



North Central London
Clinical Commissioning Group



Annual General Meeting 2019-20

24 September 2020

Agenda



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- 15.00 Welcome - Dr Jo Sauvage, Chair
- 15.10 2019/20: an unprecedented year – Dr Sauvage
- 15.25 Key achievements across our boroughs – Panel
- 16.00 2019/20 Accounts – Simon Goodwin, Chief Finance Officer
- 16.10 Looking to the future – Frances O'Callaghan, Accountable Officer
- 16.25 Questions – Panel
- 16.55 Closing remarks - Dr Sauvage

Welcome



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- Welcome to the first Annual General Meeting of the North Central London Clinical Commissioning Group
- We formed on 1 April 2020 – bringing together Barnet, Camden, Enfield, Haringey and Islington CCGs to form one organisation
- Today's presentations summarise the 2019/20 performance of our five legacy CCGs, including our financial performance, and future plans.

Housekeeping points

- We are disappointed not to be able to come together in person today
- We warmly invite you to send in questions throughout the event – typing these in via MS Teams platform
- We will answer as many as we can during the Questions session. A response to any questions not answered today will be posted on our website
- This is a live event. A recording will upload the recording to our website. Only CCG representatives will appear in the recording.
- A British Sign Language interpreter will appear on screen – and audience members can also turn on ‘captioning’ during the event

A personal message from Dr Jo Sauvage, Chair

- Covid-19 has effected everyone living and working in Barnet, Camden, Enfield, Islington and Haringey
- Our heartfelt sympathies are with the families and friends of those we have lost to Covid-19 in North Central London
- We also grieve deeply for the sad loss of health and care colleagues
- We offer our sincere thanks to everyone who has worked tirelessly to support local communities through the pandemic
- We are committed to supporting our communities and colleagues in every way we can, while the pandemic continues and to re-build for the future

Tribute to John Wardell



Chief Operating Officer for Enfield CCG
December 2017 to January 2020



2019/20 – An
unprecedented year

Dr Jo Sauvage
Chair

An unprecedented year



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- NHS Long Term Plan published early 2019 - setting out the direction of travel for integrated local health and care systems, with one strategic commissioning organisation at the heart
- The five CCGs came together as North Central London CCG on 1 April 2020, the conclusion of a significant organisational change programme
- Our new Governing Body formed with new clinical members elected, and a new constitution voted on by our member practices
- Frances O'Callaghan joined in 2019/20 as our Accountable Officer, to lead our Executive Management Team
- The five CCGs delivered against a joint financial strategy across 2019/20

NHS Long Term Plan – delivering for North Central London



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- Across 2019/20, we worked with health and care partners in North Central London (NCL) to develop our local plan to collectively deliver the NHS Long Term Plan
- The five CCGs played a key role as a system leader to convene and coordinate partners around developing these plans – including involving residents and patients
- The plan built on the significant progress delivered by the NCL Sustainability and Transformation Partnership over the last two years
- It sets out a shared vision for how the system will work together to help our residents start, live, work and age well, and reduce health inequalities

Covid-19 pandemic

- Covid-19 arrived in March – an unprecedented pandemic
- Declared a national ‘Level 4’ incident
- National ‘command and control’ system stood up
- Covid-19 focused the system to deliver across the whole patient pathway
- Wide ranging changes to health and care provision rapidly mobilised
- Normal consultation and engagement on changes not possible
- But a significant focus on ensuring residents were informed about how to stay well, and to access health and care services safely

Covid-19 pandemic

The CCG's full focus transitioned to coordinating and supporting the health and care system response:

- Hospital services prioritised and redirected to create intensive care unit capacity
- NHS 111 capacity increased to manage huge call volumes
- Dedicated support wrapped around Care Homes
- Working with Public Health and hospitals to deliver Covid-19 testing
- Rapid switch to 'digital' appointments offered by general practices
- 24/7 mental health crisis telephone lines created
- North Central London NHS staff deployed to London Nightingale Hospital
- Public engagement to encourage residents to follow national guidance
- And much more

Covid-19 pandemic

- As commissioners, we convened and oversaw the health and care whole-system response across North Central London
- Commissioners, providers, Councils, Voluntary and Community Sector organisations and others worked together flexibly and with agility, focused on a single challenge
- Relationships between different organisations have strengthened, with an increased understanding of each other's role and value

NCL CCG is focused on ensuring we don't go backwards, but that we 'build back better' for the future working as one integrated system.

We will champion and assert the voice of residents in our recovery plans.



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Performance Highlights from 2019/2020

Delivering the best health outcomes for our residents in North Central London



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- Our shared ambition is to help residents in North Central London to ‘start well, live well and age well’ and deliver the best possible health outcomes and reduce inequalities across all our boroughs
- Despite 2019/20 being a year of unprecedented change and challenge, the five CCGs performed well in many key areas
- Our CCGs worked closely together and with partners – practices, Trusts, Councils, voluntary and community sector and others – to achieve our goals
- The following slides summarise a range of our performance highlights – but more detail can be found in the 2019/20 Annual Reports for each borough

NCL Performance 2019/20



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- Cancer - two week wait referral levels were maintained, showing improvement through the winter until Lockdown in March
- Mental health - we maintained the national standard in both Improving Access to Psychological Therapies (IAPT) access and recovery
- Elective Care – Referral to Treatment waiting list was maintained between 70,000 and 75,000 patients until Feb 2020 (exc. Royal Free London)
- Diagnostics – on average, patients waited 1.7 - 2.5 weeks throughout 19/20 (before lockdown)

NCL Performance 2019/20



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- Urgent Care - NHS 111 performance remained resilient through the winter of 2019/20, despite a 34% increase in call volumes between October-December.
- Continuing Healthcare – assessments reduced in acute settings and were brought closer to home, with reduced waiting times
- During 2019/20, NCL GP practices tripled the uptake of health checks for those with learning disabilities
- Four of the five CCGs were rated as ‘Good’ by NHS England on how we engaged patients and the public in our commissioning

- Increased uptake of NHS Diabetes Prevention by general practices, to offer patients tailored, personalised support to reduce risk of poor health outcomes due to Type 2 diabetes – including education on healthy lifestyles, help to lose weight and exercise programmes.
- Barnet in the upper quartile of London CCGs, helping patients and carers to develop personalised advanced palliative care plans, used when they need urgent care. This plan can be viewed by all healthcare professionals involved in their care via an online platform
- In our care homes, two specialist pharmacists and two specialist nurses have been training and advising staff and reviewing medicines systems – resulting in a 33% reduction in hospital admissions and a reduction in medicines wastage

- Granted 'trailblazer status' to pilot the ambitions of the children and young people's mental health green paper. The bid funds mental health support in schools for children and young people with mild/moderate mental health needs.
- A new community anticoagulation service launched, where stable patients can be seen in local clinics closer to home. Practices, CCG and Trust are working in partnership to transition patients into the community service (where clinically appropriate)

- Tele-dermatology service piloted with University College London Hospital, Royal Free and Whittington Hospital. Patients are remotely triaged within 3 working days, enabling much faster diagnosis and commencement of treatment. The pilot will be rolled out across NCL
- We increased referrals to our Rapid Response Service from GPs, London Ambulance Service and other health and care partners. Increasing our urgent community response helped avoid around 1,800 unnecessary hospital admissions (up from ~1000 in 2018/19), caring for more people closer to home.

- Rated as a high performing CCG on the proportion of people on a GP severe mental illness register receiving physical health checks, helping to reduce the health inequalities experienced by those with severe mental illness
- The number of people registered as having learning disabilities on a GP register increased to 1059 (up from 1014 in 2018/19) - enabling practices to better track the progress of annual health checks to help patients live healthier, longer lives
- Age UK Care Navigation and Social Prescribing service – residents offered 6 weeks of personalised support to tackle issues such as social isolation, housing issues and unemployment, to navigate the health and care system, and to be more active in their communities.

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

- review cardiology care pathways in line with national clinical guidelines,
- establish a single point of access for GP referrals for cardiology diagnostics
- enhanced clinical triage provided by a Consultant Cardiologist
- improve access to cardiology diagnostics in a community setting
- improve clinical leadership and GP education
- improve patient education

Enfield CCG and Enfield Public Health won funding for Cancer Awareness project:

- Surveyed demographic sample of population re: awareness of symptoms
- Results informed a campaign to raise awareness & reduce late presentations
- Training events delivered to GPs, Practice Nurses and Practice managers to
 - increase cervical screening rates
 - deliver meaningful Cancer Care Reviews for those living with cancer
- Cancer Action group is continuing the education and support with local health professionals
- The model for this project has been adopted by other CCGs as best practice

In 2019/20, we supported a range of initiatives in primary care to deliver improved care experiences and outcomes for residents, including:

- Extended Access Service offered an additional 43,317 appointments
- 18,000 patients' wound dressings changed in a setting closer to home
- Over 200 patients with Atrial Fibrillation managed through joint working between the patients, GP and specialists, for more personalised care
- GP-Led Care Homes service avoided 200+ A&E attendances

- Working across North Tottenham to tackle social issues that cause stark health inequalities for residents living in this area – a partnership between health, public health, social care, employment, housing, education services and voluntary and community organisations
- New investment in adult mental health services – including five year funding for a specialist outreach service for people sleeping rough or facing severe disadvantages

- Developed a new primary care focused service to address physical health inequalities faced by many people who live with severe mental health conditions
- Focused on improving health outcomes for those with frailty and long-term conditions by providing care in the community e.g. holistic home visiting service for older people with moderate frailty in Central and West Haringey, and multi-agency team supporting individuals with diabetes in East Haringey

- More young people are being supported in the community without the need to go to specialist mental health services. A new social and emotional wellbeing pathway was developed, focused on prevention and early intervention with local wellbeing workers and a central point of access
- Launched a new mental health recovery pathway, helping to make better use of the borough's buildings to provide day activities and counselling therapies to residents.

Fairer Together Partnership:

- Working with Council, police, fire service, education, voluntary sector and Healthwatch
- Strong focus on prevention and early intervention – including community wealth-building e.g. access to employment, flu clinics in community facilities
- Developed a new offer for young people bringing together partnerships including the housing teams and local police

- Whole-system asthma plan launched May 2019, building on borough-based integrated solutions and NCL-wide approaches to improve outcomes for children and families that live with asthma
- We are one of only three areas in England delivering best practice in dementia care. Enfield Care Home Assessment Team and Camden and Islington's Home Treatment Team both selected as examples of this.
- Barnet and Enfield launched 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

- Successful Barnet and Enfield pilot for First Contact Practitioners is being made permanent and extended to other boroughs. Musculoskeletal practitioners in GP practices to improve management of patients with back pain, reduce investigations and referrals, and supporting de-prescribing
- Helping people with mental illness to find work - Individual Placement and Support service was awarded £600,000 to fund five IPS workers from NCL, who provided support to help 300 people with severe mental illness find and thrive in paid employment.



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Accounts for 2019/20

Simon Goodwin
Chief Finance Officer

Financial performance 2019/20 and how the money was spent – Barnet CCG

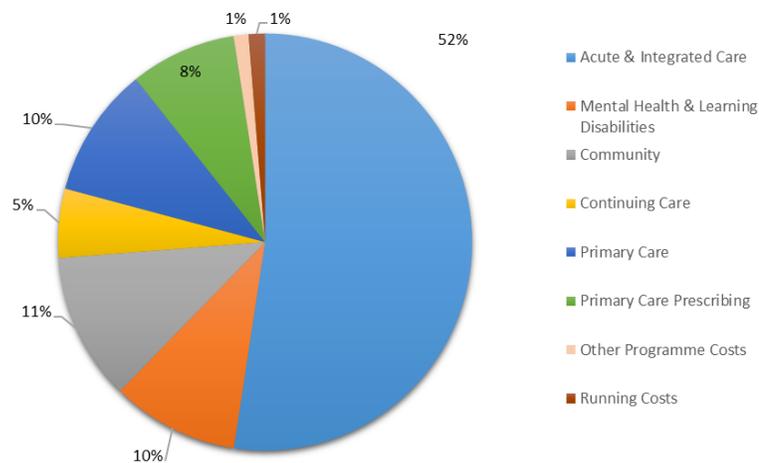


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- The CCG reported a year end deficit of £6.7m against a target of a surplus of £1.2m, pressures arising from increased cost in acute care, CHC, price increases of drugs and increased registrations with digitally based GPs outside Barnet.
- £17.7m (or 97%) of the targeted £18.2m QIPP programme was achieved.

	Plan	Actual	Achieved
Overall spending does not exceed the CCG allocation	£598.7m	£605.4m	No
To stay within plan	£6.7m deficit	£6.7m deficit	Yes
To deliver NHSE Control total	£1.2m surplus	£6.7m deficit	No
To meet our running cost allowance	£9.1m	£8.1m	Yes

Barnet CCG - Where your money was spent

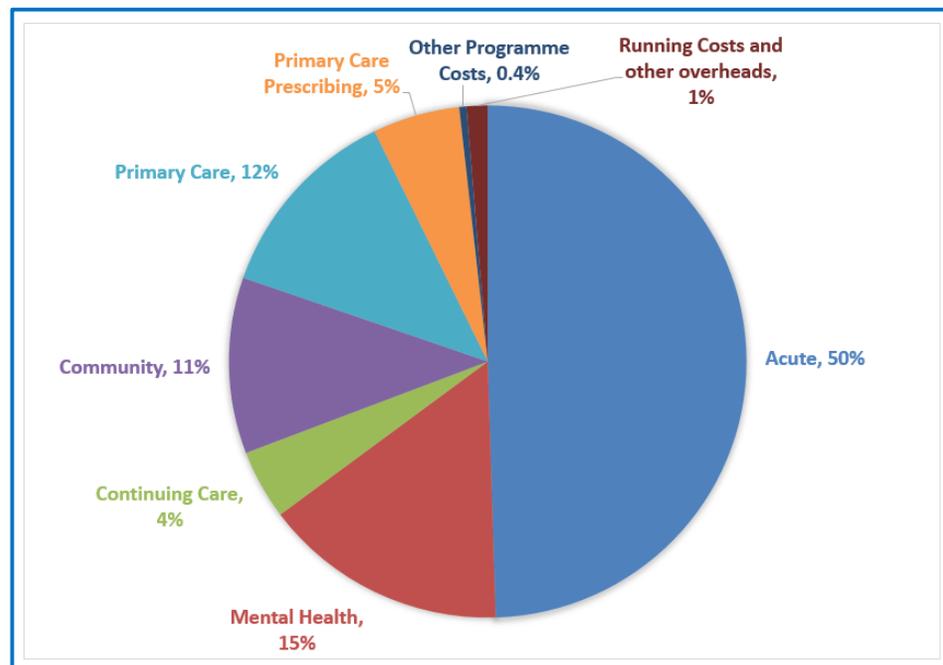


- Of the CCG's total £605.4m expenditure in 2019/20, £317.4m or 52%, was spent on acute (hospital-based) and integrated care (community-based) services in 2019/20.
- The vast majority of this spend was on the provision of care services at the CCG's main acute hospital the Royal Free NHS Foundation Trust.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

Financial performance 2019/20 and how the money was spent – Camden CCG

- Camden CCG achieved a £4.6m deficit in 2019/20 against a required planned deficit of £4.8m.
- £14.4m (or 96.5m%) of the targeted £15m QIPP programme was achieved.

	Plan	Actual	Achieved
Overall spending does not exceed the CCG allocation	£445.5m	£450.1m	No
To stay within plan and deliver a required deficit	£4.8m	£4.6m	Yes
To meet our running cost allowance	£5.9m	£5.9m	Yes



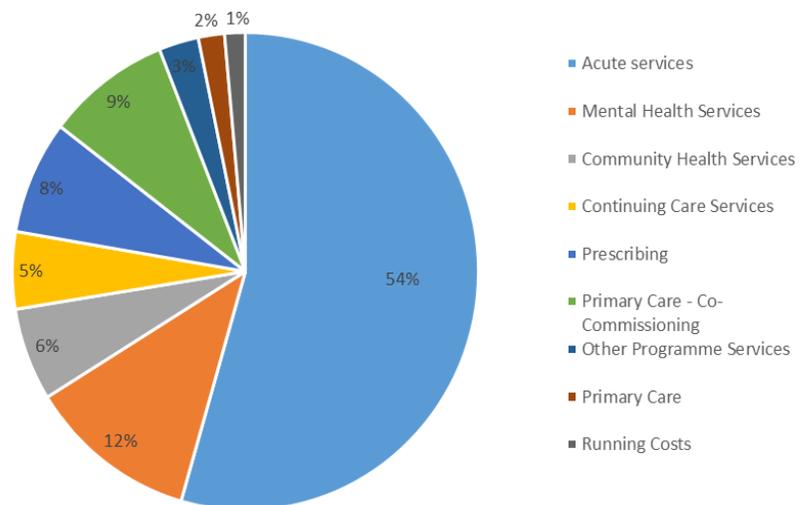
- Circa 50% of our £450m spend in 2019/20 was spent on acute health services.
- The majority of this spend was on the provision of care services at the CCGs two main Acute Hospitals: UCLH and Royal Free NHS Foundation Trust (Royal Free).
- The CCG spent £227m (50%) on other services, including £56m on primary care (including General Practice Delegated Commissioning), £69m on mental health and £50m on community.
- We have achieved the 2019/20 'Mental Health Investment Standard', and continue with our commitment of ensuring that spending on mental health services is in line with physical health services.

Financial performance 2019/20 and how the money was spent – Enfield CCG

- The CCG reported a year end deficit of £17.9m against a target of a deficit of £15.4m pressures arising from increased cost in acute care, and Continuing Healthcare.
- £12.3m (or 85%) of the targeted £15.0m QIPP programme was achieved.

	Plan	Actual	Achieved
Overall spending does not exceed the CCG allocation	£502.8m	£520.7m	No
To stay within plan	£15.4m deficit	£17.9m deficit	No
To deliver NHSE Control total	£15.4m deficit	£17.9m deficit	No
To meet our running cost allowance	£7.4m	£7.4m	Yes

Enfield CCG - Where your money was spent



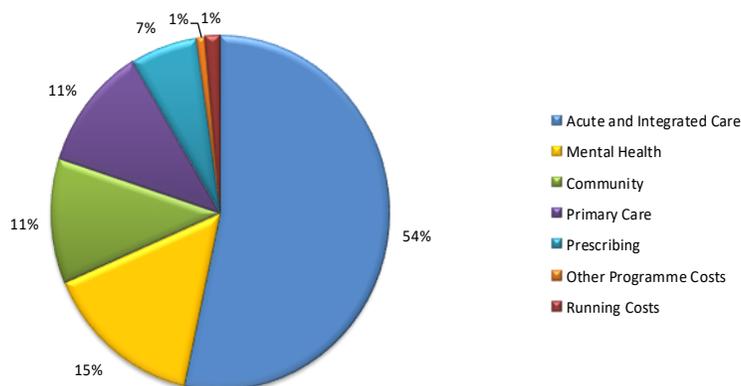
- Of the CCG's total £519.1m expenditure in 2019/20, £282.7m or 54%, was spent on acute (hospital-based) and integrated care (community-based) services
- The vast majority of this spend was on the provision of care services at the CCG's main acute hospitals: North Middlesex University Hospital and the Royal Free NHS Foundation Trust. The CCG's main provider of mental health services, Barnet, Enfield & Haringey Mental Health NHS Trust, accounted for 71% of the £60.9m spend on mental health services during 2019/20.
- Smaller contracts were in place with other NHS, community and voluntary sector providers. The CCG continued to pool resources and work collaboratively with colleagues at Enfield Council to better align patient health and social care needs.
- The chart illustrates how the CCG spent public funding on the provision of healthcare services for the local population.

Financial performance 2019/20 and how the money was spent – Haringey CCG

- The CCG reported a year end deficit of £16.5m against a target of £14.1m, pressures arising from increased cost in acute care, CHC, price increases of drugs and increased registrations with digitally based GPs outside Haringey.
- £11.8m (or 80%) of the targeted £14.8m QIPP programme was achieved.

	Plan	Actual	Achieved
Overall spending does not exceed the CCG allocation	£448.9m	£465.4m	No
To stay within plan and deliver a required surplus	£14.1m	£16.5m	No
To meet our running cost allowance	£6.6m	£6.4m	Yes

Haringey CCG - Where your money was spent



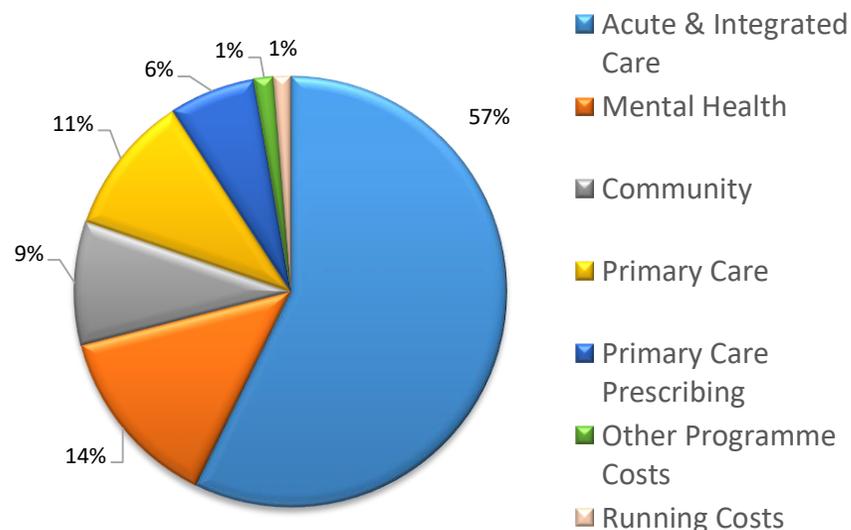
- Of the CCG's total £65m expenditure in 2019/20, £249m or 54%, was spent on acute (hospital-based) and integrated care (community-based) services in 2019/20.
- The vast majority of this spend was on the provision of care services at the CCG's two main acute hospitals: Whittington Health NHS Trust and North Middlesex University NHS Trust.
- The CCG's main provider of mental health services, Barnet, Enfield & Haringey Mental Health NHS Trust, accounted for more than 51% of the £71m spend on mental health services during 2019/20.
- Smaller contracts were in place with other NHS, community and voluntary sector providers.
- The CCG continued to pool resources and work collaboratively with colleagues at Haringey Council to better align patient health and social care needs.

Financial performance 2019/20 and how the money was spent – Islington CCG

- The CCG achieved a £13.2m surplus in 2019/20 against a required planned surplus of £13.2m.
- £10m (or 76.7%) of the targeted £13m QIPP programme was achieved.

	Plan	Actual	Achieved
Overall spending does not exceed the CCG allocation	£446.9m	£433.6m	Yes
To stay within plan and deliver a required surplus	£13.2m	£13.2m	Yes
To meet our running cost allowance	£5.6m	£5.6m	Yes

Islington CCG - Where your money was spent



- 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.
- The vast majority of this spend was on the provision of care services at the CCG's two main acute hospitals: Whittington Health NHS Trust and University College London NHSFT.
- The CCG's main provider of mental health services, Camden & Islington Mental Health Foundation Trust, accounted for more than 70% of the £62m spend on mental health services during 2019/20.
- Smaller contracts 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.

CCG Merger

- 2020/21 is the first year of North Central London CCG, a merger of Barnet, Camden, Enfield, Haringey & Islington CCGs.

COVID-19

- North Central London Sustainability and Transformation Partnership work on the 2020/21 Operating Plan, a response to the NHS 5 Year Strategic Plan, was suspended in March as part of the NHS response to the COVID-19 pandemic.
- Financial management of this period, April 2020 – September 2020 has been achieved through interim measures and the strengthening of financial governance processes to ensure joined up decision making in response to COVID-19 in North Central London.
- This will sit alongside the 2020/21 planning requirements to meet important performance and spending targets in mental health, community services and primary care.

Looking forward

- The CCG is expecting further financial guidance to cover the period from October 2020 to the end of the financial year, which will address elective workloads not covered in this COVID-19 response period.



Future plans and priorities

Frances O'Callaghan
Accountable Officer

Learning from our Covid-19 experiences to plan for the future

<https://vimeo.com/447419575/94f5be91af>

The role of NCL CCG as strategic commissioner

- Understand local population needs and set plans in line with the priorities for local people
- Allocate resources aligned with population needs, value for money and focused on outcomes
- Champion a collaborative working culture across health and care organisations in NCL
- Participate in and support borough partnerships to deliver person-centred, community care
- Support primary care networks to enable greater provision of proactive, personalised care
- Work in partnership with Providers to ensure, and assure, high quality service provision
- Champion the voice of local residents and service users

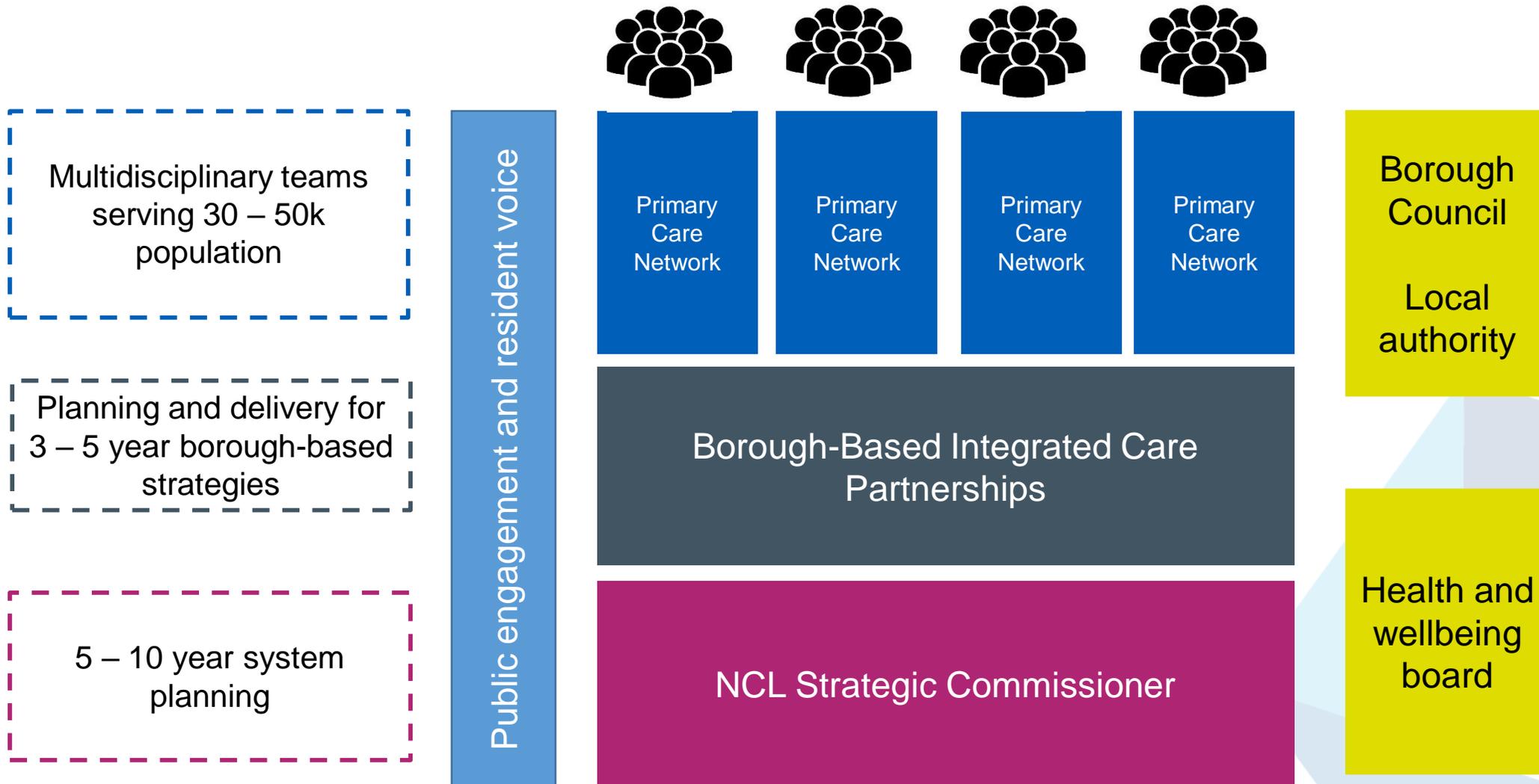
North Central London Integrated Care System



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- We want our residents to live healthier lives and get the care and treatment they need, in the right place, at the right time
- We are working to deliver improvements in outcomes through changes in the way we plan and deliver health and care services
- Building on the foundations laid by our Sustainability and Transformation Partnership we have formed an Integrated Care System for NCL
- NCL CCG, local NHS organisations, Councils and others will have collective responsibility for:
 - Improving the health of the residents
 - Integrating care & breaking down barriers between services
 - Delivering NHS standards
 - Managing resources

What does the NCL ICS look like?



North Central London Integrated Care System



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- Integration of care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.
- The NCL ICS will be made up of three main pillars of work:
 1. **Primary Care Networks** enable greater provision of proactive, personalised, coordinated and more integrated health and social care.
 2. **Personalised Care** gives people choice and control over their mental and physical health, as health and social care partners work together to deliver more person-centred care.
 3. **Population Health Management** will allow our partnership to use data to design new models of proactive care and deliver improvements in health and wellbeing that makes best use of the collective resources

What does the formation of an ICS mean for residents & patients?

“My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes.”

My goals / outcomes

- All my needs are assessed and taken into account.
- I am supported to understand my choices and to set and achieve my goals.
- The needs of my family and carer are recognised and they are given support.

Information

- I have the information to make decisions about my care, at the right time with support to use it.
- I can see my care records.

Care planning

- I work with my team to agree a care and support plan.
- I have regular reviews of my care so can plan ahead and stay in control to avoid a crisis.

What does the formation of an ICS mean for residents & patients?

Transitions

- When I use a new service my care plan is known in advance and respected.
- When I move between services/settings there is a plan.
- I know where I am going and who will be my point of contact.

Decision-making, including budgets

- I am involved in decisions about my care and helped to make informed choices.
- I know how much money is available for my care and can determine how this is used or get skilled advice about this.

Communication

- I tell my story once.
- I am listened to about what works for me and my life.
- The professionals involved in my care talk to each other and work as a team.
- I know who is coordinating my care, they understand me and I have one point of contact I can go to.

Covid-19 recovery planning

- We will accelerate, maximise, and lock-in the benefits of new ways of working that enable us to respond to the ongoing pandemic whilst building a better health and care system for the future.
- We will adapt how we care for an ageing population with more complex needs, supporting people with long term conditions and providing access to new treatments.
- We will continue to evolve our leadership structure to support with delivery of this plan as we move towards the establishment of an integrated health and care system.
- We will build a consensus on the actions we will take to address inequalities that exist across NCL - including action to tackle the wider determinants of health

Primary Care

- Triage online; over the phone and remote consultations; care provided via dedicated 'hubs' and home visiting
- Monitor patients with long term conditions remotely, with multidisciplinary teams, and support patients to self-manage
- Improve the use of clinical advice and guidance to link primary care and secondary care
- Introduce a consistent process for secondary care referrals, for timely and equitable access

Our hospitals

- Expanded intensive care unit (ICU) capacity & networks of support between hospitals
- New approaches to ensure patients stay in hospital only for the time they need to
- Reviewing services by medical specialty and using clinical networks to make sure we are using our resources most effectively
- Prioritising patients those with most urgent care needs when reviewing waiting lists

Mental health

- System working to support our most vulnerable service users, including ensuring those in crisis can access local hubs
- More telephone and video consultations – including group support – but face-to-face appointments for those most in need.
- We will continue to support people through IAPT services.
- We will support schools as pupils return with resources covering management of grief and changes in relationships.

Community services

- Comprehensive support for patients discharged from hospital following a Covid-19 diagnosis
- Physically separate Covid and non-Covid services and clinics
- Community service support for people with complex needs in care homes and temporarily housebound patients
- New community-based approaches to managing long term conditions and residents that are shielding

Tackling inequalities

- We are working in partnership with local communities and the voluntary sector to make a measurable impact on inequalities, especially addressing the wider determinants of health.
- We are building on and increasing our existing approaches to our staff and carer wellbeing, reducing disparity and inequity in staff and carer experience of working in North Central London.
- We will continue to do further work to understand the impact of Covid-19 on vulnerable individuals and communities in NCL.
- We will adopt 'person' and 'community-centred' approaches.

Engaging communities

- We will involve residents to shape the future of health and care services in North Central London and benefiting from their rich experience
- We will draw on the strength of our partners and their relationships with stakeholders to make sure we engage the right people, at the right time, through the right channels.
- We will ensure our engagement is wide ranging and seek the views of the diverse communities that we serve, with a particular focus on Black, Asian and Minority Ethnic (BAME) communities who have been disproportionately affected by the pandemic.
- We will ensure that service users, residents, carers and families are at the centre of our plans and services, through ongoing participation and engagement initiatives.



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Questions



Closing remarks

Dr Jo Sauvage
Chair