North Central London
Clinical Commissioning Group

Annual Report and Accounts 2020/21

Contents

PERFORMANCE REPORT

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Accountable Officer

14 June 2021

Accountable Officer's Introduction

Welcome to the 2020/21 Annual Report and Accounts for NHS North Central London Clinical Commissioning Group (NCL CCG).

This is the first Annual Report and Accounts we have published as one CCG for Barnet, Camden, Enfield, Haringey and Islington, following our formation in April 2021. We established a new Governing Body, which includes clinical members elected from across the five boroughs, and member practices agreed our new Constitution. I was delighted to join NCL CCG as Accountable Officer in February 2020.

The COVID-19 pandemic dominated our first year, and affected everyone living and working in our five boroughs. I would like to take this opportunity to offer my heartfelt sympathies to the families and friends of those we have lost in North Central London, including valued and much-loved health and care colleagues. I also want to offer my sincere thanks to everyone who has worked tirelessly to support local communities across this unprecedented year.

The pandemic response was declared a Level 4 incident, with national command and control systems stood up. Across 2020/21, our role was to convene and oversee the whole-system health and care response across North Central London. Wide-ranging changes were rapidly mobilised, including prioritising and re-directing hospital services to create intensive care unit capacity, wrapping dedicated support around our care homes, offering 'digital' appointments appropriate to circumstance, strengthening our 111 response, creating 24/7 mental health crisis telephone lines, and much more.

From December 2020, we put our full support behind the COVID-19 vaccine programme roll-out, which at the time of writing had delivered 800,827 first doses and 525,199 second doses. Significant collective efforts were focused on supporting equitable uptake among all communities and age groups.

Across 2021/22, commissioners, providers, councils, Voluntary and Community Sector (VCS) organisations and others worked together flexibly and with agility, and our relationships have been strengthened, with an increased understanding of each other's role and value. This will stand us in good stead as we move towards greater integrated system working, to improve the health of our population and tackle the inequalities we know many of our communities still face.

The principles that we are working to presently will remain at the heart of the North Central London system moving forward – such as developing population health management approaches, use of digital technology to support care pathways and enhance our workforce strategy, and building integrated out-of-hospital care around 'place' with primary care at the centre. Information on future priorities can be found in the Performance section of this report, including pandemic response and recovery plans, acute, community and primary care commissioning priorities, and the Health and Wellbeing Strategies for each borough.

This year, we welcomed the formation of the North Central London Provider Alliance and our Primary Care Alliance, both of which crucial elements of our journey towards integrated care system-working. More information on future plans can be found in this report.

The financial position in North Central London (NCL) has been increasingly challenging over recent years. In response to COVID-19, the national 2020/21 financial planning process was suspended and a temporary financial arrangement was put in place, with block contract arrangements set up with NHS Providers. NHS England and NHS Improvement fully funded our COVID-19 and non COVID-19 expenditure from April to September 2020, and from October 2020 the CCG received an allocation for the remainder of the financial year.

The CCG continued to experience significant financial challenges in 2020/21 to deliver against the agreed targets. The implementation of block contracts with our NHS providers and the additional funding made available for Community and Primary Care services to meet the demands of the pandemic enabled the CCG to deliver a surplus of £0.4m in 2020/21

It is clear that COVID-19 has had a disproportionate impact on communities already experiencing greater inequality and poorer health outcomes. Looking forward, NCL CCG is resolved to tackling the inequalities impacting residents' lives, and to working in partnership to deliver accessible, high quality services built around our diverse communities' needs and priorities. We will champion and assert the voice of all residents in North Central London recovery plans.

Purpose and activity of the organisation

NHS North Central London Clinical Commissioning Group (NCL CCG) is a clinically-led commissioning organisation established on 1 April 2020, from a merger of five previous CCGs;

Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG, and Islington CCG. Our statutory commissioning responsibilities involve assessing the health needs of the local population, deciding priorities and strategies, and then buying services from healthcare service providers. This includes primary care services, mental health and learning disability services, community health services, planned hospital care, and urgent and emergency care (including out-of-hours). The aim for the CCG is to commission safe, effective and responsive services that meet population health needs, promote wellbeing and reduce inequalities, to deliver the maximum positive impact within the resources available. By forming one CCG we plan to:

- Accelerate our work to build new ways of working across the system;
- Build a more efficient and effective operating model;
- Help to address health inequalities through strategic commissioning;
- Make better use of our resources for local residents and achieve economies of scale;
- Support the development of Integrated Care Partnerships and Primary Care Networks;
- Become an organisation with much greater resilience;
- Provide a single, strong and consistent vision and voice for our partners;
- Enable greater opportunities for working together as 'one NHS' to deliver improved outcomes for our population and reduce health inequalities.

Performance Overview

The overview section of this report highlights our activities and achievements during the year. It gives a snapshot of who we are, what we do, the challenges we have faced and how we responded.

2020/21 was a challenging year for the whole health and care system because of the COVID-19 pandemic. The CCG played a pivotal role in coordinating the system's response, working closely with GP practices, local authorities and providers to ensure the provision of the highest possible quality service to our patients, and delivery of the vaccination programme.

Due to the COVID-19 pandemic the CCG's main focus has been responding effectively to the national emergency and restarting services that had been paused due to the need to focus all NHS resources on dealing with the pandemic. A number of examples of how the CCG responded to the challenges of the COVID-19 pandemic are included in this report.

Our patients benefited from strong local relationships and mutual support across the system to boost critical care capacity, ensure timely discharge of patients from hospitals, adequate supply of testing and personal protective equipment (PPE), and support for care homes. This response required system-wide collaboration to deal with the unprecedented situation. Use of technology to deliver virtual appointments allowed some primary, secondary and mental health services to remain operational throughout the pandemic.

The pandemic highlighted the health inequalities that we knew existed in NCL, which led to a renewed system-wide commitment to protect those at risk from health inequalities and poor health outcomes. This includes ensuring that people who may be clinically extremely vulnerable to COVID-19 infection, such as BAME communities and those with long term conditions are identified and supported to follow specific measures such as shielding.

The CCG, in collaboration with system partners, made significant progress with the COVID-19 vaccination programme in the reporting year. The key focus was on the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 1-9, and channelling efforts to improve the uptake of those most at risk of mortality or serious illness as a result of contracting COVID-19.

The CCG, local authorities, GPs, hospitals, community organisations and other system partners have worked in collaboration to deliver and support a series of measures aimed at reducing COVID-19 vaccine hesitancy and address health inequalities. These include:

- Along with main vaccination centres holding community ‘pop-up’ vaccination events at places of worship, cultural hubs, venues accessible to the wider community and foodbanks. These ‘pop-up’ events have resulted in approximately 3,000 vaccines being administered;
- Incorporated homeless, sheltered, rough sleepers and asylum seekers into plans and held outreach clinics in hostels, hotels and other accessible sites. Consequently, approximately 1,600 homeless and eligible asylum seekers have been vaccinated;
- Working with partners and the third sector to disseminate information and undertake targeted engagement to reduce vaccine hesitancy. This includes (but is not limited to) specific webinar and events aimed at specific communities such as Black African and Caribbean, Somali, Romanian, Bangladeshi, Muslim and refugee and migrant communities;

- Working with high-profile sports clubs and community focal points such as Saracens Rugby Club (promoting vaccine update and addressing fertility concerns in women) and Tottenham Hotspur Football Club (holding a ‘pop-up’ clinic);
- A visit from His Royal Highness the Prince of Wales and the Duchess of Cornwall to a ‘pop-up’ clinic held at Finsbury Park Mosque and a further visit by His Royal Highness the Prince of Wales to a ‘pop-up’ clinic held at Jesus House;
- A visit by the Prime Minister of the United Kingdom to the ‘pop’ up vaccination clinic at Jesus House;
- A visit by the Mayor of London to Lordship Lane Primary Care Centre vaccination clinic.

EU EXIT Planning and Preparation

During 2019, NHS organisations were asked to prepare for a ‘no deal’ scenario. The preparations were focused on:

- Continuity of supply
- Improved trader readiness
- Winter pressures
- Increased complexity for reciprocal care and cost recovery
- Staffing resilience
- Data management

All communications and guidance were sent out from the NHS England & Improvement national team to ensure a coordination of the response across the country.

As part of these preparations, appropriate representation from within NCL CCG attended a number of teleconferences, webinars, workshops and exercises (both internal and multi-agency; local, regional and national). In addition, there was a requirement to complete numerous assurance requests and situation reports with all of our providers, both secondary and primary care, as well as reporting on the CCG’s own preparations. NCL CCG provided system leadership and significant focus was applied to this critical activity with all key stakeholders across North Central London - recognising the need for timely involvement. Throughout the period, regular updates were provided at Executive Management Team meetings and to the Governing Body. Full compliance within North Central London has been maintained with respect to all reporting requirements.

Following Government approval of the withdrawal agreement, the UK left the European Union on 31 January 2020. In September 2020, the Government confirmed that the transition period would end on 31 December 2020 and there would be no extension. At this point, organisational preparations were stepped back up across the NHS to ensure smooth transition. During this period, the CCG maintained close liaison and dialogue with NHS England and Improvement at both national and regional level, and with local providers to ensure collective preparedness. In mid-October, there was an assurance exercise to confirm if there were any expected issues related to data transfers between the UK and EU. Following that, NHS organisations were asked to prepare for the changes that would affect us should a Free Trade Agreement be finalised, but more importantly, to continue to prepare for a 'no deal' outcome which would be the worst-case scenario. NCL CCG continued to maintain oversight across the North Central London system, reaffirming the leadership role required by NHSE/I and ultimately helping to ensure full preparedness.

The CCG also continued to support our EU national staff members to apply for the EU Settlement Scheme, which is open until 30 June 2021. NHS organisations, including the CCG, continued to complete daily situation reports – helping to ensure resolution of any EU Exit related issues experienced by providers or the CCG.

As an organisation, NCL CCG has applied the appropriate rigour and focus on this matter and remains as prepared as it can be.

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 impact of the COVID-19 pandemic;
- Delivery of statutory and other financial requirements set by NHS England;
- Delivery of System Efficiency Plans;
- Achievement of the NHS Long Term Plan.

Notable risks that have been proactively managed through 2020/21 are:

COVID-19

The CCG demonstrated system leadership in responding to the COVID-19 pandemic and was at the heart of the major incident response in North Central London. This included (but not limited to):

- The establishment of the North Central London Incident Coordination Centre (ICC);
- Working with health and Social care organisations in partnership to deliver the system response;
- Commissioning a comprehensive suite of service and supporting their implementation at pace.

In between the waves of COVID-19 the CCG also focussed on system recovery, restarting elective activity and putting measures into place to mitigate the impact of further waves. The CCG investigated the impact and causes of health inequalities and the role this played in the COVID-19 pandemic. The CCG has established and continues to establish a range of measures to address health inequalities.

Finance

The 2020/21 financial planning process, budget setting and contracting round was suspended nationally due to the COVID-19 pandemic. The CCG's COVID-19 costs were funded by NHSE/I and consequently the CCG moved to a financial breakeven position. The CCG continues with financial recovery to offset any additional financial risks that may emerge. In line with national guidance the CCGs break-even position assumes full funding is received for the discharge schemes

Performance Analysis

Financial performance: 2020/21 Financial Review

Introduction

The 2020/21 financial year signals the first year of North Central London CCG following the decision to merge Barnet, Camden, Enfield, Haringey and Islington CCGs from the 1st April 2020.

This section of the annual report sets out a summary of the CCG's financial performance during the first 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 2020/21 accounts at the end of this annual report.

Financial Duties

During the 2020/21 financial year the CCG received a £2,895.2m funding allocation from the Department of Health and Social Care, via NHS England, to commission healthcare services for the local population. The CCG's Control Total, the targeted amount of spending NHS England sets for the CCG, was a deficit of £6.3m in 2020/21.

North Central London CCG operated under the unprecedented impact of the national Coronavirus pandemic in 2020/21. The CCG's funding was set by NHS England to enable the CCG to implement additional measures to respond to COVID-19. The CCG worked within the financial allocations set by NHS England and delivered a surplus of £0.4m for 2020/21.

The CCG's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2020/21 the CCG spent £29.7m in this area which is within the planned spending target.

Financial performance

The CCG continued to experience significant financial challenges in 2020/21 to deliver against the agreed targets. The implementation of block contracts with our NHS providers and the additional funding made available for Community and Primary Care services to meet the demands of the pandemic enabled the CCG to deliver a surplus of £0.4m in 2020/21, which represents an improvement of £6.7m against the CCG's target. In addition, the CCG has a requirement to meet important performance and spending targets in areas such as Mental Health and Primary Care and has continued to work with partner organisations across the health, local authority and third sector to ensure care is provided in the most appropriate setting.

Of the CCG's total £2,894.8m expenditure in 2020/21, £1,493.6m or 52%, was spent on acute (hospital-based) and integrated care (community-based) services. The vast majority of this spend was on the provision of healthcare services at the CCG's four main acute hospitals: Royal Free London NHS Foundation Trust, University College London Hospitals NHS Foundation

Trust, North Middlesex University Hospital NHS Trust and Whittington Health NHS Trust. The CCG's main providers of Mental Health services, Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust, accounted for 62% of the £386.5m spend on Mental Health services during 2020/21. 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 the local Councils to better align patient health and social care needs.

The following chart illustrates how the CCG spent public funding on the provision of healthcare services for the local population. Children's services are delivered by or in partnership with local councils and incorporated into Community Services.

Overall spending during 2020/21

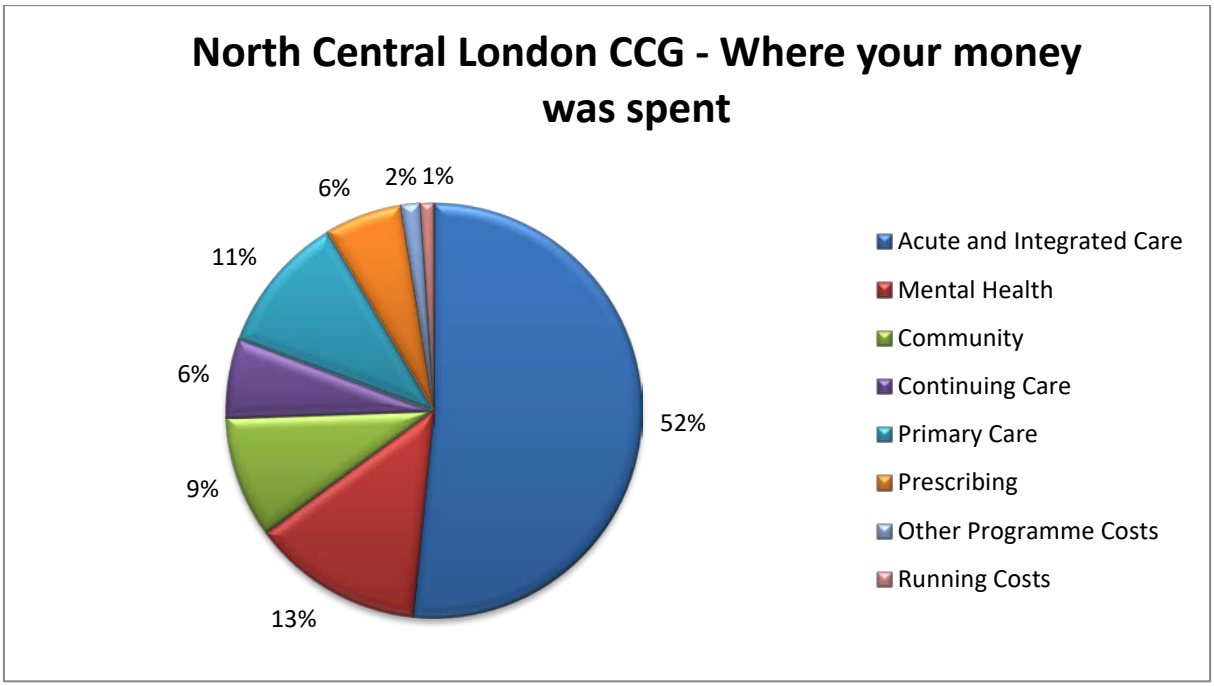


Figure 1 - Overall spending during 2020/21

By achieving the 2020/21 '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 £108.6m 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.

North Central London CCG has delegated responsibility from NHS England to commission primary care services for General Practice. During 2020/21 North Central London CCG spent £238.8m 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 System Efficiency Plan (SEP)

In order to meet financial planning requirements and improve the quality and efficiency of services, the CCG agreed a £2.8m SEP target for 2020/21. This is lower than in previous years due to the impact of the pandemic and the way hospital services were funded in 2020/21. The saving were delivered across Continuing Healthcare, Prescribing and Other Programme costs in 2020/21.

The CCG will work with system partners in the post-COVID recovery period to identify and deliver savings and efficiency opportunities going forward.

2021/22 Planning Guidance and Financial Outlook

The CCG has produced a draft plan for 2021/22 for the first half of the year (April 2021 to September 2021) which reports a breakeven position against the funding allocation. The wider NCL ICS is experiencing significant pressure in delivering a balanced plan, with a backlog of elective activity adding to the already stretched financial position. Further collaborative working across all partner organisation is on-going to mitigate these pressures and aim to deliver a balanced position by the end of 2021/22.

For the April 2021 to September 2021 period the existing set of temporary national financial arrangements have been extended in order to reduce transactions and allow cash to flow to front-line services as quickly as possible. Contracting arrangements have been simplified and pooled funding agreements with local authorities have been extended in order to meet the whole cost of hospital discharges. Financial governance processes have been strengthened to ensure joined up decision making in response to COVID-19 in North Central London.

The CCG awaits further national guidance for financial planning for the second half of 2021/22 (October 2021 to March 2022). 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 2021/22

planning requirements to meet important performance and spending targets in Mental Health, Community Services and Primary Care.

NHS Oversight Framework

NHS England has a statutory duty to conduct an annual performance assessment of CCGs. Due to the pandemic, the 2020/21 NHS Oversight Framework for CCG year-end assessment ratings was not published. Assessments are expected to be based on year-end review meetings with the Regulator, using key lines of enquiry and self-assessments. It is understood that no performance indicators or assessment ratings will be issued.

NHS Constitution Targets – Performance Reporting

The NHS Constitution sets out the rights that patients, the public and staff have from their health service, underpinned by a series of pledges. The CCG's ability to deliver against these pledges and other operational performance standards in 2020/21 was significantly and adversely impacted by the pandemic, as resources were diverted to treating COVID-19 patients. In line with the requirements of the Level 4 National Incident declaration and in collaboration with sector providers, patient safety and management of clinically urgent cases were prioritised over access targets to reduce the risk of harm during this unprecedented period.

During the first phase of the NHS's preparation and response to COVID-19, emphasis was placed on freeing up the maximum possible inpatient and critical care capacity in order to deal with the predicted numbers of COVID-19 patients who would need inpatient care. All non-urgent elective operations were postponed and medically fit patients in acute hospitals swiftly discharged. Independent sector capacity was also secured in this effort. Phase II response detailed the support for COVID-19 patients, including aftercare in the community and NHS staff health and wellbeing. Phase III began in July 2020, focusing on restoration of non-COVID-19 NHS services following a period of sustained decline in COVID-19 incidence. Elective Recovery Plans, including support for workforce and actions to tackle inequalities, were paused subsequently in December 2020 during the second COVID-19 surge.

The CCG's performance management framework for 2020/21 was aligned to delivery of national priorities relating to the NHS response to COVID-19 through the different phases.

NCL System Performance and Recovery during COVID-19

The system experienced significant bed and workforce pressures during 2020/21 and responded by creating additional capacity, and temporarily reconfiguring services. NCL providers kept bed configuration and services under constant review. The NCL Operational Implementation Group oversaw the system's response, which included arrangements for mutual aid and the development of clear escalation processes for each hospital in NCL. Critical care patients and staff were transferred between hospitals to ease pressure at challenged sites - a key component of the NCL system response to the latest surge.

Fewer patients presented to Accident and Emergency (A&E) departments throughout 2020/21 compared to the previous year. The Urgent and Emergency Care (UEC) Restoration Board regularly monitored capacity and demand, and implemented actions to improve performance, including maintaining capacity within NHS 111 and the implementation of an NHS 111 London "gold standard" for Same Day Emergency Care pathways, with direct booking functionality from NHS 111. A&E departments were also supported by Walk-in Centres, Urgent Treatment Centres, Rapid Response services, Mental Health Assessment and Paediatric Assessment teams who redirected patients to more suitable services.

Ambulance response times in NCL were generally above operational standards across most categories during the year, although there were notable increases during the second COVID-19 wave at the end of 2020. This trend was also seen in handover waits as complexities involved in moving patients along the pathway, as well as turnaround times for COVID-19 testing increased.

In order to deliver a safe service without compromising capacity, NCL GPs increased the use of virtual clinics. This enabled the total amount of GP appointments delivered in NCL, to return to near pre-Covid-19 levels as the year progressed. By the end of 2020/21, virtual clinics accounted for just over 50% of all appointments, whereas that value had been routinely under 20% of the total, prior to the pandemic. Clinical prioritisation of urgent referrals and the workload backlog was a focus, alongside patient access, integrated working and staff health and wellbeing. Towards the end of the year, the focus incorporated the roll-out of the COVID-19 vaccination programme and urgent/important care, using the guidance provided by The Royal College of General Practice to help assess priority of work.

In January 2021, NCL CCG worked with system partners to put in place a 'COVID-19 Oximetry @home' model, and this covered four key requirements:

- An advice line to provide support for GPs who had people on the Oximetry @home service to prevent acute admissions;
- To support GP practices and other primary care providers to deliver the national Oximetry @home SOP to monitor all eligible patients with COVID-19 symptoms using a pulse oximeter;
- To establish a Same Day Emergency Care (SDEC) pathway to enable rapid access to diagnostics and senior clinical decision making to determine the appropriate next steps for a specific moderate-risk cohort of suspected COVID-19 positive patients;
- To develop secondary care led COVID-19 virtual wards to deliver acute led Oximetry @home remote monitoring for admission avoidance and early supported discharge pathways.

In addition to delivering on these objectives, a single point of access was implemented by the GP Federation to provide acute trusts with a single way to refer NCL patients appropriate for Oximetry @home.

To date over 9,000 pulse oximeters have been distributed to NCL practices via NCL CCG and GP Federations and at the peak 987 patients across NCL were on the Oximetry @home pathway. All acute providers set up and embedded a COVID-19 virtual ward as part of the offer for patients to avoid an admission, or for early discharge. At the peak, 86 patients across NCL were on a virtual ward.

GP referrals for suspected cancer fell sharply at the beginning of the pandemic but have subsequently returned to normal levels, although a gap remains in terms of the background referrals that did not present during this period. Routine GP referrals to acute services, however, remained generally below the prior year's level. The CCG is undertaking gap analyses to inform the system's response to reduce the risk of patient harm.

The median wait of patients on Referral to Treatment (RTT) lists increased steadily through the year in NCL, as non-urgent elective care was stood down during various phases of the COVID-19 response. The number of patients waiting over 52 weeks also increased. Cancer waiting times returned to pre-pandemic levels after rising fourfold during the first surge. Elective activity was maintained at just under 50% of the previous year's levels during the second COVID-19 wave, reaching as high as 90% when COVID-19 cases in hospital were at their lowest.

In February 2019, the Royal Free London suspended national reporting of RTT data due to data quality concerns. The Trust, working in collaboration with commissioners, has undertaken a comprehensive data validation programme, which concluded in March 2021 with a recommendation from an external assessor to return to national reporting in April 2021 with March 2021 data. This was approved by the Trust's Board – there will in all likelihood be a material detrimental impact on the overall NCL long waiters position in the short to medium term as reporting resumes, but this will be a focal point in terms of system improvement and recovery for the months ahead.

As a system, NCL worked to reduce the impact of COVID-19 on long-waiting patients by supporting mutual aid between providers to optimise existing treatment capacity and ensure equity of access. NCL sought to maximise the use of independent sector providers for high volume low complexity procedures and the use of surgical hubs. All providers undertook regular validation of waiting lists to assess the clinical urgency of patients waiting for treatment, including cancer patients. Clinically urgent cases were prioritised to reduce harm and improve outcomes, and clinical harm review processes were established for long-waiting patients at all providers.

Diagnostic imaging services responded to the challenges by increasing capacity and reconfiguring services to be compliant with Infection Control and Prevention guidance, resulting in steady improvements in median waits for the main modalities (endoscopy, computerised tomography, magnetic resonance imaging, and non-obstetric ultrasound). A diagnostic board was set up to oversee improvement and transformational plans under three main areas of focus - continued development of an NCL Imaging Network, development of NCL Community Diagnostic Hubs, and echocardiograms service improvement. A separate endoscopy programme oversaw improvements in capacity and pathways during 2020/21.

Mental health services were also impacted by COVID-19 during the year, in terms of a reduction in referrals, access and patient placements. This was noticeable across most services after the first lockdown, but measures implemented helped prepare services for subsequent pandemic effects. There was increased mental health funding, alongside integrated personal commissioning. Mental health providers in NCL strengthened dedicated crisis pathways for adults and young people and committed to working with primary care and local authorities on shared risk registers and risk stratification. There was also mutual aid and shared ICS support, especially across inpatient facilities. Digital technology was utilised alongside non face-to-face

appointments, and NCL also established mental health and wellbeing staff resilience hubs to increase support, all to acknowledge the changed environment created by COVID-19.

Sustainability Report 2020/21

North Central London Clinical Commissioning Group (NCL CCG) recognises 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 in 2019. This guides our sustainability priorities with member practices, current and future providers and ensures there is focus on environmental and social sustainability across all our activities.

The NHS Carbon Reduction Strategy for England 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 in reducing carbon emissions, a key cause of climate change. As a result, we continue to have a Sustainable Development Management Plan in place.

NCL CCG is 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 the CCG's business;
- Minimise the environmental impact of our offices;
- Raise awareness and actively engage and enthuse staff in sustainable behaviours.

We want to do 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.

Widening inequalities and growing pressures on the health and care system have prompted questions about the role and responsibility of large public sector organisations to tackle the wider determinants of health and to act as 'anchor institutions'. Building on good practice at the local organisational level, NHS, local authorities and partners in NCL have the opportunity to collaborate as an 'anchor system' to use their collective assets for social, economic and environmental benefit - sharing local learning to accelerate progress more widely and aligning where helpful. NCL CCG, as well as taking the role as system leader, is committed to the following actions to improve the organisation's sustainability and ensure we provide and 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;
- Encourage agile working through teleconferencing and access to e-documents to reduce the use of paper, office space and travel needs, thereby reducing the CCG's environmental impact;
- Promote healthy eating through our health and wellbeing week, and encourage staff to support local businesses, promoting organic products and a reduction food wastage from restaurants and supermarkets in our area;
- Follow reduce, reuse, recycle principles by:
    - Reviewing the use of plastic cups and water resources across all CCG sites to reduce waste and create efficiencies;
    - Collaborate between the CCG sites to switch to reusable energy providers, reduce waste by reusing unutilised goods from other offices where needed, and promote recycling;
    - Liaise with our landlords / local authorities to reduce building energy usage and improve 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.
- Through building an expectation of social value into all procurements and work with providers, 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. We will also use social value in procurement to increase the number of local employment opportunities
- Address inequality and improve diversity in our organisation and through the services we commission;
- Working as part of an anchor system, the CCG will work in partnership with our providers, local authorities and other CCGs to reduce duplication and optimise outputs.

Throughout 2020/21, staff across our organisation have worked remotely. This has helped with many of our commitments to sustainability, although we are now returning to our plans to consider our ongoing commitment and the areas where we have had limited opportunity to deliver.

As part of the Long Term Plan published in January 2019 and the White Paper published in February 2021, there is a transition from STPs to Integrated Care Systems (ICSs). The White Paper enables greater integration, reduces bureaucracy and supports the way that the NHS and social care work together. In support of this, NHS organisations and councils in North Central London share a commitment to improving the health and wellbeing of the local population to align with the development of Integrated Care Partnerships (ICPs) and the work on the Integrated Care System across NCL. This will have clear benefits in the way the system will manage resources, helping to create further efficiencies and improve environmental sustainability.

Improve Quality

Part 1: Quality Improvement and North Central London Clinical Commissioning Group COVID-19 Response

In response to the COVID-19 pandemic, NCL CCG worked to support a system-wide response (NHS and social care). The CCG took the lead on a number of deliverables, organised into work streams, and staff worked flexibly to support these. These work streams reported into the NCL

Clinical Advisory Group (CAG) which has been operational since April 2020 and brought together, twice weekly during the height of pandemic and then weekly, medical directors, senior nursing leads, primary care and the senior CCG commissioning and quality directors. Co-chaired by the ICS Medical Director and CCG Governing Body Chair, the CAG provided system assurance to the NCL GOLD emergency response about the clinical robustness and appropriateness of temporary service changes made to support both the emergency response to the pandemic and the system recovery. The CAG also provided a direct link to the London Clinical Advisory Group, enabling NCL proposals to have clinical endorsement prior to a discussion at regional level and a forum for local discussion of regionally driven approaches and insights.

CCG-led support to the NCL health system has included:

- Personal Protective Equipment (PPE) supply coordination and delivery;
- CCG clinical (and non-clinical) staff re-deployment to support primary care, NCL trusts;
- COVID-19 vaccine delivery programme;
- Strategic planning and coordination of the delivery of the NCL flu and COVID-19 vaccination programmes;
- Dissemination of national guidance on COVID-19 to the local health system;
- Delivery of staff training to primary care and care homes on interpretation of the guidance (e.g. infection prevention control);
- Support to primary care, including weekly webinars to assist health professionals interpret and keep up-to-date with changing guidance and provision of expert clinical advice in response to enquiries from health and social care professionals and members of the public;
- Hospital discharge pathway support.

The following section provides brief descriptions of quality improvement activities undertaken by NCL CCG to support providers throughout the pandemic. Going forward in 2021, key priorities for the CCG in the COVID-19 response are:

- Continuation of the COVID-19 vaccination programme;
- Ensuring that quality and safety are maintained during a potential wave/s of COVID-19 as restrictions are lifted;
- Returning to pre-COVID-19 ‘near normal’ service provision and the impact this may have on patient safety and patient experience e.g. delayed diagnostics and Referral to Treatment backlogs;

- Continuing to provide mutual aid to the local authority care providers in relation to Infection Prevention and Control training.

NCL CCG Incident Coordination Centre

Following the NHS declaration of a Level 4 National Incident on 30 January 2020, and the NHSE Letter on 2 March 2020 'COVID-19 NHS preparedness and response', the CCG established an NCL Incident Coordination Centre (ICC) in line with the NCL CCG's Joint Emergency Preparedness, Resilience and Response (EPRR) Policy (2018).

The NCL ICC has and continues to play a key role in supporting North Central London's emergency incident response, providing a crucial interface, seven days per week, between acute, community and primary care providers, the CCG, NHSE London and other system partners. The work of the ICC has included, but not been limited to the following COVID-19 response activities:

- Supporting the work to establish, at the outset of the pandemic, system-level working including the operating arrangements for the executive-level GOLD group;
- Co-ordinating key response activity between system partners including, for example, supporting the provision of Personal, Protective Equipment and other key supplies and equipment;
- Representing North Central London at regional and national meetings and briefings – and providing subsequent briefing information to system partners;
- Liaising with Trust Incident Management Teams and supporting General Practices and Primary Care networks;
- Providing a central coordinating function including in the provision of health provider information and assurance responses required at a system level;
- Supporting system-wide communications and engagement activity;
- Receiving and cascading national and London guidance and information, including safety alerts, both in and out of hours;
- Being accountable to NHSE London region for NCL NHS 'system' and ensuring accurate responses to data requests to track the spread of the virus and the collective healthcare system response;
- Participating in local London Region Resilience Emergency Planning;
- Providing support and expert clinical advice to health professionals who have enquiries or who wish to escalate matters of concern related to the NCL health response;

- Ensuring that patient, provider and MP enquires related to the pandemic response, including the vaccination programme, are responded to in a timely way;
- Supporting the work to redeploy staffing across North Central London to ensure key capacity is in place to respond to urgent priorities arising from the pandemic.

CCG Support to Primary Care through the Pandemic

During 2020/21, a whole range of communication and engagement mechanisms were put in place to support general practice, with the aim of rapid dissemination of relevant information, guidance and clinical updates. These included:

- An online intranet site to enable general practice to access the latest COVID-19 related advice and guidance. The website includes links to national and local guidance, covering a range of clinical and operational topics and information on upcoming education and training events;
- A twice-weekly COVID-19 GP bulletin to share key information specific to the pandemic with GP practices, including regular updates on referral pathways, education and training and the wider health and care system;
- Weekly webinar for Governing Body clinicians and clinical leads, to provide a forum for clinical leadership and discussion;
- Weekly GP practice webinar hosted by the NCL CCG Chair, with clinical and officer guest speakers. These webinars provided an opportunity for practices to receive relevant updates and to raise questions. This weekly webinar has enabled challenges being experienced by frontline staff to be raised in real time. This was particularly important when COVID-19 infection rates were high and quick solutions were needed. As an example, practices used these webinars to raise questions about infection control issues that were specific to general practice (e.g. how to conduct a home visit safely). The CCG was able to commission experiential infection prevention and control training that was tailored to general practice;
- Regular webinars were also held at a borough level to support practices with borough-specific questions and information sharing;
- A range of ad hoc educational webinars were held in conjunction with the NCL Training Hub to support clinical learning which is related to the management and care of patients with COVID-19; these have included remote management of febrile children, mental health, end of life care and more;
- The NCL Incident Coordination Centre also provided a route for practice and professional queries;

- The CCG also appointed a GP clinical lead for infection prevention and control to provide further support to practices.

NCL Personal Protective Equipment (PPE) Programme

A comprehensive NCL PPE programme, covering all health and care partners, was established as part of the CCG pandemic response. This was led by the Commercial Finance Director of the Royal Free Hospital. This network was established in the early stages of the pandemic and played a central role in ensuring that staff members, and the people they were supporting, were protected.

An NCL stock and distribution model was developed to support the planning and management of PPE across NHS trusts, primary care, and local authority services. It was built on the NHS Partners Procurement Service, a joint procurement service that covers the Royal Free Group, North Middlesex, Whittington Health and Moorfields. Additional storage capacity was purchased at Chalk Mill Drive in Enfield, which acted as the central storage and distribution of the national pushes of PPE key lines from NHS Supply Chain into London, which was then distributed to other STPs, and across all NCL trusts.

Regular meetings were established between procurement leads from each NCL trust, primary care and local authority services to coordinate the distribution of the national PPE ‘push’ and to share updates and requests for action. These meetings identified where stocks were running low, supported mutual aid when business as usual (BAU) routes were challenged and enabled issues from across our health and care system to be escalated through a single route.

This approach was underpinned by a system developed to capture detailed usage data across providers and sectors. It enabled the development of a usage model in different care settings (theatres/intensive care unit (ICU)/wards/outpatient areas/care homes/primary care), provided visibility of PPE usage at an NCL level, and enabled identification of outlying areas that required peer challenge and support. It also informed the requirement planning for the restart of community services and elective care.

The programme brought together health and care providers across the system to develop quick solutions to PPE issues during a time of unprecedented need and has been a testament to collaborative system working across NCL.

Flu Vaccination Programme

To support the NHS through the winter period, and lessen the demand on the NHS, the largest influenza campaign ever was undertaken across the country and NCL CCG undertook a concerted effort to significantly increase influenza vaccination coverage and achieve a minimum 75% uptake across all eligible groups. In order to achieve these ambitious targets, the CCG introduced a number of new measures, including:

- Working as a system to achieve these ambitious targets, with all providers playing a role in “Making Every Contact Count”;
- Introducing a Locally Commissioned Service (LCS) in Barnet, Enfield and Haringey borough primary care directorates, bringing them in line with local incentives offered in Camden and Islington;
- Providing all Primary Care Networks (PCNs) with infrastructure funding to support them to undertake the largest vaccination programme in history;
- Developing a HealtheIntent dashboard to support delivery and address inequalities in our boroughs, specifically targeting those population groups who do not traditionally receive vaccinations, as well as those at greatest risk as a result of flu and COVID-19;
- A communications and engagement plan designed to support North Central London residents to ‘Stay Well and Seek Help during winter’;
- A vaccination programme that vaccinates NCL CCG staff, who are not eligible for a vaccine under the NHSE/I health and care workers scheme.

Final NCL Flu vaccine uptake rates in NCL 2020/21:

Patient Cohort	**London Average 20/21**	**NCL Average 20/21**	**NCL Average 19/20**	**Improvement**
Over 65	71.50%	70.7%	66.20%	+4.5%
Under 65 (at-risk)	44.70%	42.5%	40.30%	+ 2.2%
Pregnant Women	*Data quality issues being investigated by NHSE/I London Region relating to this cohort*			
2&3 year olds	46.40%	44.4%	29.80%	+ 14.6%

Table 1 – NCL Flu vaccine uptake rates 2020/21

COVID-19 NCL Vaccination Programme

The delivery of a safe and effective vaccine for COVID-19 has proven to be a critical component of the successful UK response to the global pandemic. Deployment of an effective vaccine is

supporting the lifting of many of the restrictions that are affecting us all socially, economically and psychologically and helping us return to our familiar ways of life.

The COVID-19 Vaccination Deployment Programme has been established to develop and implement the end-to-end operational delivery and administration of COVID-19 vaccines in England. The programme's objective is to enable the safe administration of any COVID-19 vaccine by regions, systems and NHS providers (including primary care) as soon as possible once made available in the UK.

The North Central London COVID-19 Vaccination Programme has been established and this section summarises the programme structure, a stocktake on the latest planning assumptions and delivery status, as well as guidance for the COVID-19 Vaccination Deployment Programme.

Programme Structure

The COVID-19 vaccination programme is underpinned by a comprehensive governance structure (as detailed in figure 1). The NCL COVID-19 Delivery Programme Board is responsible for ensuring that the key deliverables of the programme are met, supported by the NCL enabler and delivery work streams that underpin the structure.

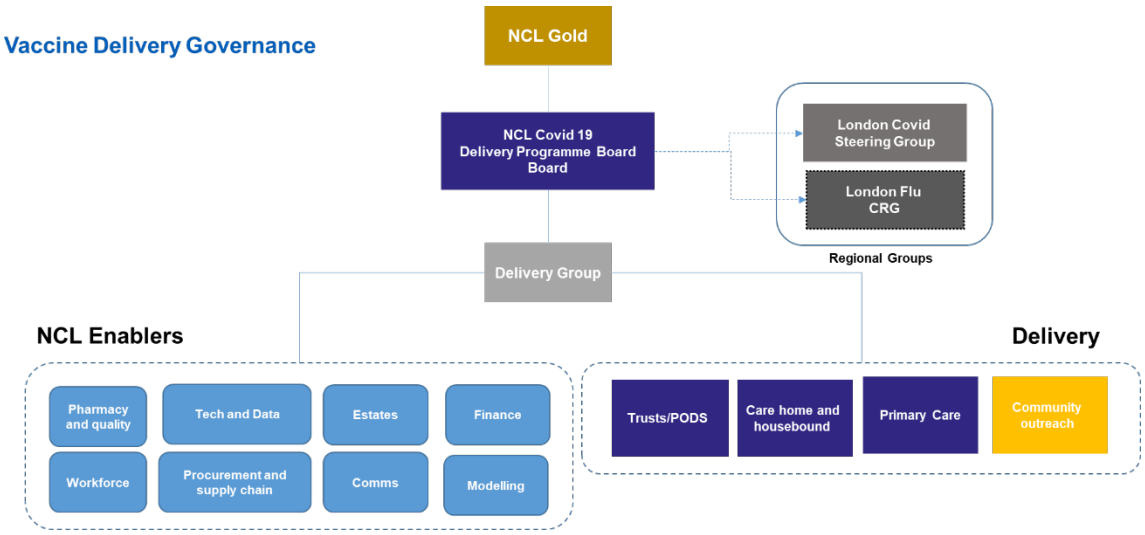


Figure 2 – Vaccine Delivery Governance Structure

The programme board and underpinning structure is made up of representatives from the Clinical Commissioning Group, Acute, Community and Mental Health Trusts, Primary Care

Networks, Local Authorities and Public Health colleagues. The purpose of this governance framework is as follows:

- Be the interface between National/Regional/Local;
- Provide the overarching governance and decision making framework for the programme;
- To determine the right programme approach and mandate for delivery;
- Strategically identify, prioritise and allocate resources to work streams, re-aligning where necessary;
- Provide a robust challenge and scrutiny function across the programme;
- To provide programme assurance to NHSE/I London region and national.

Delivery Model and Current Performance

The Joint Committee on Vaccination and Immunisation (JCVI) advised that the first priorities for the current COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems. In the context of the epidemiology of COVID-19 in the UK in late 2020, the JCVI placed a high priority on promoting rapid, high levels of vaccine uptake among vulnerable persons. Therefore, given data indicating high efficacy from the first dose vaccines, the committee advised that delivery of the first dose to as many eligible individuals as possible should be initially prioritised over delivery of a second vaccine dose in order to maximise the short-term impact of the programme. The second dose of the vaccine may be given between 3 to 12 weeks following the first dose.

Priority	Cohort	NCL population (total)	Vaccinations required (2 doses per individual)
1	Care Home Residents	4220	8440
1	Residential Care Workers	10814	21627
2	80+	44682	89363
2	Healthcare Workers	43956	87912
2	Social Care Workers	26380	52761
3	75-79	29757	59514
4	70-74	42315	84629
5	65-69	45713	91425
6	High Risk under 65	7167	14334
7	Moderate Risk under 65	92068	184136
8	60-64	38171	76342
9	55-59	50971	101942
10	50-54	63967	127935
11	Key Workers 18-49 Not At Risk	96860	193721
11	Other 18-49 Not At Risk (BAME)	200006	400012
11	Other 18-49 Not At Risk (non BAME)	288555	577109
Totals		**1085601**	**2171203**

Table 2 – JCVI Priority Groups, NCL Population & Vaccines required (100% take up)

Table 2 gives an indication of the eligible population within NCL (1,085,601) and the indicative number of vaccines (2 doses per individual) that would need to be administered (2,171,203) in order to fully vaccinate our population.

In order to rise to the challenge presented by the vaccination programme, a mixed model of delivery was adopted across the health and social care system to both identify those populations in scope for a vaccination and subsequently administer the vaccination to these populations.

Building on the success of the NCL flu vaccination programme, the HealtheIntent population health management platform is being used to join up data from across health and care in near real time to help improve patient uptake of the COVID-19 vaccination.

HealtheIntent provides a breakdown of those who have received or are eligible for a vaccination by equality measures and demographics (age, gender, ethnicity, clinical risk, geographical location and deprivation). This information can be broken down further to better understand equality factors and help to shape the model of delivery, including the provision of 'pop-up' clinics to support the vaccination of those least likely to engage in the programme.

Figure 3 identifies the key delivery models that have been adopted across NCL. In addition to the models identified below, we have also delivered 'pop-up' clinics to serve discrete populations who have been shown as less likely to receive a vaccination. These are proving particularly successful in supporting the closing of the health inequalities gap across NCL and ensure that those communities disproportionately impacted by COVID-19 are encouraged and supported to receive a vaccination.

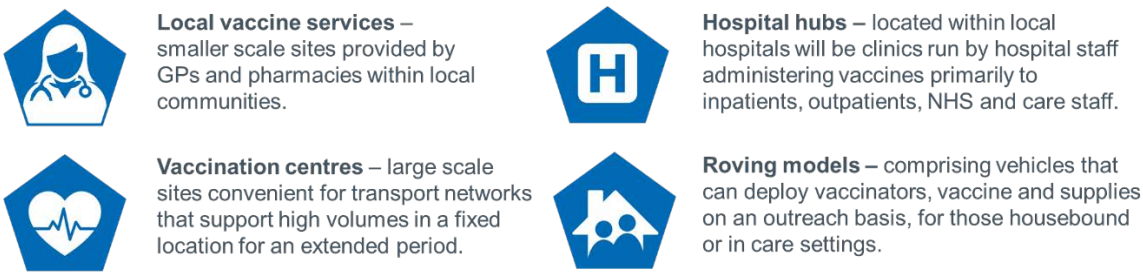


Figure 3 – Vaccine Delivery Models

As previously mentioned, local authority and public health colleagues have supported the shaping of the model, as well as identification of eligible populations, whilst undertaking a considerable amount of engagement with populations to reduce vaccine hesitancy. This example of partnership working has been crucial to the delivery of this very complex programme and we would like to extend our thanks to local authority public health colleagues for their continued efforts to support and guide the programme.

Delivery

At the point of compiling this report, the COVID-19 vaccination programme is still very much underway. As of March 2021, the key focus remains on the JCVI cohorts 1-9 and channelling efforts to improve the uptake of those most at risk of mortality or serious illness as a result of contracting COVID-19. The recommended gap of up to 12 weeks between administration of first and second doses remains in place.

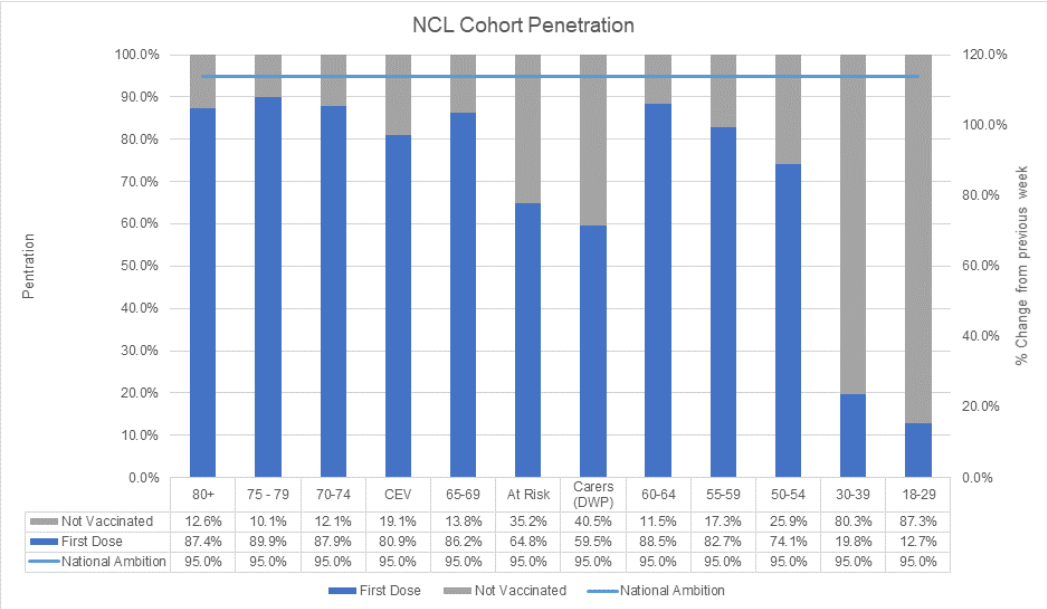


Figure 4 – COVID-19 Vaccination Uptake (15 March)
CEV – clinically extremely vulnerable
Carers (DWP) – carers receiving a carers allowance from Department of Work and Pensions

As of 15 March 2021, NCL has administered first dose vaccinations to over 85% of our population aged over 50, as well as over 80% of our population who are considered clinically extremely vulnerable.

Population Health Management

Further to the work undertaken during the 2020/21 flu programme, we have implemented the HealtheIntent population health management platform to join up data from across health and care in near real time to help improve patient and population health outcomes.

The introduction of HealtheIntent has seen a step change in the way that primary care can use data from across the system in a timely way. As well as enabling new uses of data to support new models of care and ways of working, particularly around the development of Primary Care Networks (PCNs), it has also resulted in efficiencies in how data is being used at the moment. For example, generation of patient lists can be automated in order to identify a certain population of patient who may be less likely to receive the vaccination.

Through the equalities dashboard, information pertaining to specific ethnicities, place of residents and first language spoken can be viewed in near real time to understand current trends, but also how attempts to engage populations are impacting the vaccination adherence.

Acknowledgements

On behalf of the NCL CCG Senior Leadership, Governing Body and COVID-19 Vaccination Programme teams, we would like to extend our deepest thanks to all that have and continue to work in partnership with us to deliver this extremely challenging programme of work. The vaccination programme will likely be remembered as one of the great modern achievements of the health and care system, not only for the sheer amount of dedication and commitment shown by colleagues from across multiple sectors, but also for the impact that it will have on keeping our residents safe and supporting a return to a more familiar way of life. It has made a true reality of the partnership work to which the whole system is committed.

Part 2: Quality Governance in NCL CCG in 2020/21

NCL CCG Quality Assurance Model and Oversight Framework

NCL CCG has a core aim to ensure that every resident and patient in NCL receives a high-quality, safe experience wherever they are cared for in NHS-funded services and that the services it commissions are evidence-based, and follow best practice. At the heart of all our work is our ambition to work with providers of services, and our local population, to continually improve the quality of services we commission for the people of North Central London. The

Quality domains we pay close attention to are patient safety, clinical effectiveness and patient experience:

Figure 5 – Quality domains

The roles and responsibilities of the Quality and Safeguarding Teams within the Quality Directorate are to ensure that there are systems and processes in place to provide assurance to the CCG's Governing Body regarding the standards of care in NCL CCG's commissioned services. Where risks are identified, these are reported and, where possible, mitigation is put in place to optimise quality and patient safety.

In previous years, NCL commissioners monitored the quality of services primarily through monthly Clinical Quality Review Group (CQRG) meetings with our secondary care NHS providers. In 2020/21 however, the COVID-19 pandemic had an unprecedented impact on health and social care that required a change in how we oversee our providers' quality and safety performance.

Clinical Quality Review Group meetings with providers were suspended to support our clinical colleagues to commit their time to direct patient care. To provide the oversight and assurance that is required for our Governing Body and statutory requirements, the quality team established regular support meetings and attended established quality and safety committees within our provider organisations. Throughout this transition, NCL CCG has continued to maintain two specific quality governance roles within the system:

- Quality assurance on the quality elements of the NHS standard contract;

- A ‘place-based’ partner, providing the objective challenge and support to all providers.

The diagram below shows the Quality Oversight Framework in place during the past year and provides assurance that the Governing Body and Quality and Safety Committee continued to have oversight of quality through regular escalation reporting on quality risks and mitigations. System-wide escalation and assurance was provided, with the CCG being a core member of the Regional Joint Strategic Oversight Group led by NHS England/Improvement.

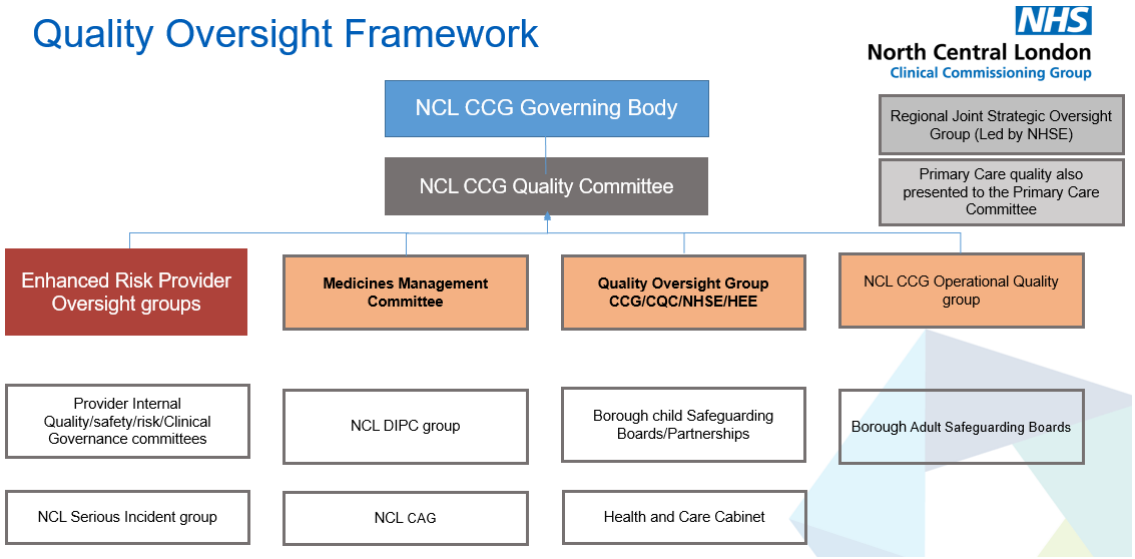


Figure 6 – Quality Oversight Framework

The Clinical Advisory Group (CAG) was established in April 2020 to allow a regular forum for clinical oversight and governance of the NCL COVID-19 response, including NCL clinical pathway changes and ratification of NCL guidance. The group’s key responsibility is to provide operational oversight and direction on quality issues in NCL providers. This has involved all departments of the CCG and reports into the NCL system-wide oversight leadership (Gold) meetings.

Quality Team Priorities in 2020/21

Early on in the year, the Quality Team revised its priorities in line with the COVID-19 pandemic and the proposed changes to the oversight and assurance model. These are stated below:

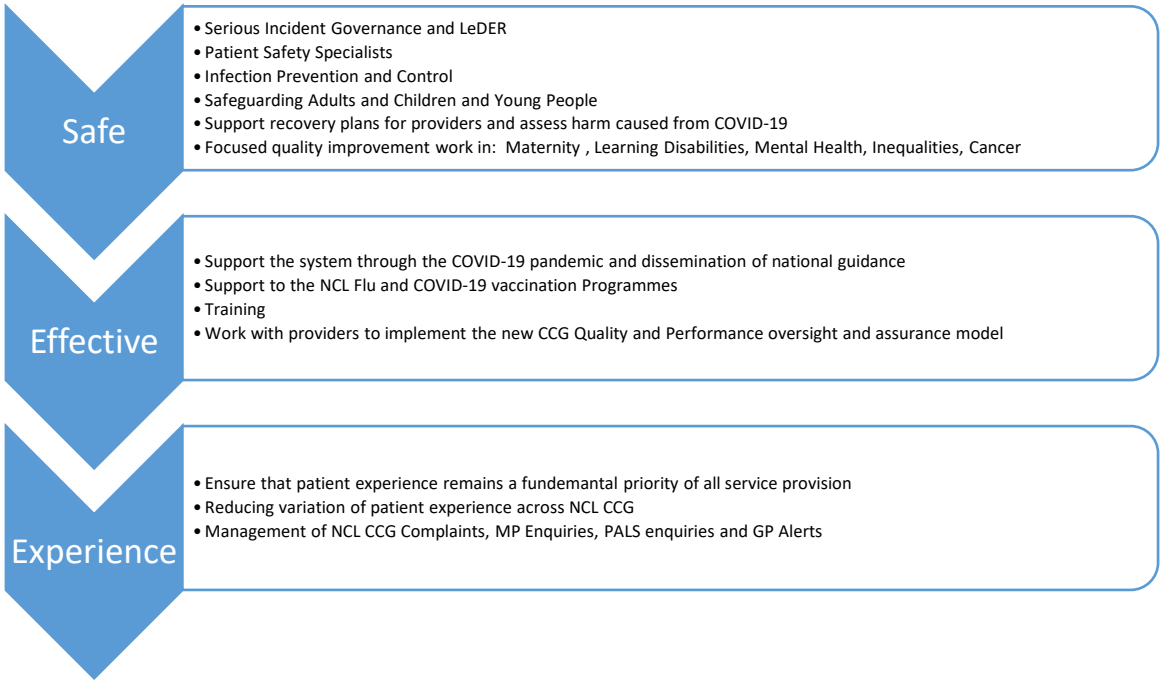


Figure 7 – Quality Team priorities

Redeployment of the Quality Team

The quality team supported the health and social care system during the COVID-19 pandemic by releasing time for 12 members of the team, either by redeployment or by providing virtual support in various roles across a number of provider organisations and vaccination sites. During this time, all of the deployed staff continued to be supported by their line managers and have regular 'catch up' meetings to support their health and wellbeing.

The following provides further detail of the redeployment of CCG quality team staff:

- Six clinical staff trained to support the vaccination teams in the Mass and Primary Care Network vaccination sites across North Central London;
- One team member deployed full time to Whittington Health, supporting infection prevention and control, and vaccinations, both on site and in the community;
- Three members of the safeguarding team provided expertise and support to Moorfields Eye Hospital, who redeployed 150 members of their own staff to other sites;
- One non-clinical staff member redeployed full time as a ward assistant at the Royal Free and then to the vaccination sites.

One member of the team has committed to facilitate the infection prevention control weekly webinars to ensure ongoing support to care homes and care providers. In total, the staff are providing an extra five whole time equivalents of support per week.

In addition to the above, a senior member of the quality team has supported the NCL CCG ICC team throughout the 2020/21, providing advice on dissemination of cascades, supporting the development and implementation of NCL CCG protocols for responding to outbreaks of COVID-19 in trusts and primary care, triaging and ensuring the enquiries from health professionals are responded to, and liaising closely with the communications team to ensure complaints and enquiries from members of the public and MPs are responded to appropriately.

The ability to release the staff to help was made possible due to the commitment of the rest of the team to work collaboratively to ensure that the quality oversight and support was maintained.

COVID-19 Infection Prevention and Control (IPC)

The NCL CCG Quality Directorate mobilised a team of people with clinical expertise to provide IPC support across the system, in response to the emerging COVID-19 pandemic. In the initial phase of the pandemic, the following support was put in place:

Webinars focusing on IPC/ Personal Protective Equipment (PPE)

The CCG's quality team hosted two webinars in March, focusing on the application of the IPC guidance published by Public Health England (PHE) for clinical staff working across health and social care in relation to:

- What is Coronavirus, and the disease SARS COV 2, mode of transmission, signs etc.;
- Personal Protective Equipment (PPE) – what PPE to wear and when, how to put it on and remove it safety and how to procure it within Primary and Social care settings;
- Basics of IPC, including hand hygiene, isolation procedures and social distancing etc.

Development of the IPC website

NCL CCG created a dedicated IPC website, accessible to both CCG and non-CCG employees and containing a repository of published information, including:

- Latest IPC guidance published by PHE;
- Specific guidance for those working in Care Home and Domiciliary Care settings;
- Hand hygiene, including pictorials on hand washing techniques;
- Information on obtaining PPE and links to the NCL PPE procurement hub;
- Online training and support, which can be accessed by staff;
- Accessing testing;
- Details of webinars and how to access them;

- Information on accessing testing for both staff and residents.

The content of the website is constantly under review and updated as new information becomes available, please click on the link below for non-CCG employees: http://www.northcentrallondonccg.nhs.uk/my-health/COVID-19/infection-prevention-and-control/

Dedicated IPC email address and phone number

The initial volume and frequency of information provided by PHE was overwhelming, and advice on IPC and PPE was changing rapidly as we learned more about the virus. Therefore, to support staff to interpret and locate the most up to date guidance, the quality team set up a dedicated email address and phone number to support staff.

Contact details for IPC

- Email address: nclccg.COVID-19infectioncontrol@nhs.net
- Telephone: 020 3816 3403

The NCL Care Home Clinical Reference Group developed a webpage where information specifically aimed at NCL care homes, extra care sheltered and domiciliary care was hosted; this website linked to the NCL IPC website.

The CCG Deputy Director of Quality, who has vast knowledge and expertise in IPC, was a member of the NHS England (NHSE) group who developed a London Care Home resource pack. This pack provided clear guidance for London care homes, aligned with NHS 111, Star lines and London COVID-19 Resource Pack for Primary Care, ensuring that care providers could embed national guidance and good practice locally.

This pack was updated fortnightly and provided the basis of the NCL Care Home resource pack, which contained additional information specific to each of the five NCL boroughs, such as borough-specific PPE leads.

Question and Answer (Q&A) sessions on IPC for Primary Care

GP practices across NCL started to consider and implement the principles of the COVID-19 Primary Care Operating Model, by adopting total remote triage as the default for delivering care and managing face-to-face appointments.

Staff had many questions in relation to PPE and IPC guidance, especially when seeing patients for face-to-face appointments and during home visits. The weekly Q&A sessions, hosted through Microsoft Teams, commenced in April 2020 to support colleagues working across Primary Care to ask specific questions on IPC/ PPE, including the procurement of PPE and escalation of supply issues.

Question and Answer Sessions on IPC for those working across Care Home, Domiciliary Care and other Social Care Providers

Staff had many questions in relation to PPE, in terms of what to wear and when, issues with procurement and how to escalate this, as well as interpreting the IPC guidance.

The weekly Q&A sessions commenced in April 2020, hosted through Microsoft teams, to support colleagues working across social care to ask specific questions on IPC/ PPE, including the procurement of PPE.

We reviewed the themes identified through commonly asked questions to influence the focus of these sessions; as a result, we focused on the following areas:

- IPC/ PPE guidance for Care Homes;
- Testing for COVID-19, Track and Trace guidance;
- Management of staff and residents exposed to COVID-19;
- End of life Care, with a presentation from the team from the North London Hospice;
- Supporting people with Mental Health, Learning Disabilities within Care Home Domiciliary Care settings;
- London Ambulance Service/111/Out of Hours (OOH);
- Talking to relatives / supporting staff wellbeing during COVID-19.

In addition to the support outlined above, throughout May 2020, the CCG's quality team provided further assistance to Local Resilience Forums across NCL in supporting care homes; by providing a programme of '*training the trainers'* on IPC, in response to the request from the Chief Nursing Officer for England and the national Director of Community Health.

The training was primarily delivered online, to protect residents form COVID-19 and to maximise the capacity of the quality team, and supported by face-to-face training where requested. All training materials were made available to attendees to cascade within their organisations. The team provided IPC training to other providers of social care, such as supported living providers,

and those supporting adults with mental health and learning disabilities, to ensure equality of access to training and support across the system.

To date, the training has had attendance from 450 staff across 83 care provider organisations and 137 care homes. A number of care home providers did not wish to take up this offer, as they had their own organisational IPC training in place.

The quality team continues to provide IPC support across the system, as the country moves toward recovery and reduces the lockdown restrictions put in place to manage the pandemic.

Reporting outbreaks of COVID-19 to NHSE England and Public Health England (PHE)

In April 2020, the NHSE/I national team for IPC introduced a mandatory process for all organisations providing NHS services, requiring the reporting of all COVID-19 outbreaks. This process was additional to the statutory obligation for providers to report any outbreak to Public Health England (PHE). The process set out a clear process for NHS providers of acute, community and mental health; it was less clear for providers of primary and social care.

The Quality Directorate and the NCL Incident Coordination Centre (ICC) developed a process to assist primary care colleagues with the reporting and management of COVID-19 outbreaks within practices; this was agreed by the NCL Primary Care Committee and implemented. Senior members of the quality team have joined trust outbreak meetings to support information sharing, assurance and early escalation of outbreak risks, which have, or have the potential for, a negative impact on service delivery.

Commissioning teams within each of the five boroughs across NCL are responsible for supporting care homes experiencing outbreaks of COVID-19, and work collaboratively with PHE. The quality team have provided targeted IPC training and support and, where requested, have reviewed IPC audit data and provided feedback.

GP Clinical Lead IPC and IPC Experiential training for Primary Care

As the pandemic had illustrated the need for additional IPC support across primary care, NCL CCG took the decision to appoint a GP clinical lead for IPC. This role came into effect in October 2020.

At the same time, the CCG commissioned Islington GP Federation to provide IPC experiential training for primary care. The training was delivered over two sessions, with session one focusing on the core principles of IPC. Each participant would go back to their practice to consider specific challenges in meeting the core principles of IPC and discuss these during the second session, where practical solutions would be discussed as a peer group. 73% of GP practices across NCL have participated in this training and feedback has been positive.

COVID-19 Vaccination Sites Quality Assurance visits

The first COVID-19 vaccine, Pfizer-BioNTech, was approved for use in the UK by the Medicines and Healthcare products Regulatory Agency (MHRA) in December 2020. The quality team supported primary care in setting up wave one sites at a Primary Care Network (PCN) footprint from a quality and IPC perspective. This included developing an IPC checklist for PCN clinical directors to refer to, as well as carrying out a series of quality assurance visits to these sites, supported by the GP Clinical Lead for IPC.

Patient Safety

Patient Safety: Serious Incidents and Never Events

NCL CCG strives to ensure that it meets the ambitions and vision for patient safety as stated in the NHS England and NHS Improvement NHS Patient Safety Strategy (July 2019). We aim to ensure that patients will experience harm-free care when they are using NHS-funded services.

According to the Serious Incidents Framework 2015 (NHSE), serious incidents are adverse events where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious incidents include acts or omissions in care that result in: unexpected or avoidable death; unexpected or avoidable injury resulting in serious harm; abuse; Never Events; incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services; and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

Never Events (NEs) are defined as serious, largely preventable patient safety incidents that should not occur if available preventative measures and protective barriers have been implemented. Each Never Event type has the potential to cause serious patient harm or death.

However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

The number of Serious Incidents (SIs) and Never Events declared by providers in the NCL footprint in the past year *(data correct as of 23 March 2021)*

	2020/2021		2019/20	
	Number of Serious Incidents	**Number of Never Events**	**Number of Serious Incidents**	**Number of Never Events**
UCLH	33	3	22	3
RFL	82	4	86	6
NMUH	37	1	37	4
Whittington Health (including community services)	18	1	26	6
Moorfields Eye Hospital	3	2	5	2
Barnet, Enfield & Haringey Mental Health Trust	38	0	46	2
Camden and Islington	28	0	30	0
Tavistock & Portman	4	0	9	0
Total	**243**	**11**	**261**	**23**

Table 3 – Serious Incidents and Never Events over the past year

It is important to note that providers should not be compared against each other on this raw data, and their number of SIs and never events, as factors such as the size of the organisation, bed numbers, the nature of health conditions treated and internal organisational incident governance processes will all have a bearing on the numbers of serious incidents declared.

Accordingly, the CCG quality team monitors metrics such as the percentage of incidents where harm was caused, and, where harm was caused, whether it was low, moderate or severe. Similarly, where trends are observed these are discussed and followed up with providers via existing quality escalation routes.

Whilst the traditional route of quality assurance via Clinical Quality Review Groups (CQRGs) has been superseded by a new model of quality oversight this year, the commissioner assurance process around reviewing serious incident and never event reports has continued. NEL Commissioning Support Unit (NEL CSU) Patient Safety Team are commissioned by the CCG to provide the quality assurance and oversight process of serious incidents and never events. The CCG quality team also contribute to this governance process and raise any additional questions or areas of assurance required from the provider (further information requests).

Key points of the commissioner assurance process are ensuring that the investigations' terms of reference have the right focus, that duty of candour responsibilities have been completed, that the right root cause and contributory factors are identified, that the recommendations and subsequent actions are appropriate and seeking assurance that learning has been embedded. A thematic review and learning from previous incidents is particularly important to ensure that learning is embedded to prevent reoccurrence.

At the beginning of the pandemic, commissioners took a pragmatic view regarding the completion of SI investigations within the 60-day timeframe, as set out in the 2015 NHS Serious Incident Framework. Where providers felt that they did not have sufficient resources to complete these investigations, due to staff redeployment to manage the pandemic, commissioners agreed that a 'stop clock' could be applied to current open SIs.

Incidents and serious incidents related to, or as a consequence of, the COVID-19 pandemic have been monitored throughout the year. Due to the extent, length and variability of the infection rate spikes, we do not yet have a full picture of the impact of the pandemic on patient safety. This continues to be explored and reviewed throughout the coming year.

Patient Safety: Patient Safety Specialists

The National Patient Safety Strategy has a requirement for all NHS organisations in England to identify one or more person as their designated patient safety specialist. The patient safety specialists are existing employees who would have this additional element added to their role. Key aims of the role are:

- Working as patient safety experts, providing dynamic leadership, visibility and support;
- Supporting the development of a patient safety culture and ensuring that systems thinking, human factors and just culture principles are embedded in patient safety systems/processes and improvement activity of the organisation;

- Leading on the development, consultation and implementation of the CCG Patient Safety Strategy and Work Plan to ensure direction and coordination to support both development of a patient safety culture and a prioritised programme of patient safety improvement activity/projects across NCL;
- Be part of further work undertaken by NHSE to agree specific responsibilities and develop the role further.

After an open recruitment process, two members of staff from the Quality Directorate were appointed to be the NCL CCG Patient Safety Specialists. The CCG quality team has also sought assurance from our commissioned NHS providers that they have a confirmed patient specialist role in place.

Infection Prevention and Control

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

Staphylococcus aureus (S. aureus) is a bacterium that commonly colonises human skin and mucosa without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure. If the bacteria enter the body, illnesses, which range from mild to life threatening, may then develop. These include skin and wound infections, infected eczema, abscesses or joint infections, infections of the heart valves (endocarditis), pneumonia and bacteraemia (blood stream infection).

Most strains of *S. aureus* are sensitive to the more commonly used antibiotics, and infections can be effectively treated. Some *S. aureus* bacteria are more resistant to commonly used antibiotics and in particular, the antibiotic methicillin. These bacteria are classified as Methicillin Resistant *Staphylococcus Aureus* (MRSA) and often require different types of antibiotic to treat them.

NHS England set out a national ambition to achieve zero cases of MRSA bacteraemia for all CCGs and hospitals. For each case of MRSA bacteraemia, hospitals are required to complete a Post-Infection Review (PIR) to identify the causes of the infection. We continue to work with the Infection Prevention and Control (IPC) teams and system partners to achieve zero cases of MRSA bacteraemia across North Central London to implement the learning from these reviews.

In 2020/21, the numbers below have been reported (data to March 2021):

Table 4: MRSA bacteraemia attributed to North Central London CCG 2020/21 and 2019/20 (community and acute onset cases)

Organisation Name	Total number of cases 2020/21	Total number of cases 2019/20
NHS NORTH CENTRAL LONDON CCG	24	16

***Clostridium Difficile* (C. diff)**

Clostridium difficile, also known as *C.diff.* is a bacterium that can infect the bowel and cause diarrhoea and can be exacerbated by the use of certain antibiotics. In order to reduce the number of these infections, NHS England normally set out reduction targets every year for providers and CCGs, measuring how many *C.diff.* infections are diagnosed and attributed to the organisation. NHSE/I did not set *Clostridium difficile* reduction targets for 2020/21. However, the expectation was that all Trusts would continue to report all cases of *Clostridium difficile* to Public Health England and carry out a Root Cause Analysis (RCA) to establish if a lapse in care had occurred.

In 2020/21, the numbers below have been reported (data to March 2021):

Table 5: *Clostridium difficile* attributed to North Central London CCG 2020/21 and 2019/20 (community and acute onset cases)

Organisation Name	Total number of cases 2020/21	Total number of cases 2019/20
NHS NORTH CENTRAL LONDON CCG	**281**	**273**

Safeguarding

Safeguarding Strategy

The NHS England Safeguarding Accountability and Assurance Framework (2019) sets out the statutory safeguarding responsibilities for the CCG, which is central to the role for Designated Safeguarding Clinical Commissioners. The CCG has a statutory responsibility to ensure that they, and the organisations that they commission from, have systems and processes in place to safeguard children and adults at risk.

The NCL CCG Safeguarding and Looked After Children Strategy was developed and launched in December 2020. This three year safeguarding strategy sets out the NCL CCG approach to commissioning services that prioritise the quality of care our patients receive and ensures that we safeguard and protect our local population from abuse, harm and exploitation.

The safeguarding strategy has been developed in the context of the five CCGs in North Central London merging as a single operating CCG in April 2020 and the ongoing response to the COVID-19 pandemic.

The strategy recognises the need to work collaboratively with the providers of healthcare, our statutory local Safeguarding Partnership boards and non-statutory partners across the five boroughs within NCL. It was also been informed through engagement with our key local stakeholders.

Safeguarding response to the COVID-19 pandemic

The NCL safeguarding team worked together to respond to the immediate safeguarding risks and issues for children, young people, adults and looked after children that arose as a result of the COVID-19 pandemic.

In March/April 2020, the immediate actions for safeguarding in response to COVID-19 included:

- Exempting safeguarding designates, GP leads and provider leads from redeployment to enable them to focus on addressing safeguarding. Where they were redeployed we worked with providers to address this;
- Assuring provider safeguarding business continuity plans (BCPs) for their initial response to COVID-19;
- Establishing a communications mechanism of safeguarding directly to GP safeguarding leads for dissemination to their practices;
- Establishing a NCL CCG safeguarding adult and children's designate professionals work stream to manage safeguarding risks.

The designated professionals have continued to monitor and quality assure the NCL Safeguarding Health Providers' Recovery and Restoration Plans for COVID-19. This has demonstrated that there is adequate assurance of the safeguarding elements of all health providers across NCL. Ongoing borough level safeguarding assurance in the delivery of

providers' recovery and restoration plans is obtained through designated attendance at providers' safeguarding committees and at local partnership meetings.

Where gaps are identified, further assurance has been sought and monitored at a local level by the relevant borough designated professional/s. There are no plans that have required escalation.

NCL Child Death Overview Panel (CDOP)

New arrangements for Child Death Reviews have been devised with the local authority as part of legislative changes. During this reporting year, the NCL CDOP has worked with partner organisations across the footprint to ensure the new legislation is embedded. Under this legislation, the national responsibility for reporting child deaths and data flow moves from the Department for Education (DfE) to the Department of Health and Social Care (DHSC). Local authorities and clinical commissioning groups (CCGs) are named as 'Child Death Review Partners' and must make arrangements for the review of each death of a child normally resident in the local authority area. Each provider trust in NCL now has an identified Child Death Lead Doctor in place, with most moving to a single point of contact administrator within the organisation.

NCL CCG and the five NCL local authorities have agreed funding to implement the new CDOP arrangements.

Safeguarding Adults Board

We are also a key partner in the local Safeguarding Adults Boards to ensure NHS safeguarding arrangements across the local health economy are effective and to contribute advice and expertise to partner agencies. The Mental Capacity (Amendment) Act 2019 (MCAA), which introduces the Liberty Protection Safeguards (LPS) scheme, was due to go live 1 October 2020. In September 2020, the government confirmed that due to the COVID-19 Pandemic, LPS will now be implemented 1 April 2022. In preparation, Designated Safeguarding Adults delivered training sessions on the MCAA, best interest decisions and remote assessments. This was followed by a briefing on preparing for the LPS. Currently, NCL CCG are scoping the current number of potential community DOLS, as well as understanding the number of patients (in nursing homes) currently subject to DOLS who will be transferred to the CCG in April 2022.

Learning Disability Mortality Review (LeDeR) Programme

The LeDeR (Learning Disability Mortality Review) programme reports on deaths of people with a learning disability aged 4 years and over. The definition used is that in 'Valuing people' (2001)[1] and includes the presence of:

"a significantly reduced ability to understand new or complex information and to learn new skills, with a reduced ability to cope independently, which started before adulthood, with a lasting effect on development".

LeDeR was established to support local areas in reviewing the deaths of people with Learning Disabilities (LD), identify learning from those deaths, and take forward the learning into service improvement. It was implemented at the time of considerable spotlight on the deaths of patients in the NHS, and the introduction of the national Learning from Deaths framework in England in 2017. During 2020/21, there has been a significant increase in LeDeR activity across NCL. This has included:

- Thorough scrutiny of all COVID-19 related learning disability deaths by completion of a rapid review within seven days of death, to identify any immediate learning that could be disseminated across the system;
- Review backlog project saw over 40 LeDeR reviews completed in a 12 week time period. By 31 December 2020, NCL achieved 90% of backlog reviews completed against a national target of 100%,
- Initial learning from reviews completed in 2020/21 highlighted a need for further actions to support:
    - Early warning signs of deterioration (especially around silent hypoxia which has been highlighted as a result of COVID-19);
    - Increased use of hospital passports;
    - Improvements in communication/information sharing;
    - Application and recording of Mental Capacity Act decisions.
- Learning from reviews has also indicated a continued need to focus on uptake of annual health checks and the additional support needed to take part in these. GPs have been supported to continue to prioritise annual health checks for people with learning disabilities as part of the response to the pandemic. This has included:
    - Engaging with GPs at a local level to promote annual health checks;
    - Providing GPs with a health check toolkit (developed by NHSE London);

[1] Dept of Health (2001) valuing people: a new strategy for Learning Disabilities for the 21st Century

    - Joint working between Community Learning Disability Teams and Primary Care Networks to align the completion of annual health checks with appointments for flu vaccinations;
    - Local delivery of DES training to GPs;
    - Further promotion to GPs via the CCG GP webinar.
- Increased support for people with a learning disability to receive the COVID-19 vaccination, through briefing to primary care and partnership working with LD services across NCL.

NHS England required all CCGs to produce an annual LeDeR 2020/21 report to be "submitted to the appropriate board/ committee for all statutory partners demonstrating action taken and outcomes from LeDeR reviews."
https://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf

This report will be presented to the CCG Quality and Safety committee in April 2021 and published on the CCG public-facing website by 30 June 2021. In addition, an easy read version will accompany the report.

Patient Experience

We strive to ensure that our patients experience compassionate care that is personalised and sensitive to their needs. NCL CCG seeks to understand the experience that our population has when using the services we have commissioned. Through our patient engagement programme and the work with our providers, we regularly monitor information on how satisfied our patients are with the services. We liaise with providers when patient feedback highlights persistent or significant problems and we seek to hear more directly from individuals that have experienced gaps or poor quality care. As part of our commitment to ensure the patient voice is heard, NCL CCG has a number of approaches to engage with patients and the local population.

Management of complaints during COVID-19

Due to the COVID-19 pandemic, NHS England and NHS Improvement supported a system-wide pause of the NHS complaints process to allow healthcare providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to COVID-19. This was effective between April and June 2020. During this time, NCL CCG ensured that patients and the public were still able to make a complaint and those received were triaged for any immediate safety issues

requiring action. Where possible, the CCG continued to investigate and respond to complaints within the usual timeframes.

Complaints received by NCL CCG

NCL CCG received 49 complaints during 2020/21 (Haringey 15; Barnet 15, Enfield 11, Camden 4, Islington 4)**.** The majority (17) of formal complaints received by the CCG relate to Continuing Healthcare Care (CHC). The main themes relate to communication, funding and the assessment/appeals process. Examples of improvements made in response to complaints include:

- Handover process updated to improve handovers when staff leave the service;
- Formal policy to be developed regarding the use of key safe codes;
- Letters and emails to the service to be responded to within five days of receipt;
- Improvements to the assessment process to ensure timely notification of the outcome.

NCL CCG Complaints Policy

A task and finish group, with a number of representatives from the quality team, was established in September 2020 to develop an NCL CCG complaints policy. This was approved by the Executive Management Team in January 2021 and launched in March 2021 following the alignment of the central Corporate Complaints Team.

Responding to GP Enquiries and GP Quality Alerts

Quality alerts are a method of monitoring the quality of provider services and are issued by GPs directly to providers who, in turn, investigate and put remedial actions in place where appropriate. During the first wave of COVID-19, there was a significant reduction in quality alerts issued. During Q4 of 2019/20, the number of GP alerts submitted across NCL was 82, though it should be noted that the last month of the quarter, March 2020, was at the height of the pandemic and alerts significantly reduced. The number of alerts after the first lockdown was lifted increased to more expected numbers, but dipped again in Q4 of 2020/21 when the second wave of COVID-19 hit. This echoes the previous COVID-19 wave, which started in March 2020 when GP alerts reduced.

Borough	**Q1**	**Q2**	**Q3**	**Q4***	**Total**
Barnet	11	28	16	6	61
Camden	14	15	26	7	62
Enfield	10	12	13	15	50
Haringey	9	4	11	1	25

Islington	1	10	15	1	27
Grand Total	**45**	**69**	**81**	**30**	**225**

Table 6: Number of GP alerts submitted per borough 2020/21.

Table 7 details the alerts per main provider across NCL. Where alerts are attributed to "other", these are for providers outside NCL or for smaller community providers where there have only been a very small number of alerts submitted.

Service provider	Q1	Q2	Q3	Q4*	Total
BEHMHT	6	3	9	4	22
Imperial	1	2		1	4
Inhealth	1	2	1		4
LCW (NHS 111 - London Central and West)			1	3	4
NMUH	7	4	4		15
Other	9	15	14	3	41
RFL	14	24	21	17	76
RNOH		2			2
UCLH	6	11	20	1	38
Whittington	1	6	8	1	16
Whittington Health			3		3
Grand Total	**45**	**69**	**81**	**30**	**225**

Table 7: GP alerts submitted by Trust/provider 2020/21

***Numbers for Q4 were only available up to 21 March 2021**

The main themes that were seen across providers were:

- Issues with referrals to providers;
- Issues with discharge letters not reaching GPs;
- Issues with results not being communicated to GPs or being "stuck" in the system due to IT issues.

The CCG continues to monitor and work with providers to resolve issues that arise, escalating to senior management when themes or trends emerge.

Continuing Healthcare (CHC)

The CCG is committed to delivering a high quality and consistent Continuing Healthcare service, which supports the ethos of personalised care for as many individuals as is possible. We strive to offer Personal Health Budgets as a routine part of assessments whenever this is appropriate.

Prior to the COVID-19 pandemic, NCL CCG had taken the decision to centralise the Continuing Healthcare (CHC) service under a single management arrangement. The reasons for this included:

- Fragile leadership arrangements
- Fragmented and under-developed business processes e.g. invoicing, contracting
- High use of interim staffing and difficulty in recruiting to substantive roles
- Variation in approaches

CHC response to COVID-19

In 2020/21, CHC functions were nationally stood down between March and August 2020, and locally stood down between December 2020 and March 2021 as part of the COVID-19 response. The centralisation processes were paused. NCL CCG re-deployed CHC resources to support the wider health system. The key focus was to enable patients to be cared for in the most appropriate setting, facilitate timely discharges from hospital and avoid people going to hospital unnecessarily. NCL CCG CHC function worked to support the NCL system by:

- **Maximising welfare**: CHC teams completed welfare checks with people receiving care funded by CHC to support people while standard CHC processes were stood down;
- **Streamlined discharges**: CHC teams collaborated with integrated discharge teams to enable patient flow and discharge from hospital during the busiest times of the COVID-19 pandemic. This included extending working hours and weekend working across NCL. CHC teams' caseloads increased on average by 13% during this period;
- **Strengthen whole system relationships**: through new working relationships with local authorities, such as weekly senior targeted meetings to solve system issues;
- **Supported service users to receive funded care as appropriate**: In NCL, over 6,000 patients received targeted national funding during the COVID-19 pandemic to enable hospital discharge and/or unnecessary hospital admission. Where appropriate, CHC has worked in partnership with councils to assess people's ongoing needs to support patients with long-term care needs. Due to COVID-19 c.3100 patients had their health and / or social care assessments delayed. However through working in collaboration with the Local Authorities, together we have been able to undertake and complete the assessments for this vulnerable cohort of patients by 31st March 2021

CHC Audit

In February 2021, an internal audit of the CHC functions was undertaken as part of the NCL CCG audit cycle. The audit outcome recorded nil assurance and highlighted key areas of development for CHC around the model of delivery, policies, payment processes and data. The audit also identified a number of key areas of good practice.

The audit confirmed the management team are aware of the service challenges and have a robust action plan in place to resolve the issues during 2021/22. The delivery of the plan is underway and we are making good progress with regard to resolving key issues. Progress will continue to be monitored by the NCL CCG Audit Committee to ensure delivery and any organisational issues are understood and resolved. NCL CCG remains committed to the delivering of a high quality and consistent CHC service across NCL.

Engaging People and Communities

Introduction and Overview

The CCG recognises the vital importance of patient and resident engagement. We know that the services we commission are more effective when they are designed around the needs of the people we serve. Involving patients and the wider public also helps to identify and address health inequalities, ensuring that services are accessible to all, thereby delivering value-for-money as well as better outcomes.

The patient and public involvement work of each of our legacy CCGs was rated as ‘Green’ (good) by NHS England in 2019/20. Plans for the merger that created North Central London CCG in April 2020 recognised these strong foundations and sought to build on them, particularly by tackling the inequalities still experienced by some communities, and helping everyone living in North Central London to start, live and age well.

This section provides a summary of our 2020/21 engagement programme. The pandemic was inevitably the focus of much of this programme, as we worked with our partners to help residents access information and advice and support on preventing COVID-19. As part of this we achieved an improved uptake of the influenza vaccine compared with the previous year. Subsequently, communications and engagement to support the COVID-19 vaccination programme became a priority as we worked with community groups and networks across North Central London to

access accurate information on vaccines. Alongside this, a range of other programmes with a strong engagement focus were delivered, which are summarised under the following headings:

- Embedding patient and resident voice in our planning and decision making
- Developing an Integrated Care System for North Central London
- Engaging with residents during the COVID-19 pandemic
- Communication and engagement activities in each of the NCL Boroughs
- Looking Ahead to 2021/22

Embedding Patient and Resident Voice in our Planning and Decision Making

As a newly-formed organisation, a priority for NCL CCG was ensuring that the resident and patient voice was embedded at the centre of our planning and decision making. Some of the key steps we took to ensure this in 2020/21 include:

- Developing a new Patient and Public Engagement Strategy (2020-22), providing an overarching framework that ensures high quality patient and public engagement work is embedded across the CCG, at various levels of delivery. You can read the strategy on our website;
- Establishing a Public and Patient Engagement and Equalities (PPEE) Committee, chaired by our Governing Body Lay Member for patient and public engagement. The Committee is responsible for assuring the Governing Body that we meet our statutory duties to engage effectively with patients and the public, and membership includes Healthwatch representation and two Community Members (see below for more information on this role). The Committee responsibilities include oversight of the CCG's compliance with the Public Sector Equality Duty (PSED) through the development and implementation of equality objectives and publishing annual equality information; and also adherence to the current NHSE/I mandatory standards including the Workforce Race Equality Standard, Workforce Disability Equality Standard and the Equality Delivery System. The Committee met four times in 2020/21, with a focus on resident engagement and community involvement activity delivered during the COVID-19 pandemic;
- Recruiting 13 members of the public to the role of Community Member on six of our committees. Community Members provide a community/ resident perspective on items brought to CCG committees, but also bring a broad range of professional and personal experience that enhances our discussions. Several Community Members have also been closely involved in wider CCG activity, including the influenza and COVID vaccine programmes;

- Maintaining transparency of the meetings of our Governing Body and Primary Care Commissioning Committee despite the restraints imposed by the pandemic. These meetings are normally held in public and members of the public can access the papers in advance and ask questions at the events. All meetings during 2020/21 were held via video-conferencing (in line with public health guidance) which limited public involvement, but, as a minimum, we provided opportunities for the public to access papers and submit questions in advance of each meeting and also provided a recording of each meeting via our website shortly after their conclusion;
- Our Annual General Meeting was held online due to COVID-19, but attracted over 100 residents with interactive discussion on a wide range of issues, including COVID-19, primary care, social prescribing, local health services, finance, communications and engagement. You can read all of the questions and answers from the day on our website.

"I have been impressed with the care and comprehensive nature of the support given to Community Members across the whole CCG. Having two Community Members on the Audit Committee in particular testifies to the NCL's commitment to meaningful community engagement. This openness and transparency bodes well for the future performance of the CCG and I am very pleased to be able to play my part in promoting the effective governance of health care in NCL." Mark Wardman, NCL CCG Community Member

"I joined North Central London CCG to make a difference and ensure that the voices of the BAME are heard by the policy makers. As a member I am glad to have used my expertise and contribute to the changes that the North London CCG faces." Kaltun Abdillahi, NCL CCG Community Member

My fellow community members are a diverse bunch of local people from all walks of life across the five boroughs. We bring the voices and experiences of patients and residents into the heart of the NCL organisation and directly to the leadership team. I sit on the Patient Public Engagement and Equalities Committee. I've met new people and broadened my insight into local community groups and NCL residents. The PPPE committee shared our local knowledge and insight to help shape and support the COVID vaccination programme which has made a significant difference to local residents. I'm really proud of that". Martha Wiseman, NCL CCG Community Member

"*We have been extremely fortunate to have secured the commitment of a diverse group of Community Members who bring an impressive range of professional skills and lived experience*

to the CCG's committees, and we are very grateful for all their efforts. Our Community Members complement the work done in other areas to involve patients and the public in health and care services, from the patient participation groups of GP practices, through various engagement networks and the emerging Borough partnerships. The experience of involving Community Members in the work of the CCG's committees provides useful learning that will help us design the Integrated Care System and Borough Partnerships with a strong and effective voice for all parts of the community in future decision-making". Ian Bretman, Governing Body Lay Member – Public and Patient Engagement.

Developing an Integrated Care System for North Central London

The North Central London (NCL) Integrated Care System (ICS) is a partnership of NHS organisations (including the CCG, hospitals, community health services and general practices), councils and voluntary and community partners. Detailed information on the partnership and its plans can be found here. The partnership is committed to supporting residents to start well, live well and age well, and to deliver the ambitions set out in the NHS Long Term Plan (2019). In 2020/21, a significant shared focus for partner organisations was our NCL COVID-19 response and recovery plans.

In 2020/21, the CCG played an active role as a partner within the NCL ICS, in promoting and seeking to strengthen the ways we listened to communities and ensure their diverse voices are heard, including through:

- The NCL ICS Engagement Advisory Board, with membership made up of CCG colleagues, local authority councillors who lead on health and care matters, Healthwatch organisations and representatives from our voluntary and community sectors. During 2020/21 we discussed engagement approaches on issues including the impact of COVID-19 on BAME groups, NCL's approach to recovery engagement, digital inclusion and development of the ICS;
- Supporting the NCL Residents Health Panel, an online engagement platform designed to keep residents informed about the pandemic and to listen to views around health and wellbeing issues. Our COVID-19 vaccination survey received a total of 6,211 responses from panel members, with the results used to inform local communications and engagement plans;
- Coordinating the NCL communications and engagement leads network – an active network of communications and engagement colleagues across councils, NHS provider trusts and the CCG. During 2020/21, the network partnered on communications and

engagement activity around the flu and COVID vaccination campaigns, and the NCL pandemic response;

- Undertaking a formal public consultation on the future of planned orthopaedic surgery for adults. This followed two years' work led by clinicians to agree a clinical delivery model with the aim of delivering consistent, high-quality care and reducing waits and cancellations. The feedback from stakeholders and members of the public from the consultation were independently evaluated and the consultation was awarded 'Best Practice' by the Consultation Institute. You can read the evaluation reports of the review online;
- Working in partnership with local authorities and providers to deliver a comprehensive communications and engagement plan to drive high uptake of the influenza vaccine. Our comprehensive engagement work allowed us to feed back concerns and issues to the operational team, to then adjust how the programme was delivered to increase uptake. A full summary can be found on our website but some of the key activity undertaken included:
    - Working with local authority colleagues to share messages through voluntary, community and faith groups;
    - Developing a Somali TV programme (viewed by 90,000 people and the video of it shared 6,000 times) and radio vaccination Q&A phone-in using a recognised GP who spoke Somali (22,000 listeners);
    - Gaining the support of the Turkish Consul to disseminate translated materials through their website, social media channels and NGOs to encourage take up across our large Turkish population;
    - Running a Facebook advertising campaign - targeted by relevant spoken languages - seen by 356,348 people, clicked by 33,412 people, and on average seen by users 7.5 times;
    - Working with councils to include flu vaccine information within housing statements, library bags and food bank parcels etc.;
    - Promoting uptake with staff across all partner organisations using a number of methods and channels.

Integrated Care Partnerships - Communications and Engagement Focus

The five boroughs of North Central London have all established Integrated Care Partnerships (ICPs), equally committed to ensuring local resident voice is at the heart of planning. The

following table summarises some of the key activity undertaken by borough IPCs in 2020/21 focused on engaging local communities:

Camden	The work undertaken by the ICP communications and task and finish group, chaired by the Director of Healthwatch, included a focus on: - Conducting a desk review of existing patient and resident engagement related to the five partnership focus areas; - Mapping existing stakeholders, engagement mechanisms and structures across the partnership to engage patients and public/residents; - Drafting a patient and resident involvement charter, which sets out the key PPE principles, values, shared language and potential processes (including co-production) the ICP will use when designing new services, service pathways, facilities, or policies and then test and refine with stakeholders; and - Collating examples of existing good engagement practice from within ICP member organisations and beyond, including the use of 'patient and resident stories'.
Enfield	Enfield Integrated Care Partnership has approved a plan and has set up three task and finish groups that are focused on: • Reducing inequality with a focus on childhood obesity and long term conditions; • Improving uptake of screening and immunisations; and • Improving mental health. This work will include undertaking engagement and participatory research with our communities (including those communities that have engaged less with us in the past) to find out what they would find most effective in helping to improve their health and wellbeing. There will also be a particular focus on how patients would like to access services, including issues associated with digital exclusion from services.

Islington	The Islington Fairer Together Partnership is working hard to develop services around local communities and work with local communities so that all residents have a good quality of life. Through working with the Voluntary and Community Sector (VCS) and building on projects already commissioned through them like the Good Neighbours Schemes (detailed below) the partnership is focused on creating local networks which work with rather than doing to local residents – supporting them to develop and build on their skills and assets as well as meeting their needs. Alongside this, Locality leadership teams which are hyper local teams – led by a mixture of public sector organisations and VCS are supporting the development of community networks and engagement within each locality.
Barnet	The Barnet Integrated Care Partnership has agreed its priorities for 2021/22. The top three priorities are: tackling health inequalities, mental health and dementia and children's health. Other priorities were integrated pathways for long term conditions: cardiovascular, stroke, respiratory, diabetes. There will be a need to effectively engage with and involve local residents and service users in this work via the established relationships formed with local VCS groups, engagement groups and community contacts. In terms of communications, involvement and engagement, discussions have centred on: • The acknowledgement that there is a need to make the ICP "real" to people and to make sure that we are talking about the things that are important to them; • To be able to describe what the ICP is and what it means for patients and local residents and how it can benefit everyone; and • The need to draw up a comprehensive communications and engagement plan that includes a stakeholder map. There has been a significant focus on COVID-related health inequalities in the BAME groups in Barnet, with work targeted towards those groups disproportionately affected. Going forward, the focus will broaden to other health inequalities, based on robust data, so that we can engage with residents and community groups to identify barriers to access, key challenges and concerns. Action plans can then be developed with clear priorities and outcomes based on the feedback obtained.

Haringey	Haringey's Integrated Care Partnership brings together a range of organisations in Haringey (NHS, local authority, voluntary and community sector) with a shared aim to improve the health and wellbeing of the local population. In the last year, the ICP has been particularly focused on addressing health inequalities experienced within the borough's diverse communities, some of which have been further exacerbated as a result of the COVID-19 pandemic. Involving residents and communities in the ICP's work is fundamental to ensuring the partnership is providing services and solutions that meet the population's needs. The ICP's aspirations are to establish genuine co-design in service development, where it is achievable, and to ensure that it hears from the whole community, especially those who traditionally face the most barriers to accessing services. The partnership has developed a resident co-production charter, which all partners have committed to as part of any service redesign and development and have established a Community Health and Care Advisory Board (CHAB) which is used as a key forum to engage with patients and community groups on the ICP's current work and future proposals. The CHAB is made up of representatives from several borough reference user groups, community organisations and support groups, which reflect the diverse communities in the borough. The ICP reports on its progress, including its patient and community engagement, at Haringey's Health and Wellbeing Board.

Matthew Parris, Director, Healthwatch Camden said:
"North Central London Partners (NCL) continues to demonstrate a commitment to listening to residents. Whilst co-sponsoring a programme of work to review how NCL and its partners engage with Camden residents, we have witnessed first-hand a genuine commitment to continually improving work with communities.

COVID-19 presented an unprecedented challenge to the health and care system. During this time, NCL has been responsive to requests for information, for example, when we challenged its handling of the way it communicated with residents about temporary changes to paediatric A&E services. We were reassured by how NCL responded, the openness of the senior

leadership team, and the fact that learning had been taken from the situation. The best interests of patients appeared to be the priority throughout.

The pandemic has prompted an intensification of partnership work in the health and care system. Healthwatch Camden has enjoyed the support of NCL on various initiatives, including research into people's experience of 'lockdown' and online Q&A events about COVID vaccination. We have also welcomed the opportunity to undertake a rapid review of existing resident experience around the Integrated Care Partnership priorities.

Our independence, research expertise, and connections with local communities is clearly valued by the NCL. The NCL has frequently consulted us on engagement plans and initiatives. In April we will utilise these strengths to contribute to an evaluation of the temporary changes to paediatric A&E services. We look forward to continuing to build on this work together."

Engaging with Residents during the COVID-19 Pandemic

From the start of the first lockdown, the CCG focused on engaging local communities to understand the impact of the pandemic, signpost residents to local support, ensure national campaign messages were reaching and understood by our local communities and to help inform the effectiveness of the local health response. All five boroughs undertook research with public health teams, Healthwatch and local VCS, and partnered on with local organisations to listen to local people and to ensure that the most vulnerable communities could access support.

Our communications and engagement activity included:

- Developing simple COVID-19 information packs for use by local partner organisations in conveying national campaign advice and guidance to local communities – responding to feedback that residents were confused by the volume and complexity of national campaign information;
- Promoting information on local services – foodbanks, domestic violence support services – via CCG and partner channels (resident newsletters, VCS and Council newsletters), local media and social media channels;
- Engaging with local and community media to broaden awareness of public health and national campaign information, with versions in several languages and also using visual devices such as infographics;

- Developing materials to facilitate conversations about residents' experiences of health and care during the pandemic – including resident and health care professional stories to reflect experiences of health and care during the pandemic;
- Work in all individual boroughs, taking account of their specific demographics and inequalities. The needs of older residents and those from BAME communities were a consistent focus of this, especially around the issue of digital inclusion so that as many residents as possible could make use of services delivered via new technology, while ensuring that traditional channels were available to those who continue to rely on them;
- Sustained messaging about non-COVID services, including targeted social media campaigns, and community events to raise awareness that the 'NHS is open', to encourage people with serious and urgent conditions to seek help; and to promote awareness of local service changes.
- As part of our pandemic response, we made temporary changes to children and young people's services, including temporarily closing the children's A&E at University College Hospital and the Royal Free until April 2021. We carried out engagement to evaluate how these changes have affected staff, stakeholders and parents and families to ensure any learnings are captured and that local views are heard.

Accessing urgent care through NHS 111

Over the past year we have made several changes to urgent care to make it easier and safer for patients to access care, and avoid waiting in busy emergency departments. We have informed residents and stakeholders about these changes through a local communications campaign, aligned with a larger national campaign, and throughout our community engagement. There is ongoing communication and engagement activity to advise local residents that by calling NHS 111 or visiting NHS 111 online, if they have an urgent, but not life-threatening, medical need they can be directed to the most appropriate service and a appointment booked for them.

COVID-19 Vaccine Engagement

Ensuring equitable uptake of the COVID-19 vaccine across all communities in NCL was a key priority from December 2020 onwards. The CCG worked closely with our partners across NCL to engage with local residents to both promote the benefits of the vaccine but also to understand barriers to uptake and reasons for hesitancy. Our engagement approach took learnings from our previous flu vaccine programmes and, looking forward, we will take forward what we have learnt

to continually improve our vaccine and immunisation programmes and ensure that all residents can make informed choices.

We commenced local roll-out of the COVID-19 vaccination programme in December 2020, and are delivering the vaccine via a range of methods, including: hospital hubs, large vaccination centres, local vaccination hubs (run by NCL GPs) and pharmacies, plus roving teams to vaccinate care homes, housebound residents and those experiencing homelessness. As of 30 March 2021, over 680,000 people in North Central London had received their first dose of the vaccine. Across London vaccine uptake rates have been lower, and rates of hesitancy higher, among communities who face health inequalities and barriers when accessing services - including black communities, Eastern European and Roma communities, residents from areas of higher deprivation, and people with a learning disability.

In NCL, the CCG has worked closely with partners to deliver a range of community engagement and communications work to encourage equitable uptake across all communities in our boroughs. Multidisciplinary teams – with Council, CCG, Public Health and VCS membership – have co-planned and jointly delivered work (informed by local uptake data) including:

- Dissemination on information via resident newsletters, VCS and council newsletters, public health channels, and via local and London media;
- Developing community advocate packs for local organisations to use, and building up relationships with local faith leaders;
- Video creation in different languages with local community groups, local community and faith leaders, local influencers (e.g. Arsenal football team);
- Targeted social media campaigns, using translated written and video content
- Coordinating visits to vaccination centres by local MPs and councillors, who have supported getting messages out to their constituents;
- Coordinating a significant programme of local community events, including events with the Black Caribbean, Roma and Somali communities hosting events in a range of languages (including Turkish, Bengali and Spanish) – plus supporting grassroots organisations to host their own events, attending existing community meetings and identifying local healthcare professionals of diverse ethnicities to speak at events etc.;
- Running a series of open public meetings with an invite extended to VCS and local communities across each of the five boroughs;
- A multi-faith blessing of the opening of a large vaccination centre at the Business Design Centre in Islington;

- Running pop-up vaccination clinics at community sites including at local hostels, mosques and churches;
- Tailored messages, information and online events to engage with social care and healthcare staff to tackle concerns and build confidence;
- Teaming up across London to share borough-based events to people across the capital, recognising that many people have social and economic links to more than one area.

NCL CCG has also partnered with London Metropolitan University on a quantitative and qualitative research project exploring vaccine barriers, with a focus on those communities most impacted by the effects of the pandemic. NCL residents have been surveyed (online) to understand their attitudes to the vaccine, with further 1:1 qualitative interviews to gain a more in-depth understanding of barriers. The research will be analysed by the university health economics team, and used to create a set of recommendations to address these barriers.

Increasing COVID vaccine uptake in Camden

The Camden Disproportionality Communications BAME Working Group was formed to encourage a high take up of the flu and COVID vaccines. In collaboration with local authority, public health and local community leaders we have developed communication materials to meet the needs of local communities, demystifying messages to improve the uptake of the flu and COVID vaccinations. We have also assisted with the promotion of ambassadors to champion the vaccine in their own local communities.

To support the work the Camden team has also hosted public meetings with a number of local groups such as the LGBTQ + forum, Camden Carers BAME Carers, Healthy Minds (a sub group of members of MIND Camden), and Parents Advisory Board to answer questions that people have about primary care recovery and the roll out of the vaccine to address concerns and improve uptake. We have also produced a film with a local MP, GP and nurse to address questions that have been raised by the local BAME community in Camden.

In collaboration with our partners we have also assisted with a film of the Deputy Leader of Camden Council and a local BAME GP discussing issues that were important to local BAME residents around the COVID-19 vaccines.

Engaging with Communities to Inform COVID-19 Recovery Plans

As of 31 March 2021 the NHS is accelerating the delivery of operations and other non-urgent services as part of a £8.1 billion plan to help the health service recover all patient services following the intense winter wave of COVID-19. The NCL ICS will collectively work in partnership to deliver local recovery plans, aligned to nationally set priorities, across our five boroughs. The CCG is committed to ensuring these plans tackle the inequalities experienced by some communities in NCL, and that resident voice is at the heart of recovery planning.

Insights from analysis of COVID-19 community engagement carried out by local authorities, health and third sector organisations, will inform these recovery plans – including key themes fed back around:

- Digital inclusion and exclusion, and access to 'everyday' health and care services moved online or by telephone from face-to-face;
- The disproportionate impact of the pandemic, and the ongoing health inequalities experienced by some communities;
- The need to communicate changes to health and care services effectively to residents, and on how to access services appropriately.

We have commissioned an initial desktop equalities review of the impact of moving services and appointments away from face-to-face to telephone or digital options. Insight already gathered through borough engagement work will be used to inform this EQIA. The purpose of this assessment is to better understand the potential impact, both positive and negative, on groups with protected characteristics and social inclusion groups. This will help inform an action plan that will set out the approach in NCL and how this way of delivering care may be adjusted to better meet the needs of the local population, increasing access (and recognising for different groups access will have different implications such as knowledge, equipment ongoing costs, environment) and reducing the impact on health inequalities. An NCL digital inclusion will include practical guidance about the rollout of digital approaches across all care settings and populations. We will include insight already gathered through borough engagement work to inform this EQIA.

Digital access initiative in Haringey

The COVID-19 pandemic has led to several changes to the way the NHS delivers some of its services.

In 2020, an initiative was set up in Haringey between the CCG and NHS providers, Haringey Council, and Healthwatch, to support more residents with the confidence, ability and resources

to access primary and secondary healthcare services online. This included loaning mobile devices (e.g. smartphones) to residents who have no means of accessing online services otherwise, and setting up a community hub where individuals can have their online consultations privately. Alongside this project, we conducted engagement to get feedback on the service and to further understand the challenges residents may still have with accessing services and how the CCG/ NHS can best support them or make access easier.

Groups we have engaged with about digital access include Haringey's Over 50s forum, Haringey's Engagement Network and some patient participations groups.

Engaging residents in each of the NCL Boroughs

Alongside engagement work to support the influenza vaccine programme, the COVID-19 pandemic response and vaccination programme, the CCG undertook a range of other engagement work aligned to commissioning priorities that is summarised in this section.

Barnet

This year, Barnet colleagues have been working in partnership with London Borough of Barnet (LBB) to further develop the existing groups who represent the communities we need to support. LBB has existing effective formal groups in place, including the Voluntary and Community Sector (VCS) Forum, the Involvement Board, the Communities Together Network and Barnet Together. We have been exploring how we can work more closely together and take joint ownership of the Involvement Board. There is a real appetite for this joined-up approach and the Integrated Care Partnership (ICP) has presented us with an ideal opportunity to align our communications and engagement approach and activity to ensure it is effective and inclusive. The initial focus has been on support to keep safe during the pandemic and to encourage a high take up of the flu and COVID vaccines.

Throughout the year, we attended the Involvement Board, the VCS Forum and the Barnet Patient Participation Network to provide updates on work affecting not just Barnet but the whole of NCL. The Involvement Board is hosted by London Borough of Barnet and brings together individuals with lived experience to represent the views of local people and family carers who use Barnet's health and social care services. The VCS Forum enables networking, information sharing and training with service providers to adults from Barnet Council, VCS groups and the CCG. The Barnet Patient Participation Network brings together local Patient Participation Groups, Healthwatch and the Barnet GP Federation, and is facilitated by CommUNITY Barnet and

attended by CCG colleagues. The impact of this presence was being able to offer the opportunity for people to give us feedback and to get involved in our work. A summary of this work is presented at the NCL Patient Public Engagement and Equalities Committee.

Due to the pandemic, the majority of local engagement carried out was focused on encouraging uptake of the flu and COVID vaccines. However, other work did take place in Barnet. Some examples are described here:

- During Self-Care Week, we worked in partnership with CommUnity Barnet to host the "Self Care for Life" event. Health professionals and community speakers talked about local self-care support. Flu vaccine and "Help us, help you" messages were shared to encourage residents not to delay contacting NHS services and to reinforce the "NHS is open" message;
- We worked with Barnet's Public Health Team to develop a patient video to encourage patients with a learning disability to have their cervical screening test. We involved patients with a learning disability and Barnet Mencap in the production and this has been shared across NCL;
- Barnet's children's commissioners were involved in the Annual Barnet SEND (Special educational needs and disabilities) Conference. This was a free conference for Barnet parents, carers and professionals that was jointly organised by education, health, social care and representatives of the Barnet SEND parent community. Held virtually, the focus of the presentations was recovery and beyond. The conference is an opportunity for NHS Providers and the CCG to align and work closely with the Barnet Parent Carer Forum to provide parents, carers and young people a platform to learn about service updates, contacts and innovations for all services as well as providing feedback and influencing future service provision;
- Cancer commissioners have been working on a project to transfer the delivery of hormone injections for prostate cancer patients to primary care. The project team worked with three patients representing older, Black males and those living in deprived areas with a higher risk of cancer to develop a patient-friendly letter to be sent to all service users across NCL to inform them of the change.

Camden

One of our objectives is to work with our partners (Local Authority, local NHS and Voluntary and Community Sector) and residents to shape the services we commission to assist health and social care recovery, roll out of the flu and COVID-19 vaccines as well as progressing

development of the Integrated Care Partnership (ICP) and supporting the Health and Wellbeing Board. A summary of our community engagement work follows:

Camden Patient and Public Engagement Group (CPPEG)

The Camden team supported CPPEG to help make sure patients, residents, carers, voluntary/community groups and local residents played a role in our planning, decision making and the delivery of our work. CPPEG is made up of representatives from local general practice Patient Participation Group members (PPGs x12) and local Voluntary and Community Sector (VCS) groups (Healthwatch Camden, Voluntary Action Camden, Camden Disability Action, Camden Carers Service and Age UK Camden). The membership of CPPEG strengthens the voice of local people and gives the opportunity to bring matters to our attention as well as assisting in supporting our patient and community engagement plans. Topics that the group cover include:

- Primary Care Recovery
- Winter Flu campaign
- Integrated care progress (Inc. Children and Young People, Mental Health, Learning Disabilities and Autism and Community Connectives)
- Asylum Seekers and Refugees (experiences of health services in Camden)
- Fertility Policy Review
- Mental Health Community Model
- Healthwatch Camden's COVID-19 'Life in Lockdown Report
- Federation and Primary Care Network updates
- COVID-19 campaign and updates
- NCL Patient and Public Engagement Strategy
- Camden Carers Service work plans
- Insights about the vaccine rollout among young people.
- PPG member Q&A related to primary care recovery and roll out of the COVID-vaccine
- Evaluation of temporary changes to paediatrics in North Central London
- Matters related to AT Medics

During 2020/21 CPPEG held monthly operational meetings which received reports on the CCG's work, while Camden's General Practice PPG forum meetings were held quarterly. Hilary Lance, the CPPEG Chair (patient member) sits on our Local Care Partnership Board as well as co-sponsors the ICP Communications and Engagement Task and Finish Group in partnership with

the Director of Healthwatch Camden. In relation to the community engagement work in the last year Hilary said:

"In the last year CPPEG continued to function but two major changes altered the landscape dramatically: COVID and the merger of five CCGs into the NCL CCG. While we received assurances about the value NCL places on Public and Patient Engagement COVID related work understandably distorted the work programme. The challenge now is to rebuild on what had been achieved locally in the past; to ensure inclusion of patient representatives at the start of any change work within the context of integrated health and social care; and to ensure the patient experience remains at the forefront of NCL CCG work."

Camden Focus on Reducing Health Inequalities

Reducing health inequalities continued to be a focus throughout 2020/21. We collaborated with Health and Wellbeing Board partners and community group networks to collate evidence under the Camden Joint Strategic Needs Assessment on diabetes, cancer, frailty, falls, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disease (COPD) and alcohol to highlight inequalities among sex/ethnic groups and take recommendations forward in these areas.

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

In respect of our work, Kemi Bandele- Forbes, Camden Carers Service Support and Wellbeing Team Manager said**:**

"We had the Black Carers Collective meeting and NHS staff attended from the Bloomsbury vaccination hub and CCG. They were fantastic! Their segment was only meant to last 45 minutes but the carers had so many questions that we let the session run for the whole 90 minutes.

They were great at answering all of the questions which ranged from issues around pregnancy and future fertility, evidence of testing the vaccine on African and Caribbean communities to allergies, vaccine ingredients and the role of vitamin D.

They put together a presentation and as requested and added a section on historical evidence of medical mistreatment of Black communities (e.g. Pfizer/Nigeria 1996 and the Tuskegee Syphilis Study) to highlight an understanding and awareness of some of the mistrust currently held. This was a really important part of the session. I would definitely recommend them for future presentations".

Camden PPG Forum Meeting

The Camden PPG Forum meeting is an opportunity for PPG members to share good practice and make recommendations for improvements. Here is some attendee feedback.

Donna Turnbull, Community Development Manager, Voluntary Action Camden said:

"*Thank you for organising such an interesting and informative PPG Forum yesterday - provided some real clarity on current questions and challenges as those meetings often do!*

The vaccine centre information is of particular interest to VAC as we are being asked about how that system works (mainly in relation to frontline staff getting vaccinated). The slide and explanation about the different focus of each type of vaccine centre was very useful and explanatory."

Georgia Gideon, Health Minds Development Worker Mind in Camden said:

"I just wanted to say a huge thank you for this morning's session. It was really well attended, and it was great to see members engaging. The information was all really clear, and everyone seemed to have their questions answered. Thank you again!"

Enfield

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

Enfield reinstated the Voluntary and Community Stakeholder Reference Group and Patient Participation Group (PPG) Network meetings in summer 2020. Key topics discussed and feedback gathered on: local community experience of COVID and lockdown, barriers to accessing care from the NHS and the patient experience of the new Digital First approach to accessing appointments, particularly around eConsult, telephone access and video appointments. Groups represented have been supporting our key messages by cascading national campaign material and supporting patient education on access to the NHS and COVID-19. Moving forwards both groups will have a strong relationship with our local ICP Board and we will be developing their remit to support the ICP and wider NCL engagement.

In Enfield we have complemented our local engagement committee structure with outreach to community groups adversely affected by COVID-19 via community leaders and established peer mentors including: the Parent Engagement Panel, Faith Forums, the Enfield over 50s Forum and the Turkish community via their Consulate. Work is now in development with Somali, Eastern European and Black African communities. Enfield GPs and CCG staff have also supported requests to attend a number of externally organised community meetings including the Older People's Partnership Board, Over 50s Forum and Healthwatch Enfield events, all focused on updating patients on the NHS response to COVID-19 and access to care during the pandemic.

Enfield has also run three webinars focused on COVID-19 vaccination uptake in hard to reach groups in the borough. The Communities Webinar which was the first, had a broad population approach based on data that BAME communities had a higher mortality rate for COVID, as well as vaccination hesitancy. This Enfield event focused on providing advice and information, how we can support communities to make an informed choice and acknowledging and addressing concerns that communities have about the vaccine or their experience of the NHS.

From this successful webinar, we have expanded this model to target other community groups. The Enfield webinars are available online and we intend to expand from this model of direct engagement on the vaccine to support engagement on wider health inequalities and issues around access, building lasting positive relationships with our communities.

Enfield Webinars Playback

Communities' webinar: https://youtu.be/7StYjebQCHc
Turkish webinar: https://youtu.be/XcnjZ4G_qNg
Bulgarian webinar: https://youtu.be/ll3-PIVFn9k

Haringey

Here are a few examples of how we have engaged with our residents in Haringey on some key areas of work during 2020/21, to ensure we are commissioning and developing health and care services that meet their needs:

Haringey Child and Adolescent Mental Health Services

In summer 2020, the CCG hosted a series of webinars for parents, focused on supporting their children's return to school amid the pandemic. Parents had the opportunity to discuss their anxieties and concerns, provide feedback on CAMHS services, as well as get advice from a

range of mental health and wellbeing professionals. Approximately 400 parents participated in these webinars.

Between November 2020 and January 2021, as part of work to review the care pathways for CAMHS, provided by Barnet, Enfield and Haringey Mental Health Trust, a survey was conducted with service users to get their feedback on services. Over 300 service users and parents shared their experiences, with 84% of service users saying they were made to feel comfortable and welcome by CAMHS.

Haringey Adult Carers' Strategy

The CCG, Haringey Council and our health and social care partners produced a multi-agency Haringey Carers' Strategy in October 2020 to support those - family and friends - who look after adults in need of care and support. It outlines how everyone is working together across the system to improve the lives of carers and those that they care for. It was therefore important the strategy was co-produced with carers, statutory partners and local voluntary and community sector partners who provide services or have an interest in carers.

The Haringey Adult Carers' Strategy was produced in October 2020 to support the family and friends who look after adults in need of care and support. It was co-produced with carers, statutory partners and local voluntary and community sector partners who provide services or have an interest in carers.

Engagement to support the development of the report started in February 2020 with nearly 60 carers attending an event to discuss their experiences and ideas about improvements. Outputs from the day helped to inform the resulting strategy, and also facilitated co-production, as a number of carers agreed to subsequently work with us in a Carers Working Group to develop the strategy.

The strategy was further developed during meetings and one to one discussions with a range of carers including the Carers' Reference Group. The engagement highlighted a specific need for development of a young carers' strategy to recognise the small group of children and young people who are also carers – this is scheduled for development in 2021/22.

You can read the full strategy online.

Primary Care Networks – Patient Participation Group Development

In June 2020, the CCG commissioned community organisation Public Voice to support with strengthening patient participation groups (PPGs) across Haringey's Primary Care Networks (PCNs).

As of March 2021 the project has:

- Conducted quantitative and qualitative research with GPs, other practice staff and existing PPG members to understand how groups were functioning across the borough and identify any gaps for improvement, including increasing participation from under-represented patient groups;
- Developed a comprehensive PPG toolkit, containing a range of resources to support practices with establishing and running successful PPGs;
- Held its first pan-Haringey PPG Network meeting which focused on patients' experiences of e-Consult in booking online appointments, including what works well and areas for improvement. Over 30 patients attended the meeting. Feedback from this meeting is shared with the CCG and practices for consideration.

Islington

The CCG commissions two projects which directly support the development of Fairer Together and the way we work with local communities. These are:

Community Research and Support Programme

Since 2015, in the Islington borough we have commissioned a Community Research and Support Programme. Working with our local voluntary and community grassroots organisations we commission an annual research and support programme gathering vital insight into our most vulnerable residents' lives, and their experiences of accessing health and care services and wellbeing support. This year we focus on digital exclusion and the impact of COVID-19 on our vulnerable communities. We are working with:

- The Peel Institute, the Galbhur Foundation and Disability Action Islington;
- Diverse Communities Health Voice Partnership (a collective of HWI and 10 refugee and migrant organisations); and
- Help on your doorstep and Claremont.

Through the programme we are also able to signpost local people to healthcare services and identify particularly vulnerable members of the Islington community with more complex needs

and additional support requirements and enable them to more easily access health services or wellbeing support.

This work has fed into our Digital Inclusion Steering Group and a commissioned Equality Impact Assessment – analysing the impact of the move to digital health services for our local communities. 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. helping them to book a healthcare appointment and in some cases attending with them, provision of equipment such as ipads, provision of IT training and support, where appropriate).

Overall the projects engaged and supported over 300 people this year alone. The final reports will be uploaded onto our website on the Community Research and Support Programme page.

Community Wellbeing Project:

The Community Wellbeing and Good Neighbours Scheme projects, a series of estates-based projects, have 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. 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.

Since the start of the pandemic and as we moved into 'recovery' the project has adapted instantly to move online and address the specific challenges COVID-19 has brought such as supporting people to access online support and services which tackle social isolation. We measure the wellbeing impact of the project yearly, and incredibly, 92% of respondents agreed or strongly agreed that their health has improved as a result of taking part in GNS activities.

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.

Looking Ahead to 2021/22

We look forward to the next financial year at a time when over half of the country's population has received a COVID vaccination and lockdown restrictions are easing. However, engagement on the rollout of the COVID vaccine and our COVID recovery plans will remain a priority for us throughout 2021/22. As the vaccine programme moves down through the cohorts, we will support equitable uptake, focusing engagement where there is hesitancy or where there are any other barriers for those who should receive it.

We will also engage robustly on our recovery plans, such as re-introducing elective care like knee and hip replacements and the future of primary care. During the pandemic, there was a greater reliance on digital consultations. We will offer support to make sure patients with less access to technology are not excluded.

The NHS England and NHS Improvement paper on Integrating Care sets out a renewed ambition for greater collaboration between partners in health and care systems and options for a firmer legislative basis for Integrated Care Systems. We can anticipate that the NCL CCG will transition into a formal ICS organisation from April 2022. Our communities will want to know what this means and we will be outlining the opportunities and benefits this new way of working will bring to improving health outcomes from our commissioned services. A key priority will be ensuring that we engage with communities on what this will mean, and that resident voice is at the heart of ICS planning.

We will maintain a strong corporate presence through our website and other online channels and produce regular communications for our patients and stakeholders. We will always seek feedback on ways we can improve our communications processes and aim to keep a motivated workforce who can do this for us in a robust fashion.

Reducing Health Inequality

NCL has some of the starkest inequalities in health in the country, the impact of COVID-19 has clearly highlighted this. We recognise the structural and complex causes of health inequality, and that change requires a commitment to concerted long-term action, including a focus on the wider determinants of health.

The Equality Act 2010 requires us to work towards eliminating discrimination, advancing equality and reducing inequalities in care. The NHS Long Term Plan also stresses the importance of the NHS having more of an active role in prevention and reducing health inequalities.

In the last year there have a number of events and changes which have impacted on our work on health inequalities:

- The pandemic; it is well documented that the pandemic has impacted some groups more than others and exposed pre-existing health inequalities;
- The Black Lives Matter protests, which have increased discussion and awareness of structural racism;
- The merger of the five NCL CCGs, which has led to a consideration of inequality and inequity within boroughs as well as across NCL as a whole.

Addressing health inequalities has been a high priority for the CCGs individually and is embedded as a core value at the highest levels of the merged NCL CCG. In 2020, a Communities Team was established to ensure that the CCG is giving regard to the need to reduce inequalities between residents in access to, and outcomes from healthcare services. The team's core activities are in line with the CCG's equalities duties, applying equalities to all our functions and taking learning from COVID-19[2] to cover:

- Working with teams across NCL to reduce variation in access, outcomes and experience
- Identifying the highest priority needs to address to achieve this – including through review of the traditional understanding of 'need';
- Supporting the development and delivery of interventions to reduce health and wider inequalities;
- Recommending change to priorities and/or decision making approaches where this will support greater equity and equality;

[2] Public Health England: Beyond the Data, Understanding the impact of COVID-19 on BAME groups https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

- Fostering and spreading a culture of equality and ensure addressing health inequalities is an integral part of everyone's role.

So far, in 2020/21, the Communities Team has made the following impact:

- Identified and secured funding for:
  - Community participatory research and health champions (delivered by the voluntary and community sector) in families with childhood obesity (joint commission with Enfield Public Health);
  - Hypertension and Diabetes education, self-care and remote monitoring with a health inequalities focus.
- Successful NHS Charities bid bringing in an expected £670k over 2 years to enable a focus in Enfield and Haringey on:
  - Disproportionately poor health outcomes for young black males;
  - Post COVID impacts;
  - Community champions and digital inclusion.
- Secured funding from the national Shared Outcomes Fund monies to support homeless health and homeless hospital discharge in NCL;
- Development of thinking to inform future ICS financial strategies and developing the NCL approach to Population Health Management – e.g. building on learning to date and looking at options / opportunities to target resources to areas of greatest inequality;
- Supporting, benchmarking and baselining Care Home In Reach models and wrap around support: this builds on work to implement the Enhanced Health in Care Homes Framework in NCL, and the joint care homes programme with our five Councils. Working towards a consistent offer of support and improved outcomes for care home residents;
- Developing approaches to digital inclusion – ensuring best practice from boroughs is extended across NCL, listening to the experience of communities and completion of digital inclusion equality impact assessment. You can read more about this in the engagement section;
- Initial work to take stock of 'Anchor Institution' approaches across NCL and define expectations of Anchor organisations. This will help ensure we make the most of the skills, assets and additional social value offered by organisations in NCL as we move into the ICS. It is demonstrative of the commitment to communities and partnership working locally, to address areas of greatest need;
- Development of analyses, comprehensive insight and information to support the work of the CCG as well as in collaboration with partners such as NCL Map of Need (example

below). These insights are informing thinking around proportionate universalism and targeted resource distribution.

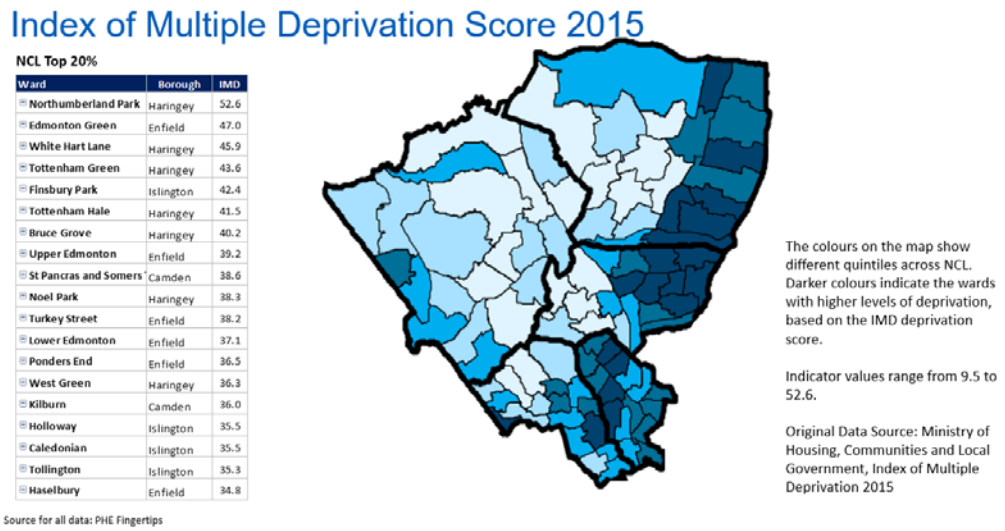


Figure 8 - Map of need showing the areas of highest and lowest deprivation in NCL; the wards in the top 20% most deprived are highlighted in the table.

You can read more about our approach to working with local communities and the commitment of our PPP strategy in the engagement section of this report.

The CCG continues to work with partners to align priorities and to deliver care in an integrated way where this might reduce health inequalities. Further work is planned in partnership with Directors of Public Health on the wider underserved populations.

Priorities of the borough partnerships, of which the CCG is a key member, such as the Health and Wellbeing Boards and Integrated Care Partnerships all have reducing health inequalities as a top priority. The CCGs work in these areas is described below and reflected in other sections of this report across the areas of start, live, work and age well.

Pandemic Response, Vaccination and Recovery

- As at 01 June 2021; 692,521 people had been vaccinated in NCL which included over 80% of our over 65 population and was approaching 80% vaccination rate of our clinically extremely vulnerable population. Across NCL outreach work has been undertaken to understand differential uptake across communities and increase uptake through a range of initiatives including:
    - Q&A sessions with local partners for specific groups;

    - Community link workers;
    - Outreach ‘pop-up’ vaccination clinics at a local Mosque, Church and Somali Muslim Community Centre;
    - Outreach clinics to homeless accommodation;
    - Work to identify and vaccinate paid and unpaid carers;
    - A hub for people with learning disabilities, autism and phobias to support those requiring a calmer environment; and
    - Summits and partnership learning events.
- The CCG has been working closely with relevant stakeholders to provide appropriate and accessible health services (particularly primary care provision) for people seeking asylum who have been placed in hotels in the area;
- Our primary care recovery plan includes a focus on access and patient experience - including an inequalities review into access to routine appointments incorporating digital inclusion, and patient experience of new digital services and new COVID services;
- From the outset of the pandemic, the NHS, VCS and councils partnered to increase access to support for people in the community living with complex mental health needs including targeted peer support and plans to launch crisis cafes;
- Building on good practice, during the pandemic the CCG and Councils improved support to care homes including virtual ward rounds, extended and ring-fenced GP/nurse appointments and innovative new digital equipment. There was also engagement with LD and mental health CQC registered care homes to ensure the service offer matches that already in place for older adult care homes;
- Work is underway to develop a HealtheIntent dashboard to support understanding of variation in post-COVID syndrome referral patterns, and working with UCLH clinic to understand variation in access;
- You can read more about our work on the COVID vaccine and supporting communities through the pandemic in the engagement section of the report.

Community, Primary and Acute Commissioning

- Within the context of the merged CCG, NCL has embarked on a review of community health provision (aiming to conclude in early 2021/22). A key objective of the review is to inform a core and consistent offer that is delivered locally, based on identified needs and that addresses inequalities and inequities;
- NCL CCG has established a network of Personalised Care leads across directorates. The leads have a responsibility to implement personalisation across all programmes including

shared decision making, enabling choice and offering personal health budgets (where appropriate);

- An NCL Mental Health Community Transformation Steering Group has identified the need to radically review the way we plan, commission and deliver mental health services to have a greater focus on more care delivered in the community and in an integrated way. This will enable us to effectively meet future demand and acuity while maintaining the ability to offer early intervention and prevention of escalating need. Highlighted here are how mental health services are specifically addressing inequalities:
    - Ensuring investment is based on mental health population need and aiming to 'level-up' and address variation in provision across NCL;
    - IAPT services reoriented to focus on providing a quick response to people presenting with difficulties in coping with the current situation with a targeted focus on BAME communities;
    - NHSE/I pilot site for suicide prevention and people experiencing homelessness in Haringey – identified due to higher population mental health need, higher BAME population and higher socio-economic deprivation;
    - Building on individual and community assets, including those of BAME communities (e.g. faith leaders), co-production and volunteering;
    - Children and Young People's Mental Health (CYP MH) funding focus on Mental Health and Learning Disabilities (LD) inequalities across Children and Adolescent Mental Health Services (CAMHS) pathways including LD and Autism Spectrum Disorder (ASD);
    - Employment support for adults with Severe Mental Illness (SMI).
- Work to support children and young people (CYP) has focused on health inequalities including:
    - Looking at the demographics of CYP receiving support via an Education, Health and Care Plans;
    - Reviewing data to explore whether any CYP are disproportionally waiting for services and working on NCL and local solutions for example to bring down waits for autism spectrum disorder assessments.
- Further work from the Integrated Care Partnerships (ICPs) with a particular focus on addressing inequalities:
    - Across all priorities, Enfield is working with the most deprived communities and communities which are most adversely impacted by COVID-19. This work

includes undertaking engagement and participatory research to find out what would be most effective in helping to improve their health and wellbeing;

- Barnet is looking at the differential impact of COVID-19 with a particular focus on BAME communities, whilst co-producing priorities with residents;
- Islington's GP Federation Quality Improvement Support Team (QIST) developed a Long Term Condition (LTC) inequality clinical searches to identify patients from vulnerable groups with poorly controlled LTCs who have missed an annual review in the past year. The searches will be used by GP practices to support prioritisation processes;
- Haringey's has work underway to review stop and search usage for under 14s;
- Camden have reviewed deep dives on Neighbourhood working and how children, young people and families have been engaged and supported over the course of the pandemic.

The CCG recognises the importance of ensuring that all staff are aware of equalities duty and reducing health inequalities. The Communities Team have been facilitating learning events and ideas exchanges, which have included events to spread learning as the vaccine delivery is progressed and, in February 2021, a discussion about reducing health inequalities in all we do (sharing the work of the team and inviting thoughts as we develop the anchor institution approach).

Delivering the CCG's Workforce Equality Objectives

As a public sector organisation the CCG is required to meet the public sector equality duty (PSED):

"Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it";

The CCG has developed a number of interventions to deliver the CCG's workforce equality objectives which cover recruitment, development, support and retention. The primary goal is to ensure that the workforce the CCG employs reflect the local community it serves. NCL CCG's action plans, which included a list of quick wins and longer-term objectives, was developed based on the NHS mandatory standards: the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), the NHS People Plan - Black Lives Matter

campaign, the COVID-19 Report by Public Health England (PHE), the NHS London Workforce Race Equality Strategy Recommendations- and the CCG BAME Staff Network Safe Space Conversations outcomes.

Recruitment*:* The CCG has offered good practice advice and guidance for managers and delivered training on unconscious bias. Currently the CCG is working on a number of areas to strengthen the recruitment process which includes job design, advertising, recruitment panel and feedback to candidates to ensure greater fairness.

Development/Education: While the CCG was dealing with redeployment and risk assessment, the need for staff development was still one of the priorities. Staff attended various training programmes on structural racism and other forms of discriminations. The CCG invited speakers from outside and funded external courses for staff to attend.

Staff Support: In addition to the Employee Assistance Programme, the CCG supported the setting up of the staff networks: LGBT+, Disability, and BAME. Each staff network has developed their work programme, designed content for the intranet, and promoted their activities through staff briefings and weekly staff bulletin. The networks are also playing a consultative role to help the CCG design its leadership conversations, carry out consultations- and address issues identified through the staff survey.

LGBT+ Staff Network has celebrated the LGBT History Month, published educational materials to raise awareness. Staff have been encouraged to add gender pronouns in the signature to raise awareness about gender, gender re-assignment, and non-binary people.

Further to the establishment of the NCL BAME Staff Network in September 2020, the Chair and Vice-Chairs have been working closely to shape the network and develop a work plan which aligns to the London Workforce Race Equality Strategy and the WRES and also the theme arising from Safe Space conversations. There has been a strong communications drive to promote the network to staff via Staff Briefings and Staff News. The BAME staff network has:

- Celebrated a virtual Black History Month (BHM) in October 2020, which focused on Black contributions to British society and our organisation as well as fostering an understanding of Black history and the future – with the theme of AIM (Awareness – Involvement – Movement). This included weekly quizzes, educational sessions and publicising

awareness raising materials including films, books. The Network also promoted a number of BHM webinars delivered by NHSE/I including Structural Racism;

- Started a Book and Film Club to raise greater awareness about race equality;
- The Chair of the BAME Staff Network has been promoting the use of the Whittington Health See ME First Campaign to promote equality, diversity and inclusivity within the NHS. The Campaign includes the use of a badge and signature strip. It has been agreed that this can be rolled out across the organisation;
- There is an NCL CCG wide BAME staff recruitment panel process underway based on the Haringey and Islington CCGs experience in 2019. This is a part of the CCG's WRES Action Plan;

The Disability Staff Network has been working with staff and professionals to raise disability awareness- and has planned activities for the Disability Awareness Month, offered safe space conversations. Activities also include supporting colleagues and the CCG with reasonable adjustment at work by providing advice- and support for staff that need to share their lived experiences. The Network has also published a glossary on disability terminologies.

NCL CCG is working with NHSE/I to advance race equality in the workplace- and is now part of the NHS Workforce Race Equality Standard Expert Programme which started in February 2021. The year-long programme will enable the CCG to work with staff, managers, partners and providers to address inequalities in the workplace by developing practical interventions within the CCG and collaborative initiatives across NCL.

We recognise that while we set and implement equality objectives and publish our annual equality performance report to meet the public sector equality duty, we must continue to work with our residents, staff and stakeholders to ensure continuous improvement in advancing equality.

In view of the pandemic, the majority of our CCG staff have worked remotely during 2020/21. Staff have been supported in working remotely by the provision of mental health, wellbeing and pastoral guidance and also advice that has been made available by both the CCG and the national NHS people support offer during this time. CCG staff will continue to work remotely until return to office arrangements have been finalised in accordance with government guidance.

Health and Wellbeing Strategy

During the year, the CCG has been represented across the five Health and Wellbeing Boards in North Central London and has played an active role in each. However, in the early part of 2020, board meetings were suspended as wave one of the pandemic took hold. Whilst meetings were suspended, health and care partners worked incredibly closely to respond to COVID-19, adapt and deliver services and provide additional support to residents and patients in NCL, and the objectives within each Health and Wellbeing Board (HWBB) strategy were furthered during this time.

HWB Board meetings were re-established by summer, taking place live and via video link. The CCG is represented on each of the 5 Boards by the CCG Executive Director of Borough Partnerships or Chief Operating Officer, the two locally elected Governing Body GPs and the local Director of Integration. In addition, the Accountable Officer and Chair attend at least one meeting per year per borough and wider CCG input is drawn upon. NHS provider colleagues are also widely represented as voting members and attendees.

Four of the five boroughs are refreshing their Health and Wellbeing Strategy. This is led by the local Public Health team with contributions from partners. During the year CCG and health colleagues have reviewed the existing strategies and local evidence base and have helped to set new goals for 2021/22 onwards. Workshops have taken place in each borough, reviewing local data and ensuring local resident and patient priorities sit at the heart of each strategy. With COVID-19, health inequalities have been brought into sharper focus, as have the wider determinants of health and impact on health and care outcomes.

There has been work to align the objectives within current Health and Wellbeing strategies and the plans being progressed by the developing Integrated Care Partnerships (ICP). The ICPs are reporting into the HWBB in each borough and are a key route through which the local strategy is delivered. Below we outline some of the work that has taken place in 2020/21.

All HWBBs have considered:

- The merger of the five CCGs in NCL to form a single entity from 1 April 2020;
- The development of the Integrated Care Partnerships (including development of joint governance and agreed workstreams) and formation of the NCL Integrated Care System;

- Our work to integrate care including: working more closely with communities; delivering a person-centred approach; providing proactive and joined-up care to those with complex needs; prevention and earlier intervention; and addressing the wider determinants of health;
- HWBBs and/or their subgroups have considered the equalities agenda and eight urgent actions required to tackle health inequalities (inequalities in access, experience and outcomes);
- Our response to COVID-19, including coordination to promote and roll out the vaccine from December 2020. By late 2020, the vaccination programme was being developed and a range of sites set up in the community. All national targets set by central government have been met in NCL and the local programme has been a real success. We have high rates of vaccination across communities, including for residents of older adult care homes and residential care settings, including mental health and learning disability settings. HWBB partners worked together to understand and address differential uptake of the vaccine with significant work to support access (site locations, pop ups, information in multiple languages, information tailored for those with learning difficulties, education and Q&A events, targeted work with local leaders, communities and faith groups to ensure effective messaging and engagement.

Highlights from each borough evidencing the delivery of local HWBS priorities during 2020/21 are included below.

At the Barnet HWBB, CCG representation was provided by Dr Charlotte Benjamin, Dr Clare Stephens, Executive Director Borough Partnerships Sarah McDonnell-Davies and Director of Integration Colette Wood. Highlights from the year include:

- Asylum seeker health:
    - Cross-working between health, social care and government agencies to improve asylum seeker access to primary care and health screening, including facilitating GP registration;
    - Investment in a ‘locally commissioned service’ for asylum seekers, commissioned via primary care and developed to support asylum seekers who have been temporarily accommodated within hotels across the boroughs of Barnet, Camden, Haringey and Islington of North Central London;
    - The premise of the LCS is to facilitate registration with a GP practice local to the hotel and to undertake an initial healthcare assessment, providing care needs identified.

- Frailty and Older Peoples' health:
  - Developed and piloted a Frailty Multidisciplinary Team (MDT), which has been agreed to roll out across the borough;
  - Cross-organisational and 'united team' working to enable patients aged 65 or over to get multi-disciplinary care in a primary care setting, leading to earlier intervention and provides holistic and person-centred care to patients in realising their own defined goals;
  - A core output of the MDT is a collaboratively developed personalised care plan (advanced, where appropriate) that supports enablement within the community and self-care management;
  - The Frailty MDT membership includes representation from across the local health (Barnet Enfield and Haringey Mental Health NHS Trust, Central London Community Healthcare NHS Trust; GP Practices; North London Hospice; Royal Free London NHS Foundation Trust), social care (London Borough of Barnet), and voluntary sectors (Age UK – Barnet; Alzheimer's Society).

At the Camden HWBB, CCG representation was provided by Dr Neel Gupta and Dr Kevan Ritchie, Executive Director Borough Partnerships Sarah McDonnell-Davies and Director for Integration, Sally MacKinnon. Highlights from the year include:

- Homeless Health Inclusion – work to develop and demonstrate the impact of the health and care system work to support people who are homeless in Camden. A multi-disciplinary team (MDT) was set up to support Camden's response to the COVID-19 pandemic at the Britannia Hotel. This included support from GPs, substance misuse, housing, social workers and others from health, council and voluntary sector services. The work has been funded through the Local Authority (including Public Health) and NCL CCG;
- The Camden HWBB established a Health and Care Citizens' Assembly in 2020 made up of a representative sample of local residents. The objective was to give residents the power to shape the common purpose of the emerging Integrated Care Partnership. Through the year, residents came together, despite the pandemic, to share their experiences, generate ideas and contribute to the vision for local health and care in Camden. The assembly developed a set of principles (or expectations) for the local care partnership to consider when implementing future change to the health and care system. These principles are informing the work of the Camden Local Care partnership as it implements the key priorities for Camden, including improvements and transformations

in: mental health, children's services, urgent community response and the development of a neighbourhood model of support and improving community cohesion;

- The Camden Integrated Commissioning children's team has worked closely with a range of providers to reconfigure resources within Camden MOSAIC (our integrated service for children and young people with disabilities) to meet the increasing demand for autism assessments and address some of the backlog of children and young people waiting to be assessed;
- Minding the Gap, an integrated multi-agency Mental Health service for young people aged 16-25 (highlighted as a model of good practice in the NHS Long Term Plan) has continued to develop the range of individual and group interventions offered through their youth hub (The Hive). The services have been evaluated and demonstrate really positive outcomes for vulnerable young people using the service. This year the partnership have secured 5 year funding to continue the service and are supporting colleagues from across the sector to learn from the model;
- Camden have also started to mobilise the new Community Mental Health model and are recruiting to multi-disciplinary and multi-agency mental health teams that will support practices to manage patients with emerging mental health issues more effectively. This will built on the existing team of mental health staff supporting practices which have proved really successful in preventing the escalation of need.

At the Enfield HWBB, CCG representation was provided by Dr Nitika Silhi and Dr Chitra Sankaran, Director for Integration, Deborah McBeal and Director of Communities Ruth Donaldson. Highlights from the year include:

- Community participatory research planned and commissioned. This is focused on childhood obesity and links to the wider determinants of inequality and key priorities within the Enfield Joint Health and Wellbeing Strategy;
- Work to reduce Health Inequalities linking the wider determinants of health and the Enfield Poverty and Inequality Commission report;
- The development of a public health approach to Serious Youth Violence as a priority, including the development of an overall plan to cover all Council service areas.

At the Haringey HWBB, CCG representation was provided by Dr Peter Christian and Dr John Rohan, Executive Director Borough Partnerships Sarah McDonnell-Davies and Director for Integration, Rachel Lissauer. Highlights from the year include:

- Development of the ‘Live Well’ programme to improve the health and wellbeing of working adults, with a focus on five key areas for action: Work, Inclusion, Crisis, Community, and Home. Examples were shared of work undertaken with the Haringey Adult Learning Service;
- Oversight and review of the borough racial equality action plan. This is a borough-wide response to reducing racism and improving equality. It consists of actions being taken across nine workstreams to reduce racism and improve equality from culture to policing and health and wellbeing. It is co-led by the voluntary sector and council. The Health and Wellbeing Board received a very positive update of the actions being taken in each of the programme areas and the considerable work that is underway.

At the Islington HWBB, CCG representation was provided by Dr Jo Sauvage and Dr John McGrath along with, Chief Operating Officer Paul Sinden and Director for Integration, Clare Henderson. Highlights from the year include:

- Mental Health Community Model – this has been developed by health, local authority and voluntary sector partners. It embeds mental health specialists in general practice and supports local care for those managing serious and less complex mental health conditions;
- We have worked across a broad partnership of providers, and young people to redesign the pathway providing more access to support upfront so that only those that needed a specialist intervention went to CAMHS. We now have a broad offer that starts in the Central Point of Access and signposts people through to a range of therapeutic, counselling and Emotional Wellbeing Services provided by Barnardo’s, The Brandon Centre, the Targeted Youth Support Counselling Service and Isledon. There are also social prescribing and digital options, including online counselling (Kooth) and voluntary and community sector (VCS) universal provision. For those that need specialist services they still get referred to the Whittington Health Child and Adolescent Mental Health Service (CAMHS). As a result of this pathway redesign we have seen a successful reduction in waiting times.

ACCOUNTABILITY REPORT

Frances O’Callaghan

Accountable Officer

14 June 2021

Corporate Governance Report

Members Report

North Central London CCG is a corporate body (a legal entity) and as at 31 March 2021 there are 185 Member Practices which are GP Practices in the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington. The practices are organised into Primary Care Networks (PCNs).

Member Practices

The CCG's member practices are set out below.

	GP Practices in Barnet	Primary Care Network
1.	Oak Lodge Medical Centre	PCN 1D
2.	Jai Medical Centre	PCN 1D
3.	Wakeman's Hill Surgery	PCN 1D
4.	Mulberry Medical Practice	PCN 1D
5.	Colindale Medical centre	PCN 1D
6.	Hendon Way Surgery	PCN 1D
7.	Watling Medical Centre	PCN 1W
8.	Parkview Surgery	PCN 1W
9.	Deans Lane Medical Centre	PCN 1W
10.	The Everglade Medical Practice	PCN 1W
11.	The Clinic (Oakleigh Rd North)	PCN 2
12.	St Andrews Medical Practice	PCN 2
13.	The Village Surgery	PCN 2
14.	Doctors Surgery (Colney Hatch Lane)	PCN 2
15.	Friern Barnet Medical Centre	PCN 2
16.	East Barnet HC (Monkman)	PCN 2
17.	Brunswick Park Medical Practice	PCN 2
18.	Lichfield Grove Surgery	PCN 3
19.	Squires Lane Medical Practice	PCN 3
20.	The Speedwell Practice	PCN 3
21.	The Old Courthouse Surgery	PCN 3
22.	Cornwall House Surgery	PCN 3
23.	Longrove Surgery	PCN 3
24.	Torrington Park Group Practice	PCN 3
25.	Wentworth Medical Practice	PCN 3
26.	Derwent Medical Centre	PCN 3
27.	Addington Medical Centre	PCN 3
28.	East Finchley Medical Practice	PCN 3
29.	Mountfield Surgery	PCN 3
30.	Rosemary Surgery	PCN 3
31.	Gloucester Road Surgery	PCN 3
32.	Woodlands Medical Practice	PCN 3
33.	Millway Medical Practice	PCN 4

34.	Penshurst Gardens	PCN 4
35.	Langstone Way Surgery	PCN 4
36.	Lane End Medical Group	PCN 4
37.	Greenfield Medical Centre	PCN 5
38.	St George's Medical Centre	PCN 5
39.	Pennine Drive Surgery	PCN 5
40.	Ravenscroft Medical Centre	PCN 5
41.	Phoenix Practice	PCN 5
42.	Hillview Surgery	PCN 5
43.	Cricklewood HC	PCN 5
44.	Dr Azim & Partners	PCN 5
45.	Heathfielde	PCN 6
46.	PHGH Doctors	PCN 6
47.	Supreme Medical Centre	PCN 6
48.	The Practice @ 188	PCN 6
49.	Adler & Rosenberg (682 Finchley Road)	PCN 6
50.	Temple Fortune Health Centre	PCN 6
51.	Hodford Road Surgery	PCN 6

	GP Practices in Camden	**Primary Care Network**
52.	Ampthill Practice	Central Camden
53.	The Regents Park Practice	Central Camden
54.	Ridgmount Practice	Central Camden
55.	Bloomsbury Surgery	Central Camden
56.	Kings Cross Surgery	Central Camden
57.	Somers Town Medical Centre	Central Camden
58.	Camden Health Improvement Practice (CHIP)	Central Camden
59.	Swiss Cottage Surgery	Central Camden
60.	Grays Inn Road Medical Centre	Central Hampstead
61.	Primrose Hill Surgery	Central Hampstead
62.	Abbey Medical Centre	Central Hampstead
63.	Daleham Gardens Health Centre	Central Hampstead
64.	Belsize Priory Medical Practice	Central Hampstead
65.	Prince of Wales Group Practice	Kentish Town Central
66.	Caversham Group Practice	Kentish Town Central
67.	Parliament Hill Surgery	Kentish Town Central
68.	James Wigg Practice	Kentish Town South
69.	Queens Crescent Surgery	Kentish Town South
70.	Park End Surgery	North Camden
71.	Hampstead Group Practice	North Camden
72.	Adelaide Medical Centre	North Camden
73.	Brookfield Park Surgery	North Camden
74.	The Keats Group Practice	North Camden
75.	Brunswick Medical Centre	South Camden
76.	Holborn Medical Centre	South Camden
77.	The Museum Practice	South Camden

78.	St Philips Medical Centre	South Camden
79.	Gower Street Practice	West and Central
80.	Brondesbury Medical Centre	West and Central
81.	Fortune Green Practice	West Camden
82.	West Hampstead Medical Centre	West Camden
83.	Cholmley Gardens Medical Practice	West Camden

	GP Practices in Enfield	**Primary Care Network**
84.	Keats Surgery	Enfield Care Network PCN
85.	Ordnance Unity Centre for Health	Enfield Care Network PCN
86.	White Lodge Medical Practice	Enfield Care Network PCN
87.	Rainbow Surgery	Enfield Care Network PCN
88.	Boundary Court Surgery	Enfield Care Network PCN
89.	Grovelands & Grenoble Gardens	Enfield Care Network PCN
90.	East Enfield Surgery	Enfield Care Network PCN
91.	Brick Lane Surgery	Enfield Care Network PCN
92.	Latymer Road	Enfield Care Network PCN
93.	Edmonton Medical Centre	Enfield Care Network PCN
94.	Boundary House	Enfield Care Network PCN
95.	Chalfont Surgery	Enfield Care Network PCN
96.	Angel Surgery	Enfield Care Network PCN
97.	Evergreen Surgery	Enfield Care Network PCN
98.	The Woodberry Practice	Enfield South West PCN
99.	Bicote Surgery	Enfield South West PCN
100.	North London Health Centre	Enfield South West PCN
101.	Morecambe Surgery	Enfield South West PCN
102.	Arnos Grove Medical Centre	Enfield South West PCN
103.	Gillan House Surgery	Enfield South West PCN
104.	Medicus Select Care (SAS)	Enfield Unity PCN
105.	Bounces Road Surgery	Enfield Unity PCN
106.	Medicus Health Partners	Enfield Unity PCN
107.	Eagle House Surgery	Enfield Unity PCN
108.	Cockfosters Medical Centre	Enfield Unity PCN
109.	Southgate	Enfield Unity PCN
110.	Highlands Practice	Enfield Unity PCN
111.	Nightingale House Surgery	Enfield Unity PCN
112.	Oakwood Medical Centre	Enfield Unity PCN
113.	Green Cedars	Enfield Unity PCN
114.	Abernethy House	West Enfield Collaborative PCN
115.	Winchmore Hill Practice	West Enfield Collaborative PCN
116.	Park Lodge Medical Centre	West Enfield Collaborative PCN
117.	Town Surgery	West Enfield Collaborative PCN

	GP Practices in Haringey	**Primary Care Network**
118.	Staunton Group Practice	Haringey - East Central
119.	The Surgery (Hornsey Park Surgery)	Haringey - East Central

120.	West Green Road Surgery	Haringey - East Central
121.	The Old Surgery	Haringey - East Central
122.	Spur Road Surgery	Haringey - N15/South East Haringey
123.	Havergal Surgery	Haringey - N15/South East Haringey
124.	The Surgery (Grove Road)	Haringey - N15/South East Haringey
125.	JS Medical Practice	Haringey - N15/South East Haringey
126.	St Anns Road Surgery	Haringey - N15/South East Haringey
127.	Arcadian Gardens NHS Medical Centre	Haringey - North Central
128.	The High Rd Surgery	Haringey - North Central
129.	Stuart Crescent Health Centre	Haringey - North Central
130.	Bounds Green Group Practice	Haringey - North Central
131.	Cheshire Road Surgery	Haringey - North Central
132.	Charlton House Medical Centre	Haringey - North East
133.	The Morris House Medical Practice	Haringey - North East
134.	Somerset Gardens Family Health Care	Haringey - North East
135.	Westbury Medical Centre (Steinberg/Kirilov)	Haringey - North East
136.	Bruce Grove Primary Care Health Centre	Haringey - North East
137.	Highgate Group Practice	Haringey - North West
138.	Queens Avenue Practice	Haringey - North West
139.	The Muswell Hill Practice	Haringey - North West
140.	Rutland House Surgery	Haringey - North West
141.	Crouch Hall Road Surgery	Haringey - South West
142.	Queenswood Medical Practice	Haringey - South West
143.	The 157 Medical Practice	Haringey - South West
144.	Lawrence House (Dr Rohan)	Haringey - Welbourne
145.	Fernlea Surgery	Haringey - Welbourne
146.	Tottenham Health Centre	Haringey - Welbourne
147.	The Surgery (Dowsett road surgery)	Haringey - Welbourne
148.	Tottenham Hale Medical Centre	Haringey - Welbourne
149.	Tynemouth Road Health Centre	Haringey - Welbourne
150.	The Christchurch Hall Surgery	Haringey - West Central
151.	The Alexandra Surgery	Haringey - West Central
152.	The Vale Practice	Haringey - West Central
153.	Bridge House	Haringey - West Central

	GP Practices in Islington	**Primary Care Network**
154.	Roman Way Medical Centre	Central 1 Network
155.	Islington Central Medical Centre	Central 1 Network
156.	Mildmay Medical Practice	Central 1 Network
157.	Mitchison Road Surgery	Central 1 Network
158.	Highbury Grange Medical Practice	Central 1 Network
159.	The Medical Centre	Central 1 Network
160.	Sobell Medical Centre	Central 1 Network

161.	The Group Practice at River Place	Central 2 Network
162.	Elizabeth Avenue Group Practice	Central 2 Network
163.	St Peter's Street Medical Practice	Central 2 Network
164.	New North Health Centre	Central 2 Network
165.	The Miller Practice	Central 2 Network
166.	Goodinge Group Practice	Islington North
167.	St John's Way Medical Centre	Islington North
168.	The Family Practice	Islington North
169.	The Northern Medical Centre	Islington North
170.	The Village Practice	Islington North
171.	The Andover Medical Centre	Islington North
172.	Partnership Primary Care Centre	Islington North
173.	Ritchie Street Group Practice	South Network
174.	Barnsbury Medical Practice	South Network
175.	Killick Street Health Centre	South Network
176.	City Road Medical Centre	South Network
177.	Clerkenwell Medical Practice	South Network
178.	Amwell Group Practice	South Network
179.	Pine Street Medical Practice	South Network
180.	Archway Primary Care Team	Islington North 2
181.	The Rise Group Practice	Islington North 2
182.	The Beaumont Practice	Islington North 2
183.	The Junction Medical Practice	Islington North 2
184.	Stroud Green Medical Clinic	Islington North 2
185.	Hanley Primary Care Centre	Islington North 2

Composition of Governing Body

NCL CCG is governed by the Governing Body. The Governing Body is responsible for NCL CCG's strategy, financial control and probity, risk management, oversight and assurance, and for deciding which services to commission to improve the health and wellbeing of the people of North Central London.

The Governing Body comprises 18 voting members. These include ten elected Clinical Representatives, three lay members, a registered nurse, a secondary care consultant, the Accountable Officer and the Chief Finance Officer.

The ten elected Clinical Representatives are GPs who are directly elected to the Governing Body by NCL CCG's member practices, with two representatives from each of the CCG's five boroughs. This ensures solid local clinical representation on the Governing Body so that the people who deal with the day-to-day health care needs of the people of North Central London play a key role in decision making.

The members of the CCG's Governing Body are:

- Dr Jo Sauvage – Governing Body Chair and Elected Clinical Representative - Islington Borough;
- Karen Trew – Governing Body Deputy Chair and Lay Member for Audit and Governance;
- Dr Charlotte Benjamin – Governing Body Clinical Vice Chair and Elected Clinical Representative - Islington Borough;
- Dr Clare Stephens - Elected Clinical Representative - Barnet Borough;
- Dr Neel Gupta - Elected Clinical Representative - Camden Borough;
- Dr Kevan Ritchie - Elected Clinical Representative - Camden Borough;
- Dr Chitra Sankaran - Elected Clinical Representative - Enfield Borough;
- Dr Nitika Silhi - Elected Clinical Representative - Enfield Borough;
- Dr Peter Christian - Elected Clinical Representative- Haringey Borough;
- Dr John Rohan - Elected Clinical Representative - Haringey Borough;
- Dr John McGrath - Elected Clinical Representative - Islington Borough;
- Dr Sara Lightowlers – Secondary Care Consultant (until 30.6.20);
- Dr Subir Mukherjee - Secondary Care Consultant (from 1.7.20);
- Claire Johnston - Registered Nurse;
- Ian Bretman - Lay Member for Public and Patient Engagement;
- Arnold Palmer - Lay Member With General Portfolio;
- Frances O'Callaghan - Accountable Officer:
- Simon Goodwin - Chief Finance Officer

The Governing Body invites a number of external stakeholders to its meetings as standing attendees. These include a Healthwatch representative, a Director of Public Health and a local authority councillor. Each organisation decides in advance who will attend on their behalf and each represents North Central London as a whole, rather than just individual boroughs.

The Governing Body is regularly attended by the other members of the CCG's Executive Management Team as follows:

- Paul Sinden - Chief Operating Officer;
- Will Huxter - Executive Director of Strategy;
- Ian Porter - Executive Director of Corporate Services;
- Sarah McDonnell-Davies - Executive Director of Borough Partnerships;

- Kay Matthews - Executive Director of Clinical Quality;
- Sarah Mansuralli - Executive Director of Strategic Commissioning.

Register of Interests

North Central London CCG maintains and publishes a register of interests online in accordance with NHS England statutory guidance. The register of interest is on NCL CCG's website at: https://northcentrallondonccg.nhs.uk/about-us/declarations-of-interest/

Personal Data Related Incidents

There were no serious untoward incidents relating to data security breaches for NCL CCG in 2020/21 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

North Central London Clinical Commissioning Group 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 2021 is published on our website at: https://northcentrallondonccg.nhs.uk/about-us/ncl-modern-day-slavery-statement/

Statement of Accountable Officer's Responsibilities

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

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

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

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,

- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

Introduction and context

NHS North Central London CCG ('CCG') is a body corporate established by NHS England on 1 April 2020 under the National Health Service Act 2006 (as amended). It was established on 1 April 2020 following the merger of five Clinical Commissioning Groups:

- NHS Barnet Clinical Commissioning Group;
- NHS Camden Clinical Commissioning Group;
- NHS Enfield Clinical Commissioning Group;
- NHS Haringey Clinical Commissioning Group;
- NHS Islington Clinical Commissioning Group.

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population. As at 1 April 2020, 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 CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my

responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

Governance Arrangements and Effectiveness

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

Constitution

NCL CCG's Constitution sets out the operational arrangements which have been put in place to meet its responsibility as a commissioner of healthcare services for the population of North Central London. The Constitution confirms the CCG's membership and accountability, the Governing Body roles and responsibilities, and the governance structure and decision-making arrangements. The Constitution lists 185 member practices which are split into five boroughs being Barnet, Camden, Enfield, Haringey and Islington. Under the Constitution, member practices have chosen to retain some key decisions which include any changes to the Constitution and the election of the ten elected Clinical Representatives onto the Governing Body.

Governing Body

The Governing Body comprises 18 voting members, including ten elected posts, two executives, three lay members, a registered nurse and secondary care doctor. Under the Constitution, the CCG Chair must be a GP and a lay member must be the Deputy Chair. The Governing Body also has a Clinical Vice-Chair to depute for the Governing Body Chair on clinical matters.

Governing Body Performance

The Governing Body met in public on four occasions during 2020/21. Highlights of the Governing Body's work include:

- Receiving as standing items at each meeting the Finance Report, the Performance Report, the Quality Report, the Board Assurance Framework and the agreed minutes of the CCG's Committees;
- Approving the Governing Body's Scheme of Reservation and Delegation, Committee structure and Committee Terms of Reference;
- Approving the budget for 2020/21;
- Approving the COVID-19 Financial Governance Arrangements;
- Approving the Standing Financial Instructions and subsequent amendments;
- Approving the Risk Management Strategy;
- Approving the CCG Patient and Public Engagement Strategy;
- Approving the decision-making business case, following the Adult Elective Orthopaedic Services Review;
- Receiving update reports on the transition to a statutory Integrated Care System; the work to support care providers; the impact of COVID on NHS Continuing Healthcare and the recovery plan; the NCL Influenza Vaccination Programme 2020/21, the work of the CCG to address health inequalities; and the arrangements for North London Partners' System Decision Making during the COVID-19 Major Incident and future developments in North Central London;
- Ratifying the Chair's Action to extend the Pan-London CHC Nursing Home AQP contract.

In addition to the formal meetings, there were 12 Governing Body seminars and five Governing Body induction meetings. The seminars focused on a wide range of topics, including several discussions regarding the pandemic, management of the vaccination programme, risk management, safeguarding, health inequalities and consideration of the development of Integrated Care Systems in response to the NHSE/I consultation. The induction sessions ensured that the newly appointed NCL CCG Governing Body was properly supported to carry out its functions.

Membership Review of Own Performance

NCL CCG is committed to being a clinically-led membership organisation which is embedded in its Constitution. The members of the CCG are responsible for determining the governing arrangements for the organisation, which includes arrangements for clinical leadership.

Member practices are grouped into five boroughs, depending on their location. These boroughs are coterminous with the geographic boundaries of the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington. The member practices are also grouped into Primary Care Networks (PCNs) to help deliver care at scale.

Regular fora and seminars were held during the year in each of the five boroughs. These were attended via video link due to the COVID-19 national pandemic.

Across all boroughs there were a range of issues common to all, which included:

- The establishment of NCL CCG on 1 April 2020, following the merger of the previous five clinical commissioning groups in North Central London, and gaining an appreciation of the merged operating model along with leadership arrangements;
- The management of a range of unprecedented challenges resulting from the COVID-19 pandemic, and taking a proactive stance on areas such as surge planning, mental health provision, community services, primary care, supporting vulnerable people as well as planning for recovery;
- The effect of the pandemic on amplifying inequalities between different communities accessing health services, addressing health and wellbeing inequalities in BAME communities, people with learning disabilities and serious mental illness. This also involved:
    - Supporting new ways of collating and analysing data;
    - Focusing on childhood obesity (and wider determinants of wellbeing) linked to poverty and ethnicity with the reach-in to a wider family focus;
    - The need to address wider determinants including employment, housing, digital exclusion, poverty, etc.;
- Achieving uptake of screening and immunisations to keep residents healthy and diagnose physical and mental conditions earlier, including cancer, to give people the best possible intervention / treatment;
- Rolling out COVID-19 vaccinations from December 2020, which has proved successful. This met and exceeded all immunisation targets set by central government and was achieved by the agility of some surgeries in each borough becoming vaccination centres and the establishment of mass vaccination centres;
- Putting into place additional resource to reach out to communities to encourage engagement with the COVID-19 vaccine where there has been a lower take-up of the vaccine. Engagement activities include (but are not limited to):

- A webinar on 17 February 2021 with representatives from NHS England (Director of Inequalities, Head of Equality and Inclusion, Evidence and Policy; Staff Vaccinations Assurance), Director of The NHS Race and Health Observatory, Imam, Chair, The Mosques and Imams National Advisory Board, national and local leaders to target communities with lowest uptake of the vaccine. Follow-up activity ongoing with the Enfield Caribbean Association, Pentecostal and Seventh Day Adventists;
- Engagement with BAME communities with the lowest uptake of the vaccine is being recorded in Bulgarian, Romanian, Polish, Somali, Turkish, Greek and Bengali communities. The Turkish and Greek residents have the highest decline rate for receiving the vaccine;
- Significant engagement work has progressed, with innovative approaches to engage these communities by outreach and mobilising vaccine pop-ups in places of worship and community centres.

Barnet

GPs in Barnet engage with the CCG via a range of means. At a strategic level, these have included PCN Board Meetings, Pan Barnet Events and, to reflect current circumstances, a Barnet Primary Care COVID Call and a weekly Barnet COVID Vaccination Programme meeting that is chaired by one of our Governing Body members.

GP members also attend and support a programme of over 30 specialist meeting fora, such as task and finish groups for our varied workstreams, contract monitoring meetings with providers, and oversight meetings which include a prostate cancer task and finish group, diabetes structured education steering group, social prescribing advisory group, and patient engagement in primary care.

Camden

A clinical strategy for mental health was developed by Camden and Islington Foundation Trust, whose priorities mirrored the NHS Long Term Plan, focusing on core community services, early intervention psychosis services, and children and young people crisis services. These issues embodied a range of service priorities including equality and diversity, co-production an integrating mental, physical health and social care.

Enfield

Mental health provision across North Central London has been addressed to help support residents. For example, in Enfield a local Community Mental Health Framework has been developed to:

- Enshrine a shared approach for local priorities and modelling;
- Understand the workforce challenges across the Mental health and primary care system;
- Establish co-production, steering and sub-groups;
- Develop a joint communication and engagement approach with Integrated Care Partner stakeholders;
- To run a pilot scheme in South East Enfield.

Haringey

The primary care team held a series of quality seminars were held in response to the pandemic to addressing how practices were working / operating. From the feedback gathered, key outputs were highlighted:

- Primary care was working in new ways, particularly a model of total triage, which further highlighted concerns of digital exclusion; a digital support service has been commissioned in response to this inequality;
- An increased need for remote diagnostics – a project is now running where patients can get access to affordable remote equipment such as blood pressure machines and pulse oximeters;
- Using Social Prescribing Link Workers to contact vulnerable patients to ensure health and social needs were being met.

Whilst the management of the pandemic has remained the epicentre for primary (and secondary) care, the GP pan collaborative meetings discussed a wide range of matters from referral management, community detox service, care homes, IT innovation, neurological, respiratory and gynaecological services.

Islington

Pre-COVID-19, Board Link visits to practices were undertaken, comprising a CCG governing body member, CCG executive member and primary care team; eight visits were made in 2019/20. Due to the pandemic, no visits took place. However, it was possible to conduct the bi-monthly GP Forums during the year.

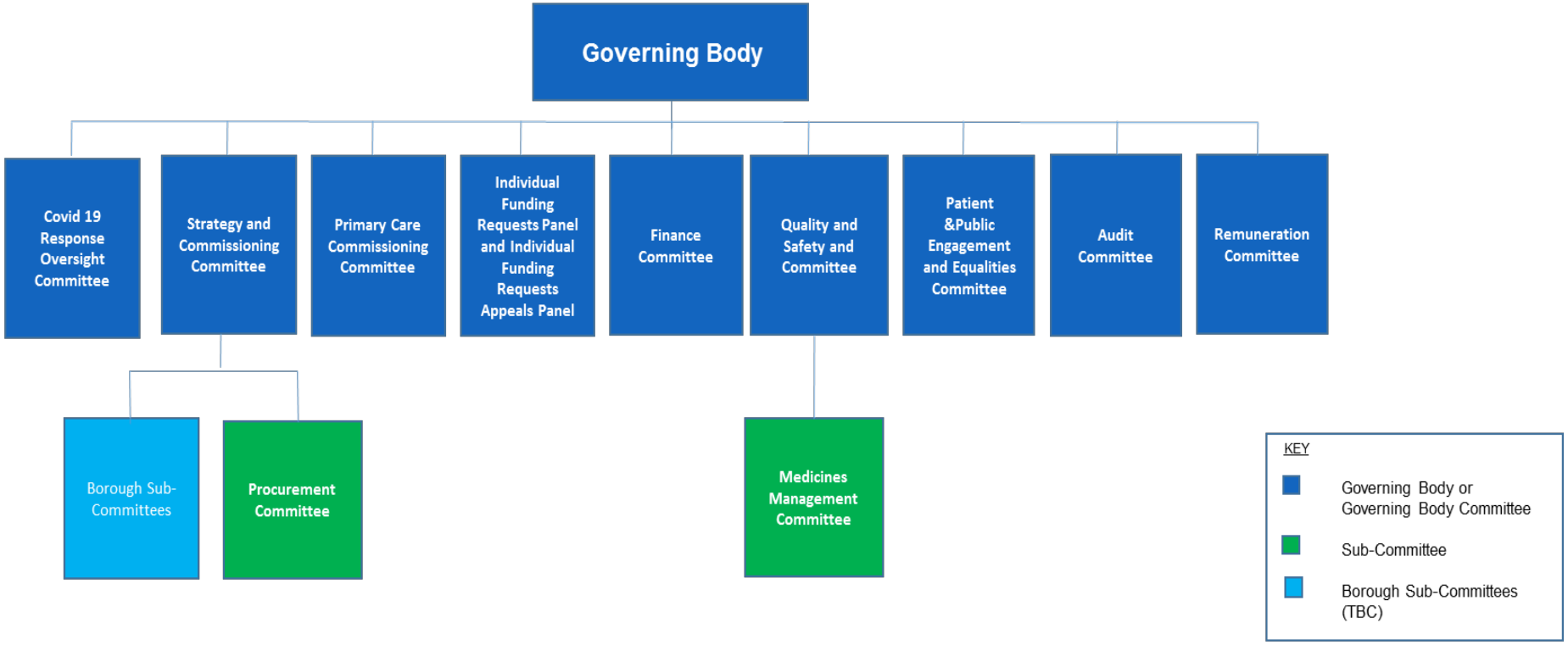
Governing Body Committees

The Governing Body committee structure for 2020/21 is illustrated below. The Governing Body received assurance on the effectiveness of its committees through reports of the work carried out at each of the meetings. The membership and attendance of all committees during 2020/21 is set out on page 115 onwards and their full terms of reference are available on the CCG's website here:

https://northcentrallondonccg.nhs.uk/meetings/governance-handbook/

Conflicts of interest were managed robustly at all Governing Body, committee and sub-committee and in accordance with the Conflicts of Interest Policy.

Governing Body Committee Structure



Governing Body Committees

COVID-19 Response Oversight Committee

The Governing Body recognised that effective decisions had to be made to save lives during the state of national emergency that started in March 2020 due to the COVID-19 global pandemic. It therefore established the COVID-19 Response Oversight Committee in order to make decisions on the Governing Body's behalf on any area or function within the Governing Body's remit so that it could properly respond to the National Emergency.

The Committee considered regular reports on the Overview of the COVID Response, Clinical Advisory Group, Operational Implementation Group, Quality and Safety, System Performance, Finance, HR with the workforce programme update and risks as well as the following individual reports:

- Arrangements to support system response - setting up the Incident Control Centre (ICC) and the Chief Executive System lead calls in response to the pandemic;
- CHC Services Changes;
- Provider Response and Primary Care Workstreams;
- NCL COVID-19 Response Dashboard;
- NCL ICS Submission to NHS London;
- NCL CCG and NCL Councils – support to Care Homes;
- Approach to developing multi-agency working;
- NCL Single Operating Model for Referral Support Services.

The Committee membership included ten Governing Body Members. Quoracy required three voting members; a Governing Body Clinical representative, a Governing Body Lay Member and an officer. The Committee was chaired by Jo Sauvage, Chair of the Governing Body. Voting members also included two lay members, being Ian Bretman and Karen Trew, Frances O'Callaghan, the Accountable Officer for NCL CCG and Simon Goodwin, the Chief Finance Officer

The Committee met seven times between 16 April and 9 July 2020. All meetings were quorate and carried out in accordance with its terms of reference.

Members considered and supported the proposal to pause future meetings of this Committee from 9 July 2020, with the work of the Committee being subsumed into the overall committee

structure. However, it was agreed that the COVID-19 Response Oversight Committee would remain as a dormant committee in case the need to remobilise it arose.

Strategy and Commissioning Committee

The purpose of the Strategy and Commissioning Committee is to:

- Oversee the development and delivery of the CCG's commissioning strategy and plans;
- Oversee system-wide strategy, commissioning and implementation; approve the commissioning of services, including acute, mental health, community (where required), specialist services delegated to the CCG by NHS England and services not commissioned by the borough-based decision-making structures or by the Primary Care Commissioning Committee;
- Provide assurance to the Governing Body that the CCG is discharging its statutory commissioning functions effectively;
- Ensure that all of the CCG's strategic commissioning priorities and plans are congruent and aligned across NCL and at borough level.

The Committee met four times in 2020/21. The meeting scheduled for January 2021 was cancelled due to the operational impact of the surge of the COVID-19 pandemic, which occurred in December 2020. Due to the cancellation, members considered the agenda items 'virtually' instead.

Key decisions taken by the Committee included:

- Approving the Terms of Reference of the Strategy and Commissioning Committee;
- Approving the proposed strategic commissioning framework for NCL CCG and the high-level implementation plan;
- Approving the establishment of the NCL Fertility Policies Review Steering Group, the purpose, approach and timescales for the NCL Fertility Policies Review;
- Approving the Terms of Reference for the NCL Fertility Policies Review Steering Group, the scope for the NCL Fertility Policies Review, the temporary pause of the Review and the subsequent approach to 'restarting' the service;
- Agreeing governance arrangements for the NCL Evidence Based Interventions and Clinical Standards Policy;
- Approving the Continuing Healthcare (CHC) and Individualised Commissioning Investment Business Case;
- Approving the NHS 111 Contract Extension;

- Approving the Section 75 Annual Reports for 2020/21;
- Approving the Strategic Reviews of Community and Mental Health Services;
- Approving the Clinical Procurement Policy, the Any Qualified Provider Policy and a correction to the Camden Fertility Policy;
- Confirming support for the recommended option to in-house the Camden CHC Clinical Assessment Service;
- Agreeing to move to implementation of the London Living Wage for the domiciliary care sector over a three year period and agreeing the increase in costs associated with implementation;
- Approving the proposed increase in the Any Qualified Provider (AQP) rates for both homecare and care homes and approving the approach being taken for non-AQP providers and the delegation of the central coordination of the uplift process to the NCL Market Management Programme lead;
- Supporting the outcomes of the capital prioritisation process overseen by the Estates Board and the implications going forward.

Other highlights of the Committee's work included:

- Regularly receiving the Contract and Activity Report and Risk Reports;
- Receiving update briefings on the NCL Vaccinations Programme, Adult Elective Orthopaedic Review, NCL Paediatric Services and temporary service changes, Care providers: planning for winter and a second surge, Discharge Services and Continuing Healthcare;
- Receiving the draft NCL Phase 3 response and the planned next steps;
- Ratifying the minutes of the Moorfields Committees in Common meeting.

The Committee, which is chaired by Dr Jo Sauvage, consists of nine voting members: three Governing Body elected Clinical Representatives, two Governing Body Lay Members, the Governing Body Secondary Care Consultant, the Governing Body Registered Nurse, the CCG Accountable Officer and the CCG Chief Finance Officer.

Regular attendees include the Executive Director, Strategic Commissioning, Executive Director of Strategy, the Executive Director of Quality, the Executive Director of Borough Partnerships, the Director of Finance and two Community Members.

Procurement Committee

The Procurement Committee was established as a sub-committee of the Strategy and Commissioning Committee in December 2020 and meets bi-monthly. It met twice in the calendar year (one of them being completed by email). Both meetings were quorate and in accordance with its terms of reference.

The overall purpose of the Committee is to:

- Provide the Governing Body with assurance and oversight on procurements over £500,000;
- Have scrutiny of procurements and ensure conflicts of interest are managed appropriately throughout the development of business cases, business case approvals and through the procurement process;
- Ensure conflicts of interest are properly managed and that the procurement routes for services are appropriate;
- Ensure procurement processes are proportionate to the cost and complexity of the services to be procured; and
- Review and approve Single Tender Waivers on the Governing Body's behalf where the financial value is in excess of that delegated to the Accountable Officer and Chief Finance Officer under the Standing Financial Instructions.

In 2021 the Committee:

- Recommended the CCG's Procurement Policy for approval by the Strategy and Commissioning Committee;
- Recommend the adoption of the Any Qualified Provider Policy;
- Considered and supported the review of the Borough Contracts (Phase 2);
- Approved the procurement business case for an interpreting service across NCL and approved a series of single tender waivers;
- Approved a contract extension for the provision of wheelchairs in Barnet.

The Committee consists of six voting members, which includes two Lay Members, a non-conflicted GP, a Governing Body clinician other than a GP, the Chief Finance Officer and the Executive Director of Corporate Services. The Committee is chaired by Karen Trew, Deputy Chair of the Governing Body and Lay Member for Audit and Governance. Quoracy for Committee meetings is three Committee members which must include the Committee Chair, a clinician and an officer.

Primary Care Commissioning Committee

The CCG has agreed with NHS England that it will commission General Practice (GP) services on NHS England's behalf. Accordingly, the Governing Body has established the Primary Care Commissioning Committee to carry out the functions relating to the Commissioning of Primary Care Services under section 83 of the NHS Act 2006. The Committee makes decisions in relation to the commissioning, procurement and management of primary medical services contracts. In performing its role, the Committee exercises its management of the functions in accordance with the Delegation and the Delegation Agreement that the CCG has entered into with NHS England.

During 2020/21, with the impact of COVID-19, the Committee's first meeting was in July 2020 and considered regular reports on finance, quality and risks for primary care medical services. It also included regular primary care COVID-19 updates, highlighting changes made in response to the pandemic. The NCL COVID-19 response was launched in October 2020 replacing the previous borough-based services commissioned in April 2020. There was a new GP contract update, including the primary care network development. North Central London had been selected as a London pilot in the National General Practice Nursing Care Programme, which would help address the area having fewer nurses per head of population. A number of decisions were made relating to GP contracts in North Central London.

Committee decisions included:

- Practice mergers;
- Changes to practice boundaries;
- The addition and retirement of GP partners;
- Relocation of GP practices;
- A Change of Control Request;
- Barnet care home locally commissioned services and a further extension of the services until 31 March 2022;
- Section 96 financial assistance practice requests and financial resilience reimbursement to practices for COVID-19;
- Project on the impact of digitisation on space utilisation within practices, funded through the National Estates Technology Transformation Fund (ETTF);
- The commissioning of healthcare assessment for asylum seekers through the locally commissioned service across North Central London until 31 March 2021;

- The baseline for Primary Care Enhance service in 2021/22 set according to list sizes as at 1 January 2021.

The Committee met five times in 2020/21. All meetings were quorate and carried out in accordance with its terms of reference.

The Committee membership consists of ten members, of which seven are Governing Body members. Quoracy requires three voting members; a lay member, the Chief Operating Officer and a GP representative. The Committee is chaired by Ian Bretman who is the lay member, Paul Sinden who is the Chief Operating Officer and the GP representative is Dr Dominic Roberts, who is an independent GP.

The Committee also has standing attendees represented by community members, the Primary Care Contracting and Commissioning Team, and representatives from Public Health, Healthwatch, LMC and the five CCG Boroughs.

Individual Funding Requests Panel

The purpose of the Panel is to consider and make decisions on Individual Funding Requests ('IFR') applications. These are applications for funding for a particular treatment or service that is not routinely offered by the NHS. The Panel is chaired by Dr Peter Christian. The Individual Funding Requests Panel met twice in 2020/21. Both meetings were quorate and in accordance with its terms of reference.

The Panel considered four applications in its two meetings. Three applications were approved and one was declined.

The Committee consists of six voting members, which includes one Lay Member, two Governing Body Clinical Representatives, one Governing Body appointed clinician, a commissioning representative and a Medicines Management representative. Quoracy for Committee meetings is four Committee members which must include the Committee Chair, a clinician and an officer. In turn, it supported by a Deputy Director, two members from NEL CSU IFR Team and the Head of Medicines Management from NEL CSU.

Individual Funding Requests Appeals Panel

The purpose of the Appeals Panel is to consider applicants' appeals against decisions made by the Individual Funding Requests Panel and give proper consideration to appeals when determining the outcome; and act with reference to the CCG's Constitution and IFR Policy. The Panel is chaired by Dr Kevan Ritchie. The Individual Funding Requests Appeals Panel did not meet in 2020/21.

Finance Committee

The overall purpose of the Committee is to provide the Governing Body with assurance on financial performance, budgets, investments and associated planning issues; and, System Efficiency Plan ('SEP'). The Governing Body is provided with regular exception reports and, where appropriate, with recommendations for action to ensure financial plans and performance targets are met.

The Committee oversaw the following:

- The emergency measures put in place with regard to expenditure on COVID-19 related costs;
- The impact on acute services arising from the pandemic;
- The System Efficiency Plan (a standing item whose remit is to identify costs savings whilst maintaining service and clinical quality) across NCL;
- Monthly budget reporting and deep dives on Continuing Health Care services, Acute services;
- Progress reporting on elective recovery (between lockdowns one and two);
- Financial planning;
- Diagnostic Services – costs and referrals placed on private providers;
- The Finance Risk Register;
- An early draft financial strategy for the proposed Integrated Care System;
- The development of the interface between NCL and boroughs with regard to decision making processes and ways to approach and address health inequalities.

The Finance Committee meets monthly and met 11 times in 2020/21. All meetings were quorate and in accordance with its terms of reference.

The Committee membership consists of seven members, all of whom are Governing Body members. Quoracy requires three voting members; a lay member, a clinician and an executive

director. The Committee is chaired by Dr Neel Gupta, elected Clinical Representative - Camden Borough.

Quality and Safety Committee

The purpose of the Quality and Safety Committee is to provide oversight, scrutiny and assurance of the following areas on behalf of the Governing Body, and to provide robust recommendations and/or directions for actions:

- The quality and safety of commissioned services;
- The effectiveness of patient care and high-quality patient experience;
- Provider service performance;
- Safeguarding and complaints.

Committee decisions in 2020/21 included approval and review of the following:

- NCL Safeguarding Strategy;
- Annual Safeguarding Reports for the individual boroughs;
- Provider Quality Overview Report;
- Quality Oversight Model;
- Provider Quality Accounts;
- Ofsted and CQC Reports.

The Committee membership consists of nine members, six of whom are Governing Body members. Quoracy requires four voting members. The Committee is chaired by Dr Charlotte Benjamin, who is Clinical Vice-Chair of the CCG.

The Committee also has standing attendees which includes two Community Members, a Heathwatch representative, a Clinical Lead and a Quality and Safety Representative from NEL CSU.

The Quality and Safety Committee met three times in 2020/21. All meetings were quorate and carried out in accordance with its terms of reference.

Medicines Management Committee

The Medicines Management Committee is a sub-committee of the Quality and Safety Committee. The role of the Committee is to:

- Provide oversight and assurance on the CCG's statutory functions on medicines;

- Provide oversight and assurance on medicines to ensure:
    - Safe and clinically effective use of medicines;
    - Improved clinical outcomes;
    - Best value of medicines use; and
    - The promotion of proper use of medicines;
- Oversee the development and implementation of the CCG's medicines management strategy and procedures;
- Oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry.

Committee decisions in 2020/21 included approval of the following:

- Continuation of Minor Ailments Schemes and Medicines Reminder Device Schemes in some local boroughs in North Central London (NCL);
- NCL Medicines Safety Bulletin on Adrenaline Auto Injectors;
- NCL CCG Rebate Scheme;
- NCL Prescribing recommendations for Primary Care;
- Harmonising the delivery model of hormone injections across NCL, for men with prostate cancer;
- NCL CCG Sponsorship and Joint Working with the Pharmaceutical Industry Policy
- Proposals for dietetic support for care homes and infant milks;
- Continuous Glucose Monitors (CGM) for pregnant women with Type 1 Diabetes;
- NCL CCG Policy on Non-Medical Prescribing.

The Committee membership consists of seven members, of whom six are Governing Body members. Quoracy requires three voting members; the Committee Chair, a clinician and the Chief Operating Officer. The Committee is chaired by Dr Clare Stephens, GP and Barnet representative on the Governing Body. The Heads of Medicines Management across the boroughs and Community Members are standing attendees.

The Medicines Management Committee met four times in 2020/21. All meetings were quorate and carried out in accordance with its terms of reference.

Public Patient Engagement and Equalities (PPEE)

The role of the Committee is to provide oversight of the CCG's:

- Compliance with statutory duties to engage effectively with patients and the public;

- Strategic approach to, and plans for, engagement with patients and the public and champion best practice;
- Equality, diversity and inclusion strategy, action plan and activity and champion best practice and the public sector equality duty and NHS mandatory equality standards.

The Committee's role was particularly pertinent in a year when the CCG sought to be ever more resourceful in finding ways to engage with residents and patients across NCL, dominated by the restrictions caused by the pandemic. With the support of technology, and with the use of online meetings and video calls, the Committee was able to fulfil its duty in the following areas:

- Establishing embedded representation with the appointment of Community Members across the CCG's key committees: Audit, Medicines Management, PPEE, Primary Care Commissioning and Quality and Safety;
- Adopting a system-wide approach to engagement, notably addressing the impact of COVID-19 and recovery plans;
- Undertaking significant work in understanding the heath inequalities across NCL, which had come to light due to the pandemic, the learning and results would shape the CCG's approach to commissioning of services;
- Developing and addressing inequalities arising from COVID-19, which would result in a review of the CCG's public sector equality duty;
- Establishing a closer alignment with North London Partners' Engagement Advisory Board;
- Supporting resident and community engagement, particularly regarding positive messaging of the vaccination programme;
- Supporting the creation of staff diversity networks.
- Approving the CCG's:
    - Workforce Race Equality Standard Annual Report 2019/20, which is submitted to NHSE/I;
    - Patient and Public Engagement Strategy.

Both the Workforce Race Equality Standard Annual Report 2019/20 and the Patient and Public Engagement Strategy were also considered and approved by the Governing Body.

The Committee membership consists of eight members, of whom five are Governing Body members. Quoracy requires three voting members; a lay member, a clinician and an executive director. The Committee is chaired by Ian Bretman who is the Governing Body Lay Member for

Public and Patient Engagement. Arnold Palmer, who is the Governing Body Lay Member with General Portfolio (which includes diversity and inclusion) is also a voting member.

The Committee also has standing attendees represented by three community members, a Heathwatch representative and senior staff from Communications and Engagement, Human Resources, Diversity and Strategy.

The Committee met five times during the year. All meetings were quorate and carried out in accordance with its terms of reference.

Audit Committee

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.

The Committee met four times in 2020/21. All meetings were quorate and carried out in accordance with its terms of reference.

In 2021, the Committee oversaw a range of key areas to support the CCG including the:

- Annual Report and Accounts;
- Review of Governing Body Assurance Frameworks;
- Risk Management Strategy;
- Register of Losses and Special Payments;
- Tender Waivers Register;
- Programme of internal audits;
- Programme of external audits;
- Local Counter Fraud Specialist work plan and reports;
- Training for Audit Committee members;
- Corporate Governance Work Plan;
- Approval of the following policies:
    - Conflicts of Interest Policy Annual Review;

- Gifts and Hospitality Policy Annual Review;
- Standards of Business Conduct Policy Annual Review;
- Speaking Up (Whistleblowing) Policy;
- Anti-Fraud and Bribery Policy Annual Review;
- Sponsorship and Joint Working with Pharmaceutical Industry Policy; and
- Information Governance policies (11 policies).

The Committee membership included five Governing Body Members. Quoracy requires three voting members, two of whom being lay members. The Committee was chaired by Karen Trew, Deputy Chair of the Governing Body and Lay Member for Audit and Governance.

The Committee also has standing attendees which includes the Chief Finance Officer, the Executive Director of Corporate Services, two Community Members, representatives from RSM the CCG's internal auditors, representatives from KPMs the CCG's external auditors and the CCG's Local Counter Fraud Specialist.

Remuneration Committee

The Remuneration Committee is a statutory committee whose purpose is to:

- Approve remuneration policy for Governing Body members, Chair of the Governing Body, senior managers at the Very Senior Manager ('VSM') pay level and clinical leads;
- Make decisions on behalf of the Governing Body on the appropriate remuneration and terms of service for Governing Body members (including the Chair of the Governing Body) and clinical leads.

The Committee had an active year and considered the following items of business:

- The uplift for the additional role of Director of Clinical Quality for the Executive Managing Director – Barnet Directorate until August 2020, after which the Clinical Quality role was made substantive;
- Extending the sessions for the Chair and Clinical Vice Chair in response to the increased challenges brought about by the pandemic;
- As part of a restructuring and streamlining of the Executive Management Team, approving the establishment of two roles – Chief Operating Officer and Executive Director of Borough Partnerships – from September 2020;
- Approving the establishment and remuneration of an Integrated Care System (ICS) Referral-to-Treatment (RTT) and Access Director.

The Committee membership consists of three Governing Body Lay Members. Quoracy requires two voting members. The Committee is chaired by Arnold Palmer who is a Governing Body Lay Member with General Portfolio.

To ensure conflicts of interest are managed appropriately no member of the Remuneration Committee is involved in decision making on their own pay. Therefore, when the Committee considers Lay Member pay the voting membership consists of the Governing Body Chair and two other Governing Body Clinicians.

The Committee met six times during the year. All meetings were quorate and carried out in accordance with its terms of reference.

Governing Body and Committee Membership

The following table shows the membership of the Governing Body and its committees together with attendance levels.

Attendance Records * In attendance

Governing Body and Committee Members	Position	GB meeting	Audit Committee	Finance Committee	Medicines Management Committee	Primary Care Commissioning Committee	Procurement Committee	Public Patient Engagement and Equalities	Quality & Performance Committee	Remuneration Committee	Strategic Commissioning Committee	COVID Response Oversight Committee	Individual Funding Requests Panel
Jo Sauvage	GP – Islington Representative and Chair	5/5						2/5			3/4	6/7	
Frances O'Callaghan	Accountable Officer	5/5		10/11							4/4	6/7	
Simon Goodwin	Chief Finance Officer	5/5	4/4	10/11		5/5	2/2				3/4	5/7	
Charlotte Benjamin	GP – Barnet Representative and Clinical Vice Chair	5/5							2/3		4/4	5/7	
Ian Bretman	Lay Member Engagement and Equalities	5/5	4/4			5/5		4/4	3/3	6/6		7/7	2/2

Neel Gupta	GP - Camden Representative	5/5		10/11	3/4						1/1 *	6/7	
Claire Johnston	Nurse Representative	5/5			4/4	5/5		4/4	3/3		4/4	7/7	2/2
John McGrath	GP – Islington Representative	5/5			3/4			1/1	2/3				
Sara Lightowlers (until 30/06/2020)	Secondary Care Doctor Representative	2/2										5/6	
Subir Mukherjee (From 01/07/2020)	Secondary Care Doctor Representative	3/3			3/4	5/5	2/2		3/3		4/4	1/1	
Arnold Palmer	Lay Member, General Portfolio	5/5	4/4	11/11		5/5	2/2			6/6	4/4	2/7	
Kevan Ritchie	GP - Camden Representative	5/5									3/4	1/1	
John Rohan	GP – Haringey Representative	5/5		10/11				1/1			1/1 *		
Chitra Sankaran	GP – Enfield Representative	4/5		10/11									2/2
Nitika Silhi	GP – Enfield Representative	5/5	4/4					1/1	3/3				
Clare Stephens	GP – Barnet Representative	5/5			4/4			2/4				1/1	
Karen Trew	Lay Member – Lay Vice Chair, Audit, Finance and Governance	5/5	4/4	10/11	4/4	2/2	2/2			6/6	4/4	7/7	
Peter Christian	Governing Body Clinical Representative	5/5	3/4			4/5*							2/2
Parin Bahl	Healthwatch Observer	2/2 **											
Sharon Grant	Healthwatch Observer	2/2 **											
Julie Billett	Director of Public Health, Camden and Islington	1/1 **											
Tamara Djuretic	Director of Public Health, Barnet	2/2 **				1/4						2/5	
Piers Simey	Acting Director of Public Health, Camden					1/1							
Will Mamaris	Public Health Consultant, Haringey Council	1/1 **										1/2	
Stuart Lines	Director of Public Health, Enfield Council	1/1 **										2/2	
Jon Newton	Head of Integrated Care, Older People & physical disabilities – Enfield Council											7/7	

Cllr Pat Callaghan	Councillor representative Health and Wellbeing Camden	2/2 **				1/1							
Cllr Sarah James	Councillor representative Health and Wellbeing Haringey					1/1							
Cllr.Caroline Stock	Councillor representative Health and Wellbeing Barnet	1/1 **				1/1							
Cllr Alev Cazimoglu	Councillor representative Health and Wellbeing Enfield	1/1 **				1/1							
Cllr Nurullah Turan	Councillor representative Health and Wellbeing Islington					1/1							
Sarah Mansuralli	Executive Director for Strategic Commissioning	5/5 **		10/11							4/4 **	4/7	
Sarah McDonnell-Davies	Managing Director – Camden Directorate until 31/08/2020 Executive Director for Borough Partnerships from 01/09/2020	5/5 **				0/3					4/4 **	3/7	
Paul Sinden	Executive Director for Primary Care until 31/08/2020 and Chief Operating Officer from 01/09/2020	5/5 **			3/4	5/5			3/3		3/4 **		
Kay Matthews	Chief Operating Officer for Barnet Directorate until 31/08/2020 Executive Director of Quality (acting until 31/08/2020 ad substantive from 01/09/2020	5/5 **		0/11	2/4	0/3		1 /4	3/3		4/4 **	7/7	
Will Huxter	Executive Director of Strategy	4/5 **		8/11				3/4			4/4 **	7/7	
Ian Porter	Executive Director of	5/5 **	4/4				2/2	4/4		6/6		5/7	

	Corporate Services												
Ruth Donaldson	Managing Director – Enfield Directorate until 31/08/2020, Director of Communities from 01/10/2020	5/5 **									3/4 **		
Sarah D'Souza	Managing Director – Enfield Directorate until 31/08/2020, Director of Communities from 01/10/2020	2/2 **											
Tony Hoolaghan	Chief Operating Officer for Haringey and Islington boroughs until 07/09/2020 (retired)	2/2 **										7/7	
Gary Sired	Director of System Financial Planning and Assurance from 01/09/2020			11/11								1/1	
Rebecca Booker	Director of Financial Management from 01/09/2020			11/11									
Anthony Browne	Director of Financial Strategy and Contracting rom 01/09/2020			10/11							1/1 * 2/2 **		
Rachel Lissauer	Director of Wellbeing Partnership												
Eileen Fiori	NCL Director of Acute Commissioning											1/1	
Elizabeth Ogunoye	Director of Acute Commissioning and Performance Improvement												
Dominic Roberts	Independent GP Member					4/5	2/2						
Stephen Carruthers	Head of Finance – NCL Corporate												
Karl Thompson	Assistant Director of Corporate Services		4/4									1/1	

Barry Subel	Quality and Safety Clinical Lead								3/3				
Jenny Goodridge	Director of Quality and Clinical Services				1/4	2/2			3/3				
Ed Nkrumah	Director of Acute Performance											7/7	
Richard Dale	Director of Programme Delivery	1/1 ***										3/3	
Emdad Haque	Senior Equality, Diversity and Inclusion Manager						4/4						
Fran McNeil	Joint Head of Communications and Engagement						4/4						
Vee Scott	Joint Head of Communications and Engagement						2/4						
Chloe Morales Oyarce	Head of Communications						3/4						
Emma Whitby	Healthwatch, Islington						4/4						
Darshna Pankhania	Deputy Director of Huma Resources / Organisational Development						4/4						
Andrew Spicer	Head of Governance & Risk		4/4									1/1	
Vanessa Piper	Head of Primary Care, NCL Primary Care Commissioning & Contracting Team					5/5							
Su Nayee	Assistant Head of Primary Care, NCL Primary Care Commissioning & Contracting Team					3/3							
Anthony Marks	Senior Primary Care Commissioning Manager, NCL Primary Care Commissioning & Contracting Team					1/1							
Tracey Lewis	Head of Finance					5/5							
Jean Gaffin	Community Member				2/2								

Ian Crouchley	Community Member				2/2								
Kostakis Christodoulou	Community Member					3/3							
Mark Agathangelou	Community Member					3/3							
Helena Kania	Community Member												
Mandeep Kaur	Community Member										2/2 **		
Lorna Reith	Community Member										2/2 **		
Mark Wardman	Community Member		2/2										
Jane Kilgannon	Community Member		1/2										
Christine Mackenzie	Community Member												
Kaltun Adbillahi	Community Member						1/2						
Martha Wiseman	Community Member						1/2						
Nishan Dzhingozyan	Community Member						0/2						
Deborah McBeal	Director of Integration, Enfield					4/5							
Riyad Karim	Interim Head of Primary Care, Enfield					3/3							
Rebecca Kingsnorth	Assistant Director of Primary Care, Islington					4/5							
Liam Beadman	Head of Primary Care Development					1/1							
Owen Sloman	Assistant Director of Primary Care, Haringey					5/5							
Sarah Mcilwaine	Director of Transformation, Haringey					1/1							
Simon Wheatley	Director of Primary and Community Commissioning, Camden					5/5							
Colette Wood	Director of Primary Care Transformation, Barnet					2/5							
Daniel Glasgow	Deputy Director of Primary Care Transformation					1/1							
Noelle Skivington	Healthwatch, Enfield	1/1 **				5/5							
Saloni Thakrar	Healthwatch, Camden					1/2							

Louise Jones	Healthwatch, Camden					3/3							
Jane Betts	Deputy Director of Primary Care London Wide Local Medical Committee					3/5							
Vicki Weeks	Medical Director, London Wide Local Medical Committee					1/1							
Sue Dickie	London Wide Local Medical Committee					1/1							

* deputising for voting member
** regular attendee

*** deputising for a regular attendee

UK Corporate Governance Code

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

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, North Central London CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that North Central London CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Risk Management Arrangements and Effectiveness

Financial year 2020/21 was a challenging year for the CCG and for its management of risk. NHS North Central London Clinical Commissioning Group (CCG) was established on 1 April 2020 as a new organisation and had to establish and embed its risk management framework and its approach to risk.

However, shortly after the establishment of the new CCG the NHS as a whole was faced with the unprecedented task of responding to the national emergency caused by the COVID-19 global pandemic. The country twice went into a nationally-mandated lockdown.

During this period the CCG successfully established a comprehensive and robust risk management framework to assist the CCG in dealing effectively with its key risks, including the COVID-19 pandemic. 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, and built upon the strong foundations inherited from the legacy Clinical Commissioning Groups in North Central London.

The framework includes the Risk Management Strategy, an organisational risk appetite agreed by the Governing Body, the Risk Management Policy and Process Guide and comprehensive risk registers with the most serious organisational risks being overseen by the Governing Body and/or its committees. This includes the creation of a bespoke COVID-19 risk register used during the first and second waves of the pandemic.

In 2020/21 the CCG had its first risk management audit which showed that the CCG had achieved a 'substantial' (green) assurance rating. This was a really positive achievement and maintained the 'substantial' assurance rating from each of the five legacy Clinical Commissioning Groups.

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 specialist 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 agreed its risk appetite scores in November 2020, ensuring that 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 executive directors, directors, managers and their teams;
- All risks within a directorate being owned by the relevant executive director, with each directorate having its own risk register that captures the key risks in the directorate;

- Key risks from the directorate risk 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 and the Governance and Risk Team;
- The risks on the Corporate Risk Register that score 12 or higher are also escalated to the appropriate Governing Body committee at each meeting. These committees provide oversight and scrutiny of these risks and hold the senior management team to account for the management of risks;
- Risks on the Corporate Risk Register with a current risk score of 15 or higher are reported to both the Governing Body and the appropriate Governing Body committee to ensure that there is the highest level of oversight of these risks;
- 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 the 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 risks over the reporting period:

Risk	Mitigating Actions
Failure to Establish Appropriate and Effective Arrangements for the New ICS Organisation at Pace (Threat) **CAUSE:** If the CCG does not establish appropriate and effective arrangements for the new statutory ICS organisation at pace to meet to expected 1 April 2022 deadline. **EFFECT:** There is a risk that the benefits of moving to an ICS organisation are not maximised, that unnecessary barriers to system working and decision making are created, that staff feel disenfranchised, that there are gaps in oversight of functions and difficult relationships with system partners. **IMPACT:** This may result in wasted resources, disruption to smooth and effective operations, increased cost, system wide frustration at slow and difficult decision making, reputation damage and increased barriers to implementing the NHS Long Term Plan for the benefit to patients.	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include: ▪ Placing CCG teams to cover all aspects of statutory ICS organisation design (Strategy Directorate and Corporate Services); ▪ Placing a Specialist Governance and Risk Team to lead on governance design work; ▪ Pre-existing ICS work in place and building upon existing relationships; ▪ Reviewing a high level outline of the structure of the new ICS organisations set out in the Government White Paper 'Integration and Innovation: Working Together to Improve Health and Social Care for All'.
Failure to base CHC Commissioning cycle and service on reliable data (Threat) **CAUSE:** If the CCG fails to source and process reliable data for the commissioning and development of CHC services. **EFFECT:** There is a risk that the CCG will not commission appropriate services (packages of resources) and not identify potential improvements for existing packages. **IMPACT:** This may result in a negative impact on patient care and financial sustainability.	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include: ▪ Plans to address issues raised within previous audits having been developed by CCG boroughs; ▪ First phase of standardised protocol and training in place; ▪ Reprioritising roles to focus on data and invoicing; ▪ Workforce focusing on data and invoicing; ▪ The improvement programme.

Failure to Work Collaboratively with Partners to Maintain/Develop Appropriate and Legally Compliant Governance/Decision Making Framework for System-wide Decision-Making (Threat) **CAUSE:** If the CCG does not work collaboratively with partners to develop an appropriate and legally compliant governance/decision making framework for system-wide decision-making once the Secretary of State directions cease. **EFFECT:** There is a risk that we are no longer able to take decisions in a collaborative manner as a system; and that decisions are made which are: • Conflicted; and/or • Ultra vires; and/or • Fail to comply with procurement law. **IMPACT:** This may result in a loss of benefits achieved through system working during COVID-19 response, delays to the ongoing development of our Integrated Care System, and delay to implementing the NHS Long Term Plan. In addition the CCG may be open to legal challenge if decisions are made outside an appropriate framework.	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include: ▪ Governance and Risk Team in place and working collaboratively with CCG Strategy team to support development of system arrangements; ▪ CCG Strategy Team resources realigned to support the ICS Leadership Team to develop arrangements for mutual accountability and collective decision making; ▪ Joint office set up to support the ICS Leadership Team (ICS Chair, ICS SRO, CCG AO) to develop arrangements for the ICS including on decision making; ▪ ICS Chair (Mike Cooke) and ICS SRO (Rob Hurd) in place and working with the CCG AO focusing on developing relationships and programmes of work; ▪ Examples of mutual accountability from other systems has been considered; ▪ Additional ICS Leadership team roles set out and appointed to from across the system to support collective system leadership; ▪ Work underway to ensure sufficient time for ICS leads and CCG AO to focus on ICS development (incl. governance / decision-making) alongside operational decision making; ▪ Single coordinated process in place for NCL response to Phase 3 letter, including on requirements set out for 'system working'; ▪ ICS development plan in development with NHSE/I as part of regionally run accreditation process, which will include assurance that system has appropriate governance in place.

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 2020/21.

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, and by KPMG LLP, our external auditors. This ensures 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.

Peer Review

The CCG has a Corporate Services Directorate which includes a highly experienced team of Board Secretaries and a specialist Corporate Governance and Risk Team. These professional governance colleagues regularly work together with subject matter experts and with key stakeholders to develop new policies, systems and practices and ensure 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 and 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 are standing attendees at Governing Body meetings. This helps to ensure that colleagues from the wider system, including social care, influence Governing Body decisions using their collective perspective, expertise and challenge.

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

The system of internal control has been in place in the CCG for the year ending 31 March 2021 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 was published in February 2021. The audit included a review of the governance arrangements, declarations of interest (including gift and hospitality), statutory registers, policies, decision making and staff training.

The audit found that, taking account of the issues identified, the Governing Body can take substantial (green) assurance that the controls upon which the organisation relies to manage the identified area are suitably designed, consistently applied and operating effectively. The audit made some recommendations on how to build upon the CCG's approach to conflicts of interest and an action plan has been put into place in this regard.

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, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other

organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The information governance toolkit submission was suspended for 2020/21 due to the COVID-19 pandemic. However, the CCG submitted a baseline submission in February 2021 to demonstrate compliance and an internal audit was carried out on the information governance toolkit by RSM. By 30 June 2021 the CCG is expected to be fully compliant with the information governance toolkit.

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 information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and all Information Governance policies are available on the staff intranet. This is to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents.

In terms of significant data breaches, there have been no incidents requiring reporting to the ICO or SI's requiring reporting via the information governance toolkit for Financial Year 2020/21.

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 Commissioning Support Unit 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

NEL 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

The CCG has identified Continuing Healthcare (CHC) as a significant control issue. The CCG is taking a number of actions to robustly address this which include:

- A comprehensive action plan to address each area of concern has been put into place;
- The action plan is being led by the Executive Director of Clinical Quality. Actions are in progress;
- A report on the issues with CHC has been presented to the Audit Committee for scrutiny and oversight. The Audit Committee will monitor progress against the action plan and receive updates at each meeting;
- Reports on CHC financial control are presented to the Finance Committee;

A risk on CHC has been added to the Corporate Risk Register and reported to the Governing Body.

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 Finance Committee which receives regular finance reports and provides scrutiny and oversight of financial planning, budgets, costs and financial performance;
- The Audit Committee 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 Management 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 System Efficiency Plan in place to deliver cost and efficiency savings;
- The CCG has a robust risk management system in place with key risks being reviewed by the Governing and its committees at every meeting;
- The CCG has robust and appropriate policies in place.

Delegation of Functions

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

- The Primary Care Commissioning Committee, which oversees and makes decisions on the commissioning of primary medical care services;
- An Audit Committee, which provides oversight and scrutiny of the CCG's system of integrated governance, risk management, and internal controls;
- Committees are supported by clear terms of reference, with regularly scheduled meetings. Each committee's approved minutes are also reported to Governing Body meetings;
- A robust corporate governance framework with a strong system of internal controls. In 2021/21 the internal auditors undertook a review of the CCG's governance arrangements and conflicts of interest management. Both were rated as having 'substantial assurance' (green);
- A robust risk management framework and risk management processes. In 2021/21 the internal auditors undertook a review of the CCG's risk management framework and rated it as having 'substantial assurance' (green);
- A single suite of corporate governance policies, which includes:
    - Risk Management Strategy and Policy;
    - Conflicts of Interest Policy;
    - Standards of Business Conduct Policy;
    - Counter Fraud, Bribery and Corruption Policy;
    - Sponsorship and Joint Working with the Pharmaceutical Industry Policy;

    - Speaking Up (Whistleblowing) Policy;
    - Procurement Policy;
    - Any Qualified Provider Policy;
- Robust internal audit and counter fraud arrangements and plans. These are overseen by the Audit Committee
- An Executive Management Team to ensure efficient and effective operations of delegated functions.

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.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. 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**
Governance	Substantial Assurance
Risk Management and Board Assurance Framework	Substantial Assurance
Conflicts of Interest	Substantial Assurance
Cyber Security	Substantial Assurance
Primary Care Delegated Commissioning	Reasonable Assurance
Financial Controls	Reasonable Assurance
Primary Care Networks	Reasonable Assurance
Continuing Healthcare	No Assurance
Financial Governance – part 1	Advisory
IG Policy review	Advisory

The enhancements referred to in the opinion is driven by the no assurance opinion for Continuing Healthcare (CH'). Key issues include:

- There is a substantial backlog of patients waiting to be reassessed and this may result in patients not receiving the right packages of care;
- The negotiations with local authorities on Section 75 Agreements for Scheme 1 and 2 packages of care creates a financial risk to the CCG;
- There is no single CHC service model in place with the CCG operating the five models inherited from the previous five CCGs;
- There is a lack of permanent leadership in place, which may result in insufficient oversight;
- The policies and guidance in place are from the legacy CCGs which are not harmonised and do not reflect the CCG's aims for its operating model;
- Interim contractors had not fully declared some of their directorships of companies;
- Data analytics could not confirm if payments were made or appropriate nor reconciled to Caretrack;
- Insufficient assurance regarding jointly funded packages with local authorities;
- CHC service variation which risked harmonisation and value for money;

- No reconciling process for the recharge of patient costs from Local Authorities and insufficient detail for Caretrack;
- Late payments made to service providers and inadequate authorisation procedures;
- Different brokerages resulted in different outcomes for patients; and,
- Contracts remained unsigned and not uploaded to Caretrack and inconsistencies in Caretrack data recording.

Based on the work undertaken on the CCG's system of internal control, the CCG concluded that CHC is the only significant internal control issue. The CCG has taken a number of actions to address this which include:

- A comprehensive action plan to address each area of concern has been put into place;
- The action plan is being led by the Executive Director of Clinical Quality. Actions are in progress;
- A report on the issues with CHC has been presented to the Audit Committee for scrutiny and oversight. The Audit Committee will monitor progress against the action plan and receive monthly updates;
- Reports on CHC financial control are presented to the Finance Committee;
- A risk on CHC has been added to the Corporate Risk Register and reported to the Governing Body.

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

The CCG generally has a sound system of internal controls with substantial assurance ratings for governance, risk management and the management of conflicts of interest. However, the CCG has one significant internal control issue which relates to the Continuing Healthcare Service (CHC).

The CHC service currently faces a number of challenges which has resulted in a 'no assurance' opinion from the CCG's internal auditors. The CCG has put a comprehensive plan in place to

address each of the areas of concern. This addresses systemic issues with leadership, clinical teams, Personal Health budgets, data quality, brokerage and invoicing.

The plan is being led by the CCG's Executive Director of Clinical Quality and actions are in progress. A report on this issue has been presented to the Audit Committee, which will provide scrutiny and oversight of the progress against the plan. A risk on CHC has been added to the CCG's Corporate Risk Register and reported to the Governing Body.

No other 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 CHC and these other 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.

Remuneration and Staff Report

Introduction

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

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

This section of the report outlines how those recommendations have been implemented by the CCG in the year to 31 March 2021.

Remuneration Committee

CCGs are required to have a remuneration committee to oversee the pay, terms and conditions of service of senior managers. Voting members of the CCG Remuneration Committee during 2020/21 were:

Members	Role
Arnold Palmer	Appointed Lay Member, General Portfolio (including Equality, Diversity and Inclusion and the annual Quality, Innovation, Productivity and Prevention (QIPP) programme)
Ian Bretman	Appointed Lay Member - Patient and Public Engagement and Involvement portfolio
Karen Trew	Appointed Deputy Chair/Lay Member - Financial Management, Audit and Governance portfolio
Dr Jo Sauvage	Elected Governing Body Chair/Clinical Representative from the London Borough of Islington
Dr Kevan Ritchie	Elected Governing Body Clinical Representative from the London Borough of Camden
Dr Chitra Sankaran	Elected Governing Body Clinical Representative from the London Borough of Enfield

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 2021. No senior managers received benefits in kind or bonus payments.

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.

Senior manager remuneration (including salary and pension entitlements) – subject to audit

Salaries and allowances of senior managers 2020/21		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Board Members				
Dr Josephine Sauvage[1]	Chair and Islington Clinical Representative	140-145		140-145
Dr Charlotte Benjamin[1]	Clinical Vice-Chair and Barnet Clinical Rep	85-90		85-90
Ms Karen Trew	Deputy Chair and Lay Member	20-25		20-25
Dr Clare Stephens[1]	Barnet Clinical Representative	55-60		55-60
Dr Neel Gupta[1]	Camden Clinical Representative	60-65		60-65
Dr Kevan Ritchie[1]	Camden Clinical Representative	55-60		55-60
Dr Chitra Sankaran[1]	Enfield Clinical Representative	60-65		60-65
Dr Nitika Silhi[1]	Enfield Clinical Representative	85-90		85-90
Dr Peter Christian[1]	Haringey Clinical Representative	55-60		55-60
Dr John Rohan[1]	Haringey Clinical Representative	55-60		55-60
Dr John McGrath[1]	Islington Clinical Representative	80-85		80-85
Dr Subir Mukherjee	Secondary Care Clinician	20-25		20-25
Ms Claire Johnston	Registered Norse	25-30		25-30
Mr Ian Bretman	Lay Member	20-25		20-25
Mr Arnold Palmer	Lay Member	20-25		20-25
Ms Frances O'Callaghan	Accountable Officer	145-150	90-92.5	240-245
Mr Simon Goodwin	Chief Finance Officer	145-150	22.5-25	170-175
Executive Management Team				
Mr Paul Sinden	Chief Operating Officer	125-130	47.5-50	175-180
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships	125-130		125-130

Mr Ian Porter	Executive Director of Corporate Services	110-115	27.5-30	140-145
Ms Kay Matthews	Executive Director of Quality	130-135	12.5-15	145-150
Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	130-135	45-47.5	180-185
Mr Will Huxter	Executive Director of Strategy	130-135	15-17.5	145-150
Former Executive Management Team members				
Mr Tony Hoolaghan	Executive Managing Director (Haringey & Islington)	60-65		60-65
Ms Sarah D'Souza	Director of Commissioning (Barnet – job-share)	30-35	75-77.5	110-115
Ms Ruth Donaldson	Director of Commissioning (Barnet – job-share)	30-35	52.5-55	85-90
Other committee voting members				
Dr Dominic Roberts	Independent GP	65-70	57.5-60	140-145

Notes

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

Although the current Executive Management Team was effective from 1 September 2020, the individuals listed were senior managers throughout the year. The amounts included for former Executive Management Team members cover the period up to 31 August 2020 although their employment with the CCG continued after this date.

'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 real increase in the pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

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;
- Kevan Ritchie - £0-5k;
- Nitika Silhi – £20-25k;
- John McGrath - £15-20k.
- Dominic Roberts - £5-10k.

Pension benefits as at 31 March 2021

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	5.00%
£15,432 to £21,477.99	5.60%
£21,478 to £26,823.99	7.10%
£26,824 to £47,845.99	9.30%
£47,846 to £70,630.99	12.50%
£70,631 to £111,376.99	13.50%
£111,377 and over	14.50%

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

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed

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).

	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 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash equivalent transfer value at 1 April 2020 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2021 £'000
Board members							
Ms Frances O'Callaghan	5-7.5	7.5-10	50-55	125-130	824	81	945
Mr Simon Goodwin	0-2.5	0	55-60	110-115	974	26	1,038
Executive Management Team							
Mr Paul Sinden	2.5-5	0-2.5	35-40	75-80	665	47	741
Mr Ian Porter	0-2.5	0	10-15	0	88	12	118
Ms Kay Matthews	0-2.5	0	50-55	105-110	932	20	986
Ms Sarah Mansuralli	2.5-5	0-2.5	40-45	75-80	677	43	751
Mr Will Huxter	0-2.5	0	40-45	105-110	877	23	934
Former Executive Management Team							
Mr Tony Hoolaghan	0	0	40-45	130-135	1,050	0	0
Ms Sarah D'Souza	0-2.5	0-2.5	30-35	40-45	418	24	495
Ms Ruth Donaldson	0-2.5	0-2.5	25-30	55-60	350	13	399
Other voting committee members							
Dr Dominic Roberts	2.5-5	5-7.5	20-25	40-45	301	44	359

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).

Compensation on early retirement of for loss of office

No Payments were made in 2020/21.

Payments to past members

No payments were made to past members in 2020/21.

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/Member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/member in NHS NCL CCG in the financial year 2020/21 was £200k-205k. This was 3.0 times the median remuneration of the workforce, which was £49k.

In 2020/21, one employee received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0k-5k to £200k-205k

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

Staff Report

Number of senior managers

At the 31 March 2021, there were 9 individuals on a Very Senior Manager grade in NCL CCG

Senior Managers information

At the 31 March 2021, there were 26 Senior Managers on Band 9.

Staff numbers and costs (for staff numbers see Note 4.2 of accounts - page 170)

2020-21	Admin			Programme			Total		
	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits									
Salaries and wages	10,635	1,860	**12,495**	16,430	6,928	**23,358**	27,065	8,788	**35,853**
Social security costs	1,313	-	**1,313**	1,815	-	**1,815**	3,128	-	**3,128**
Employer contributions to the NHS Pension Scheme	2,862	-	**2,862**	2,009	-	**2,009**	4,871	-	**4,871**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	69	-	**69**	-	-	**-**	69	-	**69**
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	40	-	**40**	40	-	**40**
Gross employee benefits expenditure	**14,879**	**1,860**	**16,739**	**20,294**	**6,928**	**26,291**	**35,173**	**8,788**	**43,961**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	(931)	-	**(931)**	(931)	-	**(931)**
Total - Net admin employee benefits including capitalised costs	**14,879**	**1,860**	**16,739**	**19,363**	**6,928**	**26,291**	**34,242**	**8,788**	**43,030**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**14,879**	**1,860**	**16,739**	**19,363**	**6,928**	**26,291**	**34,242**	**8,788**	**43,030**

Staff composition

*Gender breakdown of NCL CCG Governing Body members at 31 March 2021:

	Male	Female	Total
Elected	5	5	10
Appointed	3	2	5
Non-Voting	3	3	6
Total	**11**	**10**	**21**

*Gender breakdown of all staff including Senior Managers and managers at Very Senior Managers grade as at 31 Mar 2021:

Pay Group	Female	Male	Total
Band 2	0	1	1
Band 3	16	2	18
Band 4	6	2	8
Band 5	19	4	23
Band 6	28	13	41
Band 7	48	14	62
Band 8a	56	24	80
Band 8b	46	22	68
Band 8c	35	21	56
Band 8d	20	13	33
Senior Managers (Band 9 and above inclusive of VSM)	20	15	35
Grand Total	**294**	**131**	**425**

*These figures only include those who have declared their Gender, through Equality, Diversity and Inclusion monitoring

To note: staff on outward secondment are not included in the staffing information in the above table.

Sickness absence data

Sickness absence data is available from the NHS Digital publication series on NHS Workforce Statistics

Local ESR data shows the sickness figures for NCL CCG for the calendar year 01 April 2020-31 March 2021 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
1.61%	2,495	2,337.95	145,393.84

Staff turnover percentages

Staff turnover data is available from the NHS Digital publication series on Workforce Statistics.

Local ESR data shows the staff turnover figures for NCL CCG for the calendar year 01 April 2020-31 March 2021 as follows:

Turnover Rate (12m)	Percentage
Turnover Rate	12.8%

Staff engagement scores

NCL CCG took part in the annual NHS staff survey. The survey ran from October-November 2020. The Staff Survey Results for the CCG are published on the NHS Staff Survey Results Website.

Staff engagement scores are calculated for key questions from the NHS Staff survey, grouped into three categories.

Category	Question from Staff Survey	Overall Score
Advocacy	• Would recommend organisation as place to work • If friend/relative needed treatment would be happy with standard of care provided by organisation • Care of patients/service users is organisation's top priority	6.6
Involvement	• Able to make suggestions to improve the work of my team/dept • Opportunities to show initiative frequently in my role • Able to make improvements happen in my area of work	6.7
Motivation	• Often/always look forward to going to work • Often/always enthusiastic about my job • Time often/always passes quickly when I am working	6.9
Overall Score		**6.7**

The maximum possible score is 10 and the lowest possible score is 0**.** The engagement score for each category is an average of its three respective question scores. The overall staff engagement score is the average of the scores for all categories. The overall engagement score for NCL CCG in the 2020 NHS Staff Survey was 6.7

Staff policies

NCL 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.

The CCG's Resourcing Policy and Procedure explicitly states that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled. Reasonable steps are taken accordingly to ensure all disabled applicants are treated fairly which includes making adjustments in terms of interviewing venue, selection and aptitude tests. All members of a Recruitment and Selection panel are required to have attended training in this area before sitting in on a panel. 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 wellbeing whilst in employment. During 2020/21 the CCG introduced a Health and Wellbeing Programme which included the introduction of weekly Mediation sessions, Mental Health wellbeing sessions delivered by experts from a local NHS Mental Health provider organisation.

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	5.00
	Full-time equivalent employee number	5.00
Table 2 Percentage of time spent on facility time	**Percentage of time**	**Number of employees**
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?	0	0.00
	1-50%	5.00
	51%-99%	0.00
	100%	0.00
Table 3 Percentage of pay bill spent on facility time	Total cost of facility time	£7,705
	Total pay bill	£340,002
	Provide the percentage of the total pay bill spent on facility time	2.27%
Table 4 Paid trade union activities	Time spent on paid trade union activities as a percentage of total paid facility time hours	2.35%

Other employee matters

Employee consultation

NCL CCG continues to strengthen staff engagement with our diverse workforce through our Diversity and Inclusion Steering Group, Staff Networks (BAME, Disability and LGBTQ+), Engaging our People Forum and Joint Partnership Group. The CCG continues to use these platforms to have open and honest conversations with our staff to help the CCG to:

- Review and strengthen the CCG's policies and practices so that they are carried out fairly and equitable in order to thrive as a diverse and inclusive workforce;
- Develop the CCG's workforce priorities that will make the CCG the best place to work;
- Address areas of improvement identified from the national staff survey;
- Shape the CCG's health and wellbeing programme;
- Promote best practice in engaging, consulting and supporting the workforce during transition, minimising disruption and uncertainty for staff.

Equality and diversity

NCL 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

31-Mar-21		
Admin £'000	**Programme £'000**	**TOTAL £'000**
-	642	642

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2021 for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2021	49
Of which, the number that have existed:	
for less than one year at the time of reporting	32
for between one and two years at the time of reporting	15
for between 2 and 3 years at the time of reporting	2
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Where off-payroll engagements are used, we undertake risk based assessments as to whether assurance is required that the individual is paying the right amount of tax.

Table 2: New off-payroll engagements

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than 6 months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	8
Of which:	
Number assessed as caught by IR35	8
Number assessed as not caught by IR35	
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	**0**

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2020 and 31 March 2021

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements. (2)	2

Note

(1) There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months

(2) As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

In any cases where individuals are included within the first row of this table the department should set out:

- Details of the exceptional circumstances that led to each of these arrangements.
- Details of the length of time each of these exceptional engagements lasted.

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000								
£10,000 - £25,000	2	• £21,511.11 • £18,128.33			2	• £20,161.82 • £22,165.35		
£25,001 - £50,000					1	• £32,599.97		
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 – £200,000								
>£200,000								
TOTALS	**2**	**£39,639.44**			**3**	**£74,927.14**		

Redundancy and other departure cost have been paid in accordance with the provisions of [NHS Agenda for Change terms and conditions. Exit costs in this note are accounted for in full in the year of departure. Where the North Central London CCG has agreed early retirements, the additional costs are met by the North Central London CCG and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs	N/A	
Mutually agreed resignations (MARS) contractual costs	N/A	
Early retirements in the efficiency of the service contractual costs	N/A	
Contractual payments in lieu of notice*	3	£74,927.14
Exit payments following Employment Tribunals or court orders	N/A	
Non-contractual payments requiring HMT approval**	N/A	
TOTAL	**3**	**£74,927.14**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note tables 1 and 2 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and X (list amounts) relating to non-contractual payments in lieu of notice.

Zero non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary. The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

NHS North Central London CCG is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report 178. An audit certificate and report is also included in this Annual Report at page 152.

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS North Central London Clinical Commissioning Group ("the CCG") for the year ended 31 March 2021 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 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England 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 2020/21.

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.

Going concern

The Accountable Officer has prepared the financial statements on the going concern basis as they have not 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. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks to the CCG's operating model and analysed how those risks might affect the CCG's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate;

- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the CCG will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the CCG's high-level policies and procedures to prevent and detect fraud as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the CCG's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as accruals.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. However, in line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we recognised a fraud risk related to expenditure recognition.

We did not identify any additional fraud risks

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included self-authorised journals, journals which reduce yearend expenditure and journals posted by specific individuals.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of income and expenditure in the period before and after 31 March 2021 to determine whether amounts have been recorded in the correct period.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors (as required by auditing standards), and discussed with the directors the policies and procedures regarding compliance with laws and regulations.

As the CCG is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The CCG is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under the NHS Act 2006, as amended by paragraph 223I1 (3) of Section 27 of the Health and Social Care Act 2012, the CCG must ensure that its revenue resource allocation in any financial year does not exceed the amount specified by NHS England. Expenditure in excess of the amount specified is unlawful.

We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items and our work on the regularity of expenditure incurred by the CCG in the year of account.

Whilst the CCG is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not

responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

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; and
- 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 has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 93, 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 if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure 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 93, 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 planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. 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

and NHS England 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.

We have nothing to report in this respect.

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, 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 North Central London CCG for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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

17 June 2021

ANNUAL ACCOUNTS

Frances O’Callaghan

Accountable Officer

14 June 2021

NHS NORTH CENTRAL LONDON CCG - Annual Accounts 2020-21

Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000
Income from sale of goods and services	2	(23,097)
Other operating income	2	(179)
Total operating income		**(23,276)**
Staff costs	4	43,030
Purchase of goods and services	5	2,870,545
Depreciation and impairment charges	5	205
Provision expense	5	720
Other Operating Expenditure	5	3,571
Total operating expenditure		**2,918,071**
Net Operating Expenditure		**2,894,795**
Total Net Expenditure for the Financial Year		**2,894,795**
Comprehensive Expenditure for the year		**2,894,795**

The CCG Statutory accounts reflect NHS North Central London CCG as a new organisation, and therefore do not provide prior year comparators to the 5 legacy CCGs which merged on 01 April 2020

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	01 April 20 £'000
Non-current assets:			
Property, plant and equipment	8	134	339
Total non-current assets		134	339
Current assets:			
Trade and other receivables	9	49,234	44,985
Cash and cash equivalents	10	371	194
Total current assets		**49,605**	45,179
Total assets		**49,739**	45,518
Current liabilities			
Trade and other payables	11	(305,309)	(272,813)
Provisions	12	(488)	(488)
Total current liabilities		**(305,797)**	(273,301)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(256,058)**	(227,783)
Non-current liabilities			
Provisions	12	(720)	-
Total non-current liabilities		**(720)**	-
Assets less Liabilities		**(256,778)**	(227,783)
Financed by Taxpayers' Equity			
General fund		(256,778)	(227,783)
Total taxpayers' equity:		**(256,778)**	(227,783)

The financial statements were approved by the Audit Committee under delegated authority from the Governing Body on 03 June 2021 and signed on its behalf by:

Accountable Officer
Frances O'Callaghan

Statement of Changes In Taxpayers Equity for the year ended 31 March 2021

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April 2020	(227,783)	**(227,783)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	**0**
Adjusted NHS CCG balance at 01 April 2020	**(227,783)**	**(227,783)**
Changes in NHS CCG taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(2,894,795)	**(2,894,795)**
Net Recognised NHS CCG Expenditure for the Financial year	**(2,894,795)**	**(2,894,795)**
Net funding	2,865,800	**2,865,800**
Balance at 31 March 2021	**(256,778)**	**(256,778)**

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.

Financial Performance:
During 2020/21 NHS North Central London CCG received Revenue Resource Limit funds of £2,895,216,000 and incurred expenditure of £2,894,795,000. This resulted in an in year surplus of £421,000.

The CCG continues to hold a cumulative deficit of £112,260,000 which relate to 'Pre-merger' legacy CCG performance in NCL.

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(2,894,795)
Depreciation and amortisation	5	205
(Increase)/decrease in trade & other receivables	9	(4,249)
Increase/(decrease) in trade & other payables	11	32,496
Increase/(decrease) in provisions	12	720
Net Cash Inflow (Outflow) from Operating Activities		**(2,865,623)**
Net Cash Inflow (Outflow) before Financing		**(2,865,623)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		2,865,800
Net Cash Inflow (Outflow) from Financing Activities		**2,865,800**
Net Increase (Decrease) in Cash & Cash Equivalents	10	**177**
Cash & Cash Equivalents at the Beginning of the Financial Year		**194**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**371**

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 £371k.

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 (DHSC). Consequently, the following financial statements have been prepared in accordance with the GAM 2020-21. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) 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 accounting policy which is 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.

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 Movement of assets within the DHSC Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the DHSC Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the statement of comprehensive net expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the DHSC Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled budgets

The CCG has entered into pooled budget arrangements under Section 75 of the NHS Act 2006 with the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budgets, identified in accordance with the agreements.
Details are disclosed in the pooled budgets note.

1.5 Operating segments

Income and expenditure are analysed in the operating segments note and are reported in line with management information used within the CCG.

1.6 Revenue

In the application of IFRS 15 Revenue from Contracts with Customers, 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 the 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 the 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.

1.7 Employee benefits

1.7.1 Short-term employee benefits

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

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 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. The schemes are therefore accounted for as if they were a defined contribution scheme; so the cost recognised in these accounts represents the contributions payable for the year.

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.

1.8 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.

1.9 Property, plant & equipment

1.9.1 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.

1.9.2 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.

1.9.3 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.

1.9.4 Depreciation & impairments
Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives (ranging from 2-5 years) and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the CCG checks whether there is any indication that any of its property, plant and equipment assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

1.10 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.

1.10.1 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.

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

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

In the statement of cash flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the CCG's cash management.

1.12 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.

1.13 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.

1.14 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.

1.15 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.

1.16 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 Financial Instruments 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 DHSC provides a guarantee of last resort against the debts of its arm's length 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 the statement of comprehensive net expenditure 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 & 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.

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 liabilities

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately 6-8 weeks in arrears. The CCG uses a forecast provided by the NHS Business Authority to estimate the full year expenditure.

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 2020-21, as they are still subject to HM Treasury FReM adoption.

- IFRS 14 Regulatory Deferral Accounts – Applies to first time adopters of IFRS after 1 January 2016 so not applicable to DHSC group bodies.
- IFRS 16 Leases – Effective from 1 April 2022 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 the right to use assets may be embedded in contracting arrangements. The work progressed to March 2020, when the CCG revised its operational priorities and working patterns to deal with the COVID-19 pandemic. This, combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2022 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 2021.

- 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 permitted.

2 Other Operating Revenue

	2020-21 Total £'000
Income from sale of goods and services (contracts)	
Education, training and research	**207**
Non-patient care services to other bodies	**21,099**
Prescription fees and charges	**158**
Other Contract income	**1,633**
Total Income from sale of goods and services	**23,097**
Other operating income	
Other non-contract revenue	**179**
Total Other operating income	**179**
Total Operating Income	**23,276**

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

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

	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Other Contract income £'000
Source of Revenue				
NHS	207	1,619	-	1,506
Non NHS	-	19,480	158	127
Total	**207**	**21,099**	**158**	**1,633**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Other Contract income £'000
Timing of Revenue				
Point in time	207	21,099	158	1,633
Total	**207**	**21,099**	**158**	**1,633**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**26,134**	**8,788**	**34,922**
Social security costs	**3,128**	**-**	**3,128**
Employer Contributions to NHS Pension scheme	**4,871**	**-**	**4,871**
Apprenticeship Levy	**69**	**-**	**69**
Termination benefits	**40**	**-**	**40**
Gross employee benefits expenditure	**34,242**	**8,788**	**43,030**

4.2 Average number of people employed

	2020-21		
	Permanently employed Number	Other Number	Total Number
	436.23	**69.80**	**506.03**

4.3 Exit packages agreed in the financial year

	2020-21 Compulsory redundancies		2020-21 Other agreed departures		Total	
	Number	£	Number	£	Number	£
£10,001 to £25,000	2	39,639	2	42,327	4	81,966
£25,001 to £50,000	-	-	1	32,600	1	32,600
Total	**2**	**39,639**	**3**	**74,927**	**5**	**114,566**

	2020-21 Other agreed departures	
	Number	£
Contractual payments in lieu of notice	3	74,927
Total	**3**	**74,927**

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

4.4 Pension costs

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

Both 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:

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 01 April 2019. From 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

5. Operating expenses

	2020-21 Total
Purchase of goods and services	**£'000**
Services from other CCGs and NHS England	16,359
Services from foundation trusts	1,068,239
Services from other NHS trusts	902,617
Services from Other WGA bodies	491
Purchase of healthcare from non-NHS bodies	406,047
Purchase of social care	1,320
Prescribing costs	185,566
Pharmaceutical services	5
GPMS/APMS and PCTMS	250,256
Supplies and services – clinical	1,222
Supplies and services – general	21,885
Consultancy services	642
Establishment	5,074
Transport	4
Premises	5,173
Audit fees	204
Other non-statutory audit expenditure	
· Internal audit services	187
· Other services	41
Other professional fees	3,695
Legal fees	698
Education, training and conferences	820
Total Purchase of goods and services	**2,870,545**
Depreciation and impairment charges	
Depreciation	205
Total Depreciation and impairment charges	**205**
Provision expense	
Provisions	720
Total Provision expense	**720**
Other Operating Expenditure	
Chair and Non-Executive Members	679
Grants to Other bodies	639
Expected credit loss on receivables	1,012
Other expenditure	1,241
Total Other Operating Expenditure	**3,571**
Total operating expenditure	**2,875,041**

NHS NCL CCG acts as an agent for Transformation funding within NCL STP.

The 2020.21 fee to the CCG's external auditors, KPMG LLP, is £170,000 excluding VAT £34,000. The fee disclosed excludes the additional fee for IFRS 16 as this has been deferred until April 2022. In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor's 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 LLP, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

The CCG will be required to obtain assurance from the external auditor over reported compliance with the requirements of the Mental Health Investment Standard. The fee for Mental Health Investment Standard is £33,000 excluding VAT.

6.1 Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	45,753	596,894
Total Non-NHS Trade Invoices paid within target	42,608	539,975
Percentage of Non-NHS Trade invoices paid within target	**93.13%**	**90.46%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	7,724	2,062,690
Total NHS Trade Invoices Paid within target	6,965	2,056,867
Percentage of NHS Trade Invoices paid within target	**90.17%**	**99.72%**

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. No payments were made during the year in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	Buildings £'000	Other £'000	2020-21 Total £'000
Payments recognised as an expense			
Minimum lease payments	1,598	10	**1,608**
Total	**1,598**	**10**	**1,608**

7.1.2 Future minimum lease payments

	Buildings £'000	Other £'000	2020-21 Total £'000
Payable:			
No later than one year	1,241	-	**1,241**
Between one and five years	3,420	-	**3,420**
After five years	25	-	**25**
Total	**4,686**	**-**	**4,686**

8. Property, plant and equipment

	Information technology £'000
Cost or valuation at 01 April 2020	549
Cost/Valuation at 31 March 2021	**549**
Depreciation 01 April 2020	210
Charged during the year	205
Depreciation at 31 March 2021	**415**
Net Book Value at 31 March 2021	**134**
Purchased	134
Total at 31 March 2021	**134**
Asset financing:	
Owned	134
Total at 31 March 2021	**134**

9.1 Trade and other receivables

	Current 2020-21 £'000	Current 01 April 20 £'000
NHS receivables: Revenue	7,035	11,998
NHS prepayments	-	6,979
NHS accrued income	11,421	4,355
Non-NHS and Other WGA receivables: Revenue	13,794	7,546
Non-NHS and Other WGA prepayments	1,109	359
Non-NHS and Other WGA accrued income	17,130	13,946
Expected credit loss allowance-receivables	(1,942)	(930)
VAT	687	689
Other receivables and accruals	0	43
Total Trade & other receivables	**49,234**	**44,985**
Total current and non current	**49,234**	**44,985**

Included above:
NHS accrued income includes an accrued credit note from UCLH totalling £11,866k

9.2 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	1,535	267
By three to six months	1	1,077
By more than six months	3,007	10,057
Total	**4,543**	**11,401**

9.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Balance at 01 April 2020	(930)	**(930)**
Lifetime expected credit losses on trade and other receivables-Stage 2	(1,012)	**(1,012)**
Total	**(1,942)**	**(1,942)**

10 Cash and cash equivalents

	2020-21 £'000
Balance at 01 April 2020	194
Net change in year	177
Balance at 31 March 2021	**371**
Made up of:	
Cash with the Government Banking Service	371
Cash in hand	0
Cash and cash equivalents as in statement of financial position	**371**
Balance at 31 March 2021	371

11 Trade and other payables

	Current 2020-21 £'000	Current 01 April 20 £'000
NHS payables: Revenue	614	68,601
NHS accruals	16,069	33,140
NHS deferred income	-	30
Non-NHS and Other WGA payables: Revenue	102,939	47,659
Non-NHS and Other WGA accruals	180,302	117,937
Non-NHS and Other WGA deferred income	-	100
Social security costs	449	514
Tax	410	470
Other payables and accruals	4,526	4,362
Total Trade & Other Payables	**305,309**	272,813
Total current and non-current	**305,309**	272,813

12. Provisions

	Current 2020-21 £'000	Non-current 2020-21 £'000
Legal claims	488	252
Other	-	468
Total	**488**	**720**
Total current and non-current	**1,208**	

	Legal Claims £'000	Other £'000
Balance at 01 April 2020	**488**	**-**
Arising during the year	252	468
Balance at 31 March 2021	**740**	**468**
Expected timing of cash flows:		
Within one year	488	-
Between one and five years	252	468
Balance at 31 March 2021	**740**	**468**

Legal claims are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them.

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 31 March 2021 is £0 (£0 at 31st March 2020).

13 Financial instruments

13.1 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 NHS clinical commissioning group 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 clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

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

13.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

13.1.4 Liquidity risk

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

13.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

13.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	5,997	5,997
Trade and other receivables with other DHSC group bodies	29,727	29,727
Trade and other receivables with external bodies	13,656	13,656
Cash and cash equivalents	371	371
Total at 31 March 2021	**49,751**	**49,751**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	2,855	2,855
Trade and other payables with other DHSC group bodies	77,305	77,305
Trade and other payables with external bodies	224,289	224,289
Total at 31 March 2021	**304,449**	**304,449**

14 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 Joint arrangements - interests in joint operations

CCGs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

14.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2020-21			
			Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Barnet	Learning Disabilities Campus Pool Fund, Learning Disability, Adults, Children's and Better Care Fund	0	0	(41)	33,376
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Camden	Mental Health, Learning Disability, Children's, Adults, and Better Care Fund	0	0	(8,412)	57,160
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Enfield	Mental Health & Deprivation of Liberty Safeguards, Equipment (ICES & CHC), Learning Disability, Adults, Children's and Better Care Fund	0	0	0	25,884
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Haringey	Adult Mental Health, Learning Disabilities, Child Mental Health, Older People & Long Term Conditions, Children & Young People, and Better Care Fund	0	0	(7,853)	84,874
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Islington	Intermediate Care, Learning Disabilities, Transforming Care, Mental Health, Carers, Mental Health Care of Older People, Better Care Fund	0	0	0	34,867
			0	0	(16,306)	236,161

15 Related party transactions

Details of related party transactions with individuals are as follows:

Related party transactions - 2020-21

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

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

	Expenditure with Related Party £'000	Revenue from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Barnet Federated GPs Ltd	6,590	0	842	0
Camden Health Evolution Ltd	379	(2)	0	0
Enfield Healthcare Co-operative Ltd	3,653	0	1,440	0
Enfield One Ltd	2,577	0	411	0
Federated4Health Ltd	8,912	(154)	1,099	0
Islington GP Group Ltd	8,493	0	915	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS North Central London CCG's Governing Body during 2020-21. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

City Road Medical Centre	1,294	0	68	0
Dowsett Road Surgery	716	0	114	0
Hillview Surgery	302	0	61	0
Keats Group Practice	1,944	0	207	0
Lawrence House Surgery	2,473	0	172	0
Medicus Health Partners	5,905	0	1,211	0
Mildmay Medical Practice	1,059	0	95	0

Muswell Hill Practice	1,690	0	147	0
Park Lodge Medical Centre	624	0	97	0
St George's Medical Centre	1,462	0	168	0
The Bloomsbury Surgery	736	0	120	0
Tottenham Hale Medical Practice	713	0	107	0
Winchmore Practice	2,386	0	84	0

The Department of Health is regarded as a related party. During 2020-21 NHS North Central London CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

Barking, Havering & Redbridge University Hospitals NHS Trust	1,027	0	1	0
Barnet, Enfield & Haringey Mental Health NHS Trust	164,094	(129)	0	(118)
Barts Health NHS Trust	25,601	0	0	0
Camden & Islington NHS Foundation Trust	111,072	0	4,236	(7)
Central & North West London NHS Foundation Trust	38,900	0	707	(178)
Central London Community Healthcare NHS Trust	48,826	0	1,505	(5)
Chelsea And Westminster Hospital NHS Foundation Trust	3,526	0	0	(40)
Community Health Partnerships	2,154	(22)	4,286	(595)
East & North Hertfordshire NHS Trust	1,294	0	0	0
East London NHS Foundation Trust	956	0	652	(5)
Great Ormond Street Hospital for Children NHS Foundation Trust	24,968	0	1	(36)
Guy's & St Thomas' NHS Foundation Trust	13,451	0	0	(698)
Health Education England	848	(661)	0	0
Homerton University Hospital NHS Foundation Trust	16,170	0	76	0
Imperial College Healthcare NHS Trust	19,742	0	0	(19)
King's College Hospital NHS Foundation Trust	2,782	0	515	0
London Ambulance Service NHS Trust	63,492	0	1	0
London North West Healthcare NHS Trust	15,809	0	175	0
Moorfields Eye Hospital NHS Foundation Trust	28,389	0	0	(557)
NHS England	(921)	(3,517)	348	(5,573)
NHS NEL CSU	17,229	(3)	2,288	(111)

NHS Property Services	654	0	2,667	(4)
North East London NHS Foundation Trust	3,591	0	479	(8)
North Middlesex University Hospital NHS Trust	253,937	(6)	395	(6)
Royal Brompton & Harefield NHS Foundation Trust	2,224	0	0	0
Royal Free London NHS Foundation Trust	494,486	0	1,501	(267)
Royal National Orthopaedic Hospital NHS Trust	27,975	0	727	0
South London & Maudsley NHS Foundation Trust	1,603	0	0	(13)
St George's University Hospitals NHS Foundation Trust	1,373	0	257	0
Tavistock & Portman NHS Foundation Trust	13,457	0	0	(1)
The Princess Alexandra Hospital NHS Trust	1,442	0	0	0
University College London Hospitals NHS Foundation Trust	307,232	(12)	0	(9,666)
West Hertfordshire Hospitals NHS Trust	1,943	0	306	0
Whittington Health NHS Trust	276,175	(6)	1,725	(474)

During 2020-21 NHS North Central London CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

Barnet London Borough Council	28,269	(9)	25,231	(2,461)
Camden London Borough Council	42,094	(11,507)	10,343	(11,045)
Enfield London Borough Council	26,835	(1)	16,451	(738)
Haringey London Borough Council	17,650	(7,950)	19,382	(15,801)
Islington London Borough Council	36,398	(242)	27,671	(307)

16 Events after the end of the reporting period

No events to report.

17 Financial performance targets

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

	2020-21			
	Target £'000	**Performance £'000**	**Surplus/(Deficit) £'000**	**Duty Achieved**
Expenditure not to exceed income	2,918,492	2,918,071	421	Yes
Revenue resource use does not exceed the amount specified in Directions	2,895,216	2,894,795	421	Yes
Revenue administration resource use does not exceed the amount specified in Directions	29,693	29,693	-	Yes

18. Losses and special payments

	Total Number of Cases 2020-21 Number	**Total Value of Cases 2020-21 £'000**
Compensation payments	1	6
Total	**1**	**6**