-19**

	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	2,342	3,060	5,402
Social security costs	747	-	747
Employer contributions to NHS pension scheme	857	-	857
Apprenticeship levy	19	-	19
Gross employee benefits expenditure	3,965	3,060	7,025

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	**88.33**	**23.16**	**111.49**	72.08	25.23	97.31

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
£25,001 to £50,000	1	28,264	1	28,264
£50,001 to £100,000	1	80,000	1	80,000
Total	**3**	**116,939**	**3**	**116,939**

Analysis of other agreed departures

	Permanent Employees Other agreed departures	
	Number	£
Voluntary redundancies including early retirement contractual costs	1	80,000
Contractual payments in lieu of notice	2	36,939
Total	**3**	**116,939**

There were no exit packages agreed in the prior year.

These tables report the number and value of exit packages agreed in the financial year. There were none during 2018-19.

Redundancies are paid in accordance with the provisions of the NHS Agenda for Change Terms and Conditions.

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

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.

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

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 peri+A23od. 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	5,141	4,370
Services from foundation trusts	161,771	155,166
Services from other NHS trusts	138,705	129,032
Services from other WGA bodies	157	61
Purchase of healthcare from non-NHS bodies	53,369	46,812
Prescribing costs	26,723	25,666
Pharmaceutical services	5	9
GPMS/APMS and PCTMS	36,653	37,276
Supplies and services – clinical	4	-
Supplies and services – general	3,506	2,670
Consultancy services	254	505
Establishment	1,023	675
Transport	5	3
Premises	421	605
Audit fees	51	54
Other non-statutory audit expenditure		
· internal audit services	29	39
· other services	8	33
Other professional fees	746	446
Legal fees	31	88
Education, training and conferences	29	60
Total purchase of goods and services	**428,631**	**403,570**
Depreciation and impairment charges		
Depreciation	35	-
Total depreciation and impairment charges	**35**	**-**
Other operating expenditure		
Chair and non-executive members	311	259
Grants to other bodies	1,000	-
Expected credit loss on receivables	5	1
Total other operating expenditure	**1,316**	**260**
Total operating expenditure	**429,982**	**403,830**

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

	2019-20		2018-19	
	Statutory Audit Services £'000	Other Services - Audit Related Assurance Service £'000	Statutory Audit Services £'000	Other Services - Audit Related Assurance Service £'000
Services	43	8	45	33
VAT payable	8	-	9	-
Total	**51**	**8**	**54**	**33**

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 auditor over reported compliance with the requirements of the Mental Health Investment Standard. The CCG has accrued for this work to be completed but 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 autumn 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	8,434	95,942	7,898	93,098
Total non-NHS trade Invoices paid within target	7,894	88,287	7,685	88,718
Percentage of non-NHS trade invoices paid within target	**93.60%**	**92.02%**	**97.30%**	**95.30%**
NHS payables				
Total NHS trade invoices paid in the year	4,121	301,907	3,171	302,517
Total NHS trade invoices paid within target	3,478	296,759	2,767	294,619
Percentage of NHS trade invoices paid within target	**84.40%**	**98.29%**	**87.26%**	**97.39%**

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

	2019-20		2018-19	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payments recognised as an expense				
Minimum lease payments	177	**177**	216	**216**
Total	**177**	**177**	**216**	**216**

6.1.2 Future minimum lease payments

	2019-20		2018-19	
	Buildings £'000	Total £'000	Buildings £'000	Total £'000
Payable:				
No later than one year	120	**120**	120	**120**
Between one and five years	480	**480**	480	**480**
After five years	254	**254**	377	**377**
Total	**854**	**854**	**977**	**977**

Whilst the CCG's arrangements with Community Health Partnerships Limited 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. The future minimum lease payments disclosed relate to a lease with the London Borough of Islington to occupy space in the Laycock Centre.

7 Property, plant and equipment

2019-20	Information technology £'000	Total £'000
Cost or valuation at 01 April 2019	104	104
Cost or valuation at 31 March 2020	**104**	**104**
Depreciation 01 April 2019		
Charged during the year	35	35
Depreciation at 31 March 2020	**35**	**35**
Net Book Value at 31 March 2020	69	69
Purchased	69	69
Total at 31 March 2020	**69**	**69**
Asset financing:		
Owned	69	69
Total at 31 March 2020	**69**	**69**

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	1,984	4,471
NHS prepayments	545	1,401
NHS accrued income	84	370
Non-NHS and other WGA receivables: revenue	431	1,022
Non-NHS and other WGA prepayments	161	139
Non-NHS and other WGA accrued income	3,633	166
Expected credit loss allowance-receivables	(18)	(12)
VAT	105	119
Other receivables and accruals	12	9
Total trade and other receivables	**6,937**	**7,685**
Total current and non-current	**6,937**	**7,685**
Included above:		
NHS maternity pathways prepayment	545	1,401

8.2 Receivables past their due date but not impaired

	2019-20 Non DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	130	558
By three to six months	28	1
By more than six months	117	4
Total	**275**	**563**

£1k of the amount above has subsequently been recovered since the statement of financial position date.

8.3 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies	Total
	£'000	£'000
Balance at 01 April 2019	(12)	**(12)**
Lifetime expected credit losses on trade and other receivables-Stage 2	(6)	**(6)**
Total	**(18)**	**(18)**

9 Cash and cash equivalents

	2019-20	2018-19
	£'000	£'000
Balance at 01 April 2019	65	68
Net change in year	(19)	(3)
Balance at 31 March 2020	**46**	**65**
Made up of:		
Cash with the Government Banking Service	46	65
Cash and cash equivalents as in statement of financial position	46	65
Balance at 31 March 2020	**46**	**65**

10 Trade and other payables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: revenue	15,275	7,931
NHS accruals	6,651	7,262
NHS deferred income	30	-
Non-NHS and other WGA payables: revenue	6,521	5,761
Non-NHS and other WGA accruals	21,206	16,652
Non-NHS and other WGA deferred income	100	-
Social security costs	159	124
Tax	151	127
Other payables and accruals	1,603	504
Total trade and other payables	**51,696**	**38,361**
Total current and non-current	**51,696**	**38,361**
NHS accruals include partially completed spells:	955	1604
Other payables include outstanding pension contributions	409	416

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 the establishment of the CCG. The legal liability, however, remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of the CCG at 31 March 2020 remains £68k (unchanged from 31 March 2019).

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 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	1,373	1,373
Trade and other receivables with other DHSC group bodies	4,328	4,328
Trade and other receivables with external bodies	443	443
Cash and cash equivalents	46	46
Total at 31 March 2020	**6,190**	**6,190**

12.3 Financial liabilities

	Financial liabilities measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other payables with NHSE bodies	2,691	2,691
Trade and other payables with other DHSC group bodies	25,360	25,360
Trade and other payables with external bodies	23,205	23,205
Total at 31 March 2020	**51,256**	**51,256**

13 Operating segments

The CCG has elected not to split its net expenditure by operating segment, as it only has one segment: Commissioning of Healthcare Services.

14 Pooled budgets

14.1 Interests in pooled budgets

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised by CCG 2019-20	Amounts recognised by CCG 2018-19
			Expenditure	Expenditure
			£'000	£'000
Section 75 Pooled Budget	NHS Islington CCG and London Borough of Islington	Intermediate Care, Learning Disabilities, Mental Health, Carers, Mental Health Care of Older People, Improved Better Care Fund	31,156	29,963

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 individuals concerned can be found in the annual report.

Details of related party transactions with individuals are as follows:

Individual and position in CCG	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Jo Sauvage - Chair				
The Islington GP Group Ltd	5,532		707	
Dr Imogen Bloor - Vice-Chair (Clinical)				
The Islington GP Group Ltd	5,532		707	
Dr Rathini Ratnavel - South West Locality GP Member				
The Islington GP Group Ltd	5,532		707	
Dr Rue Roy - North Locality GP Member (to 30 June 2019)				
The Islington GP Group Ltd	5,532		707	
Dr Karen Sennett - South East Locality GP Member				
The Islington GP Group Ltd	5,532		707	
Dr Sabin Khan - Salaried GP Representative				
The Islington GP Group Ltd	5,532		707	
Dr Katie Coleman - Observer				
The Islington GP Group Ltd	5,532		707	
Sorrel Brooks - Vice Chair (Non-Clinical)				
Help on Your Doorstep	94		0	

The Islington GP Group Ltd is a company providing primary care and community services to the local population. The practices in which the GPs listed above are partners hold shares in the company.

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 Appendix B of the constitution. Where payments have been made to these practices, these are listed below. The majority of the payments are in relation to agreed locally commissioned services, with 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
Amwell Group Practice	1,810		175	
Andover Medical Centre	946		47	
Archway Medical Centre	1,036		49	
Barnsbury Medical Practice	505		40	
City Road Medical Centre	1,284		62	
Clerkenwell Medical Practice	1,644		86	
Elizabeth Avenue practice	1,291		102	
Hanley Primary Care Centre	1,420		97	
Highbury Grange Medical Practice	1,198		132	
Islington Central Medical Centre	2,644		100	
Killick Street Health Centre	1,845		90	
Mildmay Medical Practice	959		64	
Mitchison Road Surgery	830		37	
New North Health Centre	283		12	
Partnership Primary Care Centre	612		16	
Pine Street Medical Practice	572		237	
Ritchie Street Group Practice	2,404		141	
River Place Group Practice	1,433		116	
Roman Way Medical Centre	530		56	
Sobell Medical Centre	575		59	
St John's Way Medical Centre	1,900		131	
St Peter's Street Medical Practice	1,606		85	
Stroud Green Medical Clinic	780		35	
The Beaumont Practice	432		34	
The Family Practice	702		37	
The Goodinge Group Practice	1,763		154	
The Junction Medical Practice	1,584		75	
The Medical Centre	816		53	
The Miller Practice	1,469		59	
The Northern Medical Centre	1,464		199	
The Rise Group Practice	852		104	
The Village Practice	1,233		170	

15 Related party transactions (continued)

The Department of Health and Social Care is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent. The threshold for materiality set by external audit is £6.6m.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Whittington Health NHS Trust	112,880	(39)	5,782	(802)
University College London Hospitals NHS Foundation Trust	78,770	(179)	1,871	(105)
Camden and Islington NHS Foundation Trust	45,498	(29)	4,469	(82)
Royal Free London NHS Foundation Trust	13,836	(20)	888	(28)
London Ambulance Service NHS Trust	10,780	-	254	-
Barts Health NHS Trust	7,667	-	312	-

In addition, the CCG has had a number of material transactions with local government bodies. Most of these transactions have been with the London Borough of Islington in respect of joint enterprises.

Islington London Borough Council	28,826	(499)	5,105	(213)

15(ii) Related party transactions 2018-19

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 individuals concerned can be found in the annual report.

Details of related party transactions with individuals are as follows:

Individual and position in CCG	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Jo Sauvage - Chair				
The Islington GP Group Ltd	4,234		202	
Dr Imogen Bloor - Vice-Chair (Clinical) from 14 November 2018				
The Islington GP Group Ltd	4,234		202	
Dr Rathini Ratnavel - South Locality GP Member				
The Islington GP Group Ltd	4,234		202	
Dr Rue Roy - North Locality GP Member				
The Islington GP Group Ltd	4,234		202	
Dr Karen Sennett - South Locality GP Member				
The Islington GP Group Ltd	4,234		202	
Dr Sabin Khan - Salaried GP Representative				
The Islington GP Group Ltd	4,234		202	
Mr Ian Huckle - Joint Practice Manager Representative to 3 August 2018				
The Islington GP Group Ltd	4,234		202	
Dr Katie Coleman - Observer				
The Islington GP Group Ltd	4,234		202	
Sorrel Brooks - Vice Chair (Non-Clinical)				
Help on Your Doorstep	54		54	

The Islington GP Group Ltd is a company providing primary care and community services to the local population. The practices in which the GPs listed above are partners hold shares in the company.

Until his departure on 3 August 2018, Ian Huckle was a member of the CCG and the practice to which he belongs was a shareholder 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.

15(ii) Related party transactions 2018-19 (continued)

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 Appendix B of the constitution. Where payments have been made to these practices, these are listed below. The majority of the payments are in relation to agreed locally commissioned services, with 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
Amwell Group Practice	1,617		35	
Andover Medical Centre	865		27	
Archway Medical Centre	932		21	
Barnsbury Medical Practice - Dr Haffiz	480		22	
City Road Medical Centre	1,204		64	
Clerkenwell Medical Practice	1,512		144	
Elizabeth Avenue Group Practice	1,146		58	
Hanley Primary Care Centre	1,155		47	
Highbury Grange Medical Practice	1,057		43	
Islington Central Medical Centre	2,524		176	
Killick Street Health Centre	1,694		44	
Mildmay Medical Practice	955		32	
Mitchison Road Surgery	692		7	
New North Health Centre - Dr Skelly	285		15	
Partnership Primary Care Centre	529		107	
Pine Street Medical Practice - Dr Segarajasinghe	491		75	
Ritchie Street Group Practice	2,123		48	
River Place Group Practice	1,313		31	
Roman Way Medical Centre	558		12	
Sobell Medical Centre - Dr Gupta	516		44	

St John's Way Medical Centre	1,698		27
St Peter's Street Medical Practice	1,473		14
Stroud Green Medical Clinic		719	15
The Beaumont Practice		431	19
The Family Practice		680	61
The Goodinge Group Practice	1,640		62
The Junction Medical Practice	1,156		22
The Medical Centre- Dr Edoman		719	42
The Miller Practice	1,372		143
The Northern Medical Centre	1,312		24
The Rise Group Practice		775	33
The Village Practice	1,157		154

The Department of Health and Social Care is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent. The threshold for materiality set by external audit is £8m.

	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	106,172	-	526	(796)
University College London Hospitals NHS Foundation Trust	75,575	(19)	3,780	(1,028)
Camden and Islington NHS Foundation Trust	42,922	-	2,345	(109)
Royal Free London NHS Foundation Trust	13,847	-	812	(93)
London Ambulance Service NHS Trust	9,717	-	355	-
Barts Health NHS Trust	7,665	-	91	-

In addition, the CCG has had a number of material transactions with local government bodies. Most of these transactions have been with the London Borough of Islington in respect of joint enterprises.

	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 Islington	27,154	-	5,145	(871)

16 Events after the end of the reporting period

NHS Islington CCG was dissolved on 31 March 2020 having merged with NHS Barnet CCG, NHS Camden CCG, NHS Enfield CCG, and NHS Haringey 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 CCG's within the NHS England 'group' is regarded as a 'transfer of function'. The DHSC Group Accounting Manual directs that such changes should be accounted for as a 'transfer by absorption'. NHS North Central London CCG will recognise the assets and liabilities received as at the date of transfer (1 April 2020) after taking into account inter-company transactions.

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

	NHS Barnet CCG	NHS 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). Islington's performance against those duties was as follows:

		2019-20				2018-19			
TARGET	Measure	**Target £'000**	**Performance £'000**	**Surplus £'000**	**Duty Achieved**	**Target £'000**	**Performance £'000**	**Surplus £'000**	**Duty Achieved**
Expenditure not to exceed income	Gross expenditure on revenue and capital	439,187	439,101	86	Yes	412,461	410,959	1,502	Yes
Capital resource use does not exceed the amount specified in Directions	Capital expenditure	-	-	-	N/A	104	104	-	Yes
Revenue resource use does not exceed the amount specified in Directions	Net revenue expenditure	433,647	433,561	86	Yes	406,743	405,241	1,502	Yes
Revenue administration resource use does not exceed the amount specified in Directions	Net admin revenue expenditure	5,589	5,582	7	Yes	5,123	5,087	36	Yes