North Central London
Integrated Care Board

Annual Report and Accounts 2023/24

CONTENTS

PERFORMANCE REPORT

Phill Wells

Chief Executive Officer

27 June 2024

Chief Executive Officer's introduction

Welcome to our annual report and thank you for taking the time to read it.

This year we marked our first full year as an Integrated Care Board (ICB) as well as the 75th anniversary of the NHS. It has been my privilege to lead the organisation as Acting Chief Executive Officer since December 2023. We are part of system that has a shared purpose to improve the health, care, and wellbeing of the population in North Central London (NCL). We want to support people to live healthy lives in thriving communities and have fair access to integrated, holistic health and care services.

In this report you will read about some of the ways we are doing this and the progress we are making, together with our system partners, to deliver our ambitious Population Health and Integrated Care Strategy. However, there is much more we need to do in order to deliver the improvements we want to achieve in the physical and mental health of our whole population.

You will see in our section on finance and performance that 2023/24 has been a challenging year for us financially and ongoing industrial action has had an impact on North Central London provider performance. Despite that, the Integrated Care System managed to overperform against our breakeven plan for the full financial year.

Our clinical performance has also remained strong during 2023/24 – notably, despite ongoing industrial action across the NHS, NCL managed to continue to reduce the number of patients waiting 78 weeks or more for elective treatment down to 145 by March 2024, despite hitting a 2023/24 peak of 459 in January 2024.

NCL providers also reduced the backlog of patients waiting more than 62 days from an urgent GP referral to their first definitive treatment for cancer from its highest point of 788 in October 2023 down to 566 by year-end.

NCL general practices consistently met the national expectation for 90% of appointments to be booked within two weeks, as well as bettering the national average for the percentage of patients receiving a same day appointment in each month of 2023/24.

We also reduced the number of patients requiring adult acute mental health inpatient care who were inappropriately placed out of their home area. In the last quarter of 2023/24 there were 593 patients placed 'out of area' which is a significant reduction on the 1,556 placements for the same period the previous year.

There are, of course, areas where further focus and improvement is necessary – our four-hour waiting target performance in emergency departments along with ambulance handover times are both areas where we are working closely with colleagues across the health and care system and with London Ambulance Service. Since January 2023, our Silver Triage service, which supports older people living with frailty, has answered 2,323 calls from paramedics and has been able to offer consultant level advice. This has avoided people being taken to hospital unnecessarily in 82% of cases. Patients living with frailty have instead been able to stay and recover in their own places of residence when it is safe and appropriate for them to do so.

Within primary care too, we are working hard to improve access for residents across NCL. General practices now offer 50,000 more appointments each month than before the pandemic, and nearly two-thirds of all appointments are delivered face to face. We have developed a plan in response to the Department of Health and Social Care and NHS England delivery plan for recovering access to primary care. Our plan has two central ambitions for general practice: to tackle the 8am rush and to make it easier and quicker for patients to get the help they need.

Work is underway in NCL to make it easier for patients to contact and get support from their GP practice by improving telephone and online systems, expanding the workforce, and building strong links between GPs and community pharmacies. We have also recently launched the national Pharmacy First initiative in NCL – virtually all pharmacies in NCL have signed up to treat people for seven common, minor conditions. We hope this will help people to get the care they need quickly, without needing to see a GP. Most also offer blood pressure checks for over 40s and access to the contraceptive pill.

We are also continuing to help people to access diagnostic tests locally at our two Community Diagnostic Centres (CDCs), rather than needing to go to an acute hospital site. The centres are based in Finchley Memorial Hospital and in Haringey's Wood Green shopping centre and both have now won HSJ Partnership Awards.

This year, the Wood Green CDC opened an additional floor, enabling it to add MRI and CT diagnostic testing to the existing blood tests, x-ray, ultrasound, and ophthalmology services. Through engagement with local communities and GPs, the centre has achieved its core ambition of improving access for our communities who live in areas of deprivation in Haringey: 77% of people seen live in the 30% most deprived areas nationally.

It is essential that we deliver the best possible care to our patients today. It is also vital that we are continually looking to improve to the future as well. One of our key areas of focus this past year has been the development and consultation on our proposed changes to maternity, neonatal, and children's surgical services in North Central London. The Start Well consultation ran from December 2023 to March 2024, and in that time we spoke to many hundreds of people – staff, partners, and residents – and heard how the proposals could impact local families, services, and staff. All the responses are now being analysed by an independent research provider. We will work with our system partners to respond to the feedback and themes we have heard from our residents and develop plans for the next stage of this programme.

We also asked patients, residents, and healthcare professionals for their views on proposals to improve NHS eye surgery in NCL. The proposals were developed to tackle waiting lists and were largely supported in the feedback we received. As a result, a new hub for planned eye surgery at Edgware Community Hospital means an additional 3,000 procedures will be carried out every year. This will reduce waiting times by up to four weeks for some patients who need sight-saving operations.

In 2023/24 we maintained our focus on ensuring high quality, accessible community services for all our residents to help reduce inequalities and increase proactive care. I'm pleased to say that community waiting lists have fallen for all NCL community providers with outstanding performance in some pathways – for example, the ambulatory leg ulcer clinic now has no waiting list at all and physiotherapy waiting times in Enfield have fallen from 10 weeks to seven weeks since July 2023 despite rising demand. Within mental health, we have worked hard to increase capacity across services and over 60% of the new roles created under our Mental Health Service Review Programme now have staff in post.

We also continue to work extremely closely with colleagues in local government formally through the Integrated Partnership Board and our Borough Partnerships on a range of issues. We have had considerable successes in our immunisation and vaccination programmes with colleagues in public health. A key focus into 2024/25 is our collective effort to improve discharge from hospitals and explore opportunities to reduce the need for people to attend hospital in the first place.

One of the things I am most proud of is our commitment to community engagement where we are making a real difference in raising the voice of local communities, working closely with our voluntary, community and social enterprise partners. In NCL we are keen to explore new ways of working with local residents. To increase the diversity of voice in health research, we developed a new Research Engagement Network. As well as increasing participation in health research within our underserved communities, this network aims to improve trust by demonstrating how their participation and evidence leads to service changes. Through our Inequalities Fund we are also investing in local projects in our communities who live in areas of deprivation to tackle the root causes which mean some of our residents have much poorer health than others.

Our ICB staff have been through a long period of organisational change this year as we developed and introduced a new structure to make it fit for purpose to deliver our population health ambitions and to meet the national target to reduce our running costs by 30%. My huge thanks to all our staff who have continued to work so hard for people in North Central London through what I know has been a very challenging period.

Finally, I would also like to acknowledge that we very much depend on colleagues across the wider system to achieve our shared purpose to improve the health, care, and wellbeing of people in our five boroughs. Partnership working is at the heart of everything we do and I would like to extend my thanks to our colleagues across the Integrated Care System for their dedication, commitment and service to the residents of North Central London.

Performance overview

The overview section of this report highlights the North Central London Integrated Care Board (NCL ICB) activities for 2023/24. It provides a snapshot of our organisation, the work we do, the challenges we have faced and how we responded.

NCL ICB formally came into effect in July 2022, as a statutory body responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the North Central London Integrated Care System (ICS).

ICSs bring together local health and care organisations together on a statutory basis to work together to achieve four key aims: a) improve outcomes in population health and healthcare, b) tackle inequalities in outcomes, experience and access, c) enhance productivity, and d) help the NHS support broader social economic development.

The ICB's statutory responsibilities include assessing the health needs of the local population, deciding priorities and strategies, and overseeing the delivery of services via 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 (UEC) (including out-of-hours).

This year the ICB has continued the work already underway to integrate health and care services across our five boroughs. We worked closely with councils, providers, general practices and Primary Care Networks (PCNs), and voluntary, community and social enterprise (VCSE) organisations. NCL ICB is creating a more strategic approach to commissioning across North Central London and in borough partnerships, through continued work on population health and health inequalities.

A key element of the North Central London Integrated Care System (NCL ICS) is the NCL Integrated Care Partnership (ICP). This is a statutory committee that represents local government, NHS organisations and other partners. The ICP focuses on the collaboration between partner organisations to improve the health of our populations and in particular how we work to tackle health inequalities and address the wider determinants of health. These are broader social factors that have a significant impact on health outcomes,

including housing, education, air quality, road safety, and economic security. The ICP is focused on how integration of services can support delivery of the key ambitions in the NCL Population Health and Integrated Care Strategy, and the further development of borough partnerships and the integrated neighbourhoods.

In Q4 2023/24, NCL ICB led the development of a system-level operational plan for activity, finance, performance, and workforce for 2024/25 plans and trajectories. The overall priority for 2024/25 remains the recovery of core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience, systems were required to plan to:

- maintain collective focus on the overall quality and safety of services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach
- improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for Q4 2023/24
- reduce elective long waits and improve performance against the core cancer and diagnostic standards
- make it easier for people to access community and primary care services, particularly general practice, and dentistry
- improve access to mental health services so that more people of all ages receive the treatment they need
- improve staff experience, retention, and attendance

The NCL Operating Plan for 2024/25 was submitted to NHS England in June 2024.

Industrial action continued across the NHS during 2023 and into 2024, with junior doctor and consultant-led strikes held in all but two months of the financial year. We had a consistent approach to preparing for the strikes, with the NCL system supporting a collective consideration of mitigations for hospital sites with the highest risk of gaps in rotas for critical areas. For primary care, practices focused on same day urgent care activity, while there was also increased NHS 111 call handler and GP out of hours capacity laid on. Primary care bridging services provided additional capacity in each borough, which was a universal offer for all practices and NHS 111.

Elective activity was re-phased in advance of industrial action periods to prioritise the provision of critical services, including emergency departments (EDs). Multi Agency Discharge Events (MADE) continued in the lead up to strike action, focusing on reducing occupancy and facilitating discharges, with the overall aim of reducing the number of beds occupied by patients who are clinically appropriate for discharge. Intensive care unit (ICU) transfer services remained, but heralded bookings from NHS 111 to EDs were suspended.

The provision of critical services was prioritised, covering crisis services, places of safety and A&E psychiatric liaison support in EDs, whilst services minimised outpatient and community appointments to release capacity. Additional community support was provided to bed management meetings (community staff participated in bed meetings to support community providers and ensure that patients requiring discharge to a community bed were handled quickly and without delay), alongside engagement with local authorities, to enable escalation and support for the rapid approval of placements.

NCL providers operated incident coordination centres to support service delivery, with command-and-control structures inclusive of executive oversight to manage proceedings and any escalations. This was supported by a system operations coordination centre as part of the real time management of services during strike periods. The system coordination centre was overseen by an NCL ICB director, and executive lead, both in-hours and out-of-hours. Regular touchpoints at Bronze, Silver and Gold level (the levels denote the levels of seniority of leadership) were set up across the ICS, with the NCL Clinical Advisory Group ready to advise on any emerging clinical service change or service closure that may have been necessary.

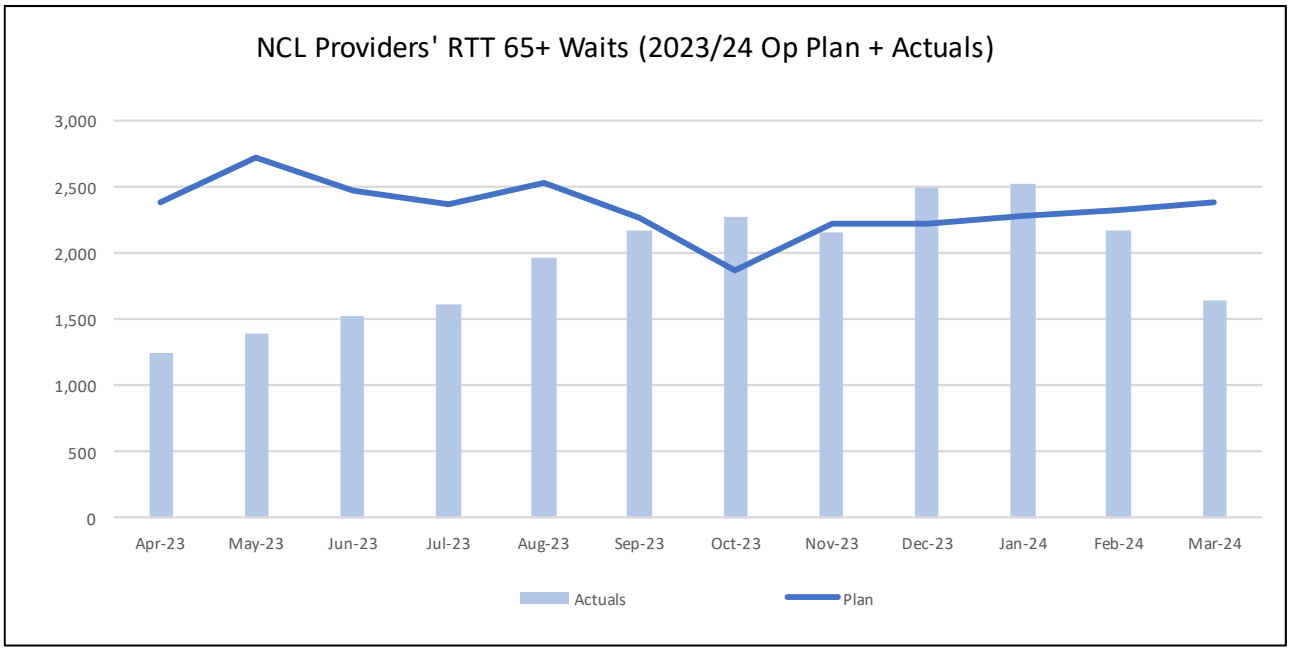
To reduce the impact of industrial action on patients, NCL providers continued to take a risk-based approach when cancelling and rescheduling appointments. This minimised the effect on quality and experience of care, reduced the risk of clinical harm, and recognised the impact of physiological harm associated with delays. Following strike action, trusts dedicated resources to rescheduling cancelled appointments, prioritising booking patients who were the most clinically urgent, while balancing this against the ICB ambition to reduce long waiting time.

In line with the NHS Operational Planning Guidance for 2023/24, there was a continued focus in NCL on reducing the cohort of long waiting patients in elective surgery and cancer

– the majority of providers delivered in excess of their 2019/20 baseline, with some achieving 115%. NCL also focused on tackling the increasing ED presentations, alongside the management of ambulance handover delays. As a system NCL strove to make it easier for people to access primary care services, particularly general practice. As in previous years, core GP appointment activity continued to rise in 2023/24, with volumes up almost 5% on 2022/23.

NCL continued to focus on eliminating waiting times of over 65 weeks for elective care and worked collaboratively with providers to ensure that the most clinically urgent patients were treated first, followed by those who had been waiting longest in chronological order. Due to the ongoing industrial action on elective pathways in year, NHS England (NHSE) reassessed this ambition in November 2023 to take into account the impact of strike days; the target to eliminate waits of over 65 weeks in 2023/24 was adjusted to target a value of 2,390 patients in this cohort for the end of March 2024. As of the end of March 2024, NCL delivered a reduction against trajectory, reporting 1,650 patients waiting over 65 weeks against the plan of 2,390. While progress has been made in year, the system recognises that there is further work to do in 2024/25.

NCL Providers' 65+ww Performance 2023/24



Our plans to reduce the number of patients experiencing long waits were underpinned with strong and effective governance processes. The NCL ICB-led NCL Planned Care Delivery Group oversaw progress to reduce variation across providers and monitored the numbers

of long waiting patients. This group brings together NCL stakeholders across referral to treatment pathways (RTT), diagnostics and cancer workstreams.

Achievement of the national A&E standard and continuous improvement around handover times continued to be a key patient safety focus area for the NCL system, with regular review via the NCL Flow Operational Group, NCL Flow Board and local system-based A&E delivery boards. A&E performance against the 4-hour standard has been challenging in year but improved across NCL in Q4 of 2023/24. In 2023/24 A&E 4 hour performance was below the standard of 76% but reached 71% in March 2024. This remains a key area of focus for us as a system into 2024/25.

Key system-wide actions underpinning performance improvement trajectories included the use of the GP hub service, alongside urgent treatment centres to separate patients requiring primary care services from main EDs, with additional focus on improving the use of Same Day Emergency Care (SDEC) units as appropriate. There was also a continued review of flows within acute medical and frailty assessment units to ensure that patients are only admitted to core wards when absolutely necessary.

The ICS continued to work collaboratively across health and social care to develop alternative care pathways and improve system flow so that patients are seen within the most appropriate care setting. Key examples included urgent community response, silver triage (pre-conveyance clinical discussion between LAS paramedics and a consultant geriatrician to support decision-making around admission and exploring safer alternatives), and virtual wards. To improve patient flow, the NCL discharge programme of work focused on:

- ‘Home for Lunch’ to get decision-making and all discharge administration requirements completed earlier in the day to free up beds sooner and enable new patients to be admitted with less delay.
- community, acute and local authority partnership working to reduce delays and redesign integrated discharge teams in collaboration with ward teams
- pathway 2 standardisation (for patients requiring rehab/reablement in a temporary bedded setting) and optimisation, including planned investment at NCL sites to allow support for patients with higher acuity
- integrated care escalation hub optimisation, including the full utilisation of Chase Farm and Barnet Hospital capacity

With regard to primary care services, digital tools played a key role regarding patient access to services, with online bookings, e-consultations, app usage, and also with patient list management via risk stratification for proactive care. NCL ICB monitored the uptake of digital tools, and supported practices with switch-on, and the embedding of new ways of working as required. This offered patients more ways to contact their practices, though traditional access routes were maintained to support digital inclusion.

Through delivery of the requirements of the national Primary Care Access Recovery Plan (PCARP), practices actively worked on reducing variation in patient experience of accessing general practice. Practices continued the transition to the "modern general practice" operating model as described in PCARP, which underlined the importance of balancing digital, telephone and in-person access to meet patient need.

In NCL this work took place alongside the development of local GP ambitions by the ICB and provider leaders. These ambitions looked to underpin decisions and associated actions, and articulate shared aims to frontline teams and patients. Ambitions within the NCL System were informed by this programme of work, for example setting out how a balance was to be struck between episodic and same day access with capacity for planned and proactive care, and the delivery of population health improvement at neighbourhood level, as described in the Fuller Stocktake.

It is increasingly evident that the effectiveness of discharge processes, and the wider health system and community services, are critical success factors in sustaining secondary care performance.

Timely and well-coordinated discharges contribute significantly to patient satisfaction and post-hospital wellbeing. An efficient transition significantly reduces the risk of complications and re-admissions, fostering positive patient outcomes and reducing the recurrent impact on secondary care resources.

Efficient discharge processes play a pivotal role in resource allocation within NCL trusts. By facilitating the timely release of beds, hospitals can better accommodate incoming patients, reducing waiting times, and enhancing overall operational efficiency. Moreover,

optimised discharge procedures alleviate strain on staff and resources, allowing healthcare professionals to focus on delivering quality care to those most in need.

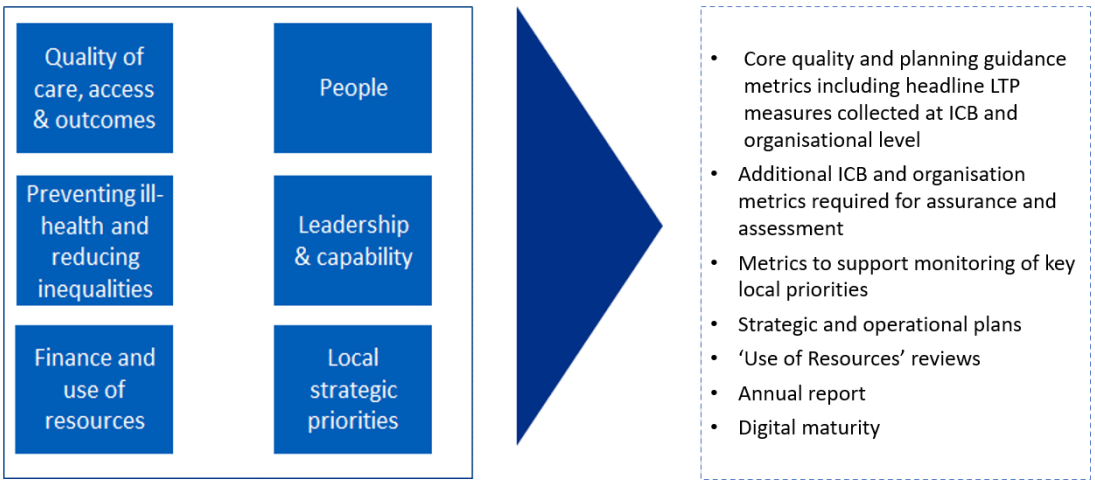
By leveraging the resources and expertise of the wider health system and community services, hospitals can enhance the efficiency of secondary care discharge processes, improving hospital performance and patient outcomes. Through integrated care pathways, expanded access to community rehabilitation and support services, proactive health promotion initiatives, robust data integration and performance monitoring, we can create a healthcare eco-system that prioritises continuity of care and empowers patients to manage conditions independently of secondary care.

Performance analysis

NHS system oversight framework

Part of the statutory function of NCL ICB is the responsibility for performance and oversight of NHS services within NCL ICS. The ambition is to empower local health and care leaders to build strong and effective systems for their communities. This function is executed in partnership with NHS England. The NHS system oversight framework (SOF) provides the framework for overseeing systems and identifying potential support needs. The 2023/24 SOF continued and built on the approach set out in the 2021/22 guidance. It gave the NCL system clarity on how performance was to be monitored and set out how identified support needs to improve standards and outcomes would be co-ordinated and delivered at a system level.

Continued Scope of the NHS Oversight Framework for 2023/24



The SOF is built around five national themes (covering quality of care, access and outcomes, preventing ill health and reducing inequalities) that reflect the ambitions in the NHS Long Term Plan. Organisations are placed in one of four segments that identify the scale and nature of support needs, ranging from 1 (consistently high-performing across the six oversight themes, with streamlined commissioning arrangements in place or on track to be achieved) to 4 (very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support). NCL ICB remained in segment 2 for 2023/24.

NCL System Partners NHS Oversight Framework Segmentation for 2023/24

NCL ORGANISATION	NHSE SOF SEGMENTATION
Barnet, Enfield and Haringey Mental Health NHS Trust	2
Camden and Islington NHS Foundation Trust	2
Great Ormond Street Hospital for Children NHS Foundation Trust	2
Moorfields Eye Hospital NHS Foundation Trust	1
North Middlesex University Hospital NHS Trust	3
Royal Free London NHS Foundation Trust	3
Royal National Orthopaedic Hospital NHS Trust	2
Tavistock and Portman NHS Foundation Trust	3
University College London Hospitals NHS Foundation Trust	2
Whittington Health NHS Trust	2
North Central London ICB	2

For overall system oversight, NCL ICB played a key role in the collaborative recovery for NCL providers in segment 3. These were Royal Free London NHS Foundation Trust (RFL), North Middlesex University Hospital NHS Trust (NMUH), and the Tavistock and Portman NHS Foundation Trust (T&P). NCL ICB led on the monthly provider performance review meetings, focusing on the collaborative actions required to deliver sustainable performance improvements, the monitoring of exit criteria from SOF3 (jointly agreed with NHS England), and the measures that would enable an exit from SOF3.

RFL and NMUH monthly provider performance review meetings were held during the year to support the quarterly joint oversight meeting chaired by the NCL ICB Chief Executive

Officer (CEO). These quarterly meetings oversaw plans in place to address performance challenges and their associated risks during 2023/24.

SOF 3 - Royal Free London NHS Foundation Trust (RFL)

Monthly NCL ICB-led meetings focused on the provider challenges faced in UEC and cancer performance. Good progress was seen up to Q2 across the three UEC metrics, but the latter part of the year was more challenging and trajectories were not achieved for Q3 or Q4. While A&E 4-hour targets were not achieved towards the end of the year, performance incrementally improved despite increasing attendances. 12-hour performance was also impacted by patient volumes, so focus was on modelling regarding capacity and flow across sites.

RFL explored access alternatives to ED, and the maximisation of SDEC pathways and virtual wards utilisation; virtual ward capacity was developed to include a heart failure provision at Royal Free and Barnet sites. Plans implemented at the Barnet site to improve UEC performance included an ED performance working group taking a 'back to basics' approach, with exception reporting of underperformance and associated learning actioned within the ED department. At the Royal Free site, actions included the opening of a refurbished discharge lounge, the rollout of criteria to reside measures from June 2023, changes to bed meetings to ensure all first cases on every theatre list start on time, and a morning ICU/site meeting to reduce ICU elective cancellations. The medically optimised list introduced a barrier to discharge category for more insight and to enable the earlier escalation of delays to system partners.

RFL's cancer performance was mainly behind plan during Q1 and Q2 of 2023/24 but improved as the year progressed. Capacity was increased for cancer patients to make up for the loss of industrial action days, by changing the theatre timetable and increasing the running hours of the radiotherapy LINAC machines, with plans in place to increase diagnostic capacity through insourcing endoscopy at Chase Farm. With support from the NCL Cancer Alliance, additional capacity was secured through waiting list initiatives, mutual aid and use of the independent sector. The 2-week wait Telederm for skin cancer pilot continued during 2023/24, with plans in place to increase the number of slots. The pathway supported improved performance for 28-day Faster Diagnosis Standard (FDS) achievement. In addition, the prostate service recruited to all nursing roles to go live with a nurse-led prostate biopsy service with additional capacity.

Cancer waits remained above trajectory for most of the year, but recovery plans across all sub-tumour types were established. The services remained challenged given the increase in referrals. Services worked to deliver pathway improvements, including utilising digital pathways developed by internal clinical practice group programmes. Prostate operational, nursing and clinical teams implemented ‘Straight to Test’ pathways for MRIs and mapped out the capacity required to align the pathway to the best practice timed pathway. The multidisciplinary team in the breast service worked with NCL Cancer Alliance colleagues to implement a breast pain pathway, while the lower gastrointestinal (GI) team implemented the FIT<10 pathway, which was closely monitored to assess the impact on waiting times for patients suspected of having colorectal cancer.

RFL successfully reduced the number of patients waiting over 62-days on cancer pathways, from 415 patients, at the end of May 2023, to 282 patients by the end of March 2024, 22 patients ahead of the year-end trajectory.

The trust held a large portion of the endoscopy backlog in NCL, and delays occurred due to insufficient capacity. To increase capacity, RFL insourced endoscopy capacity and agreed additional mutual aid with Whittington Health, to staff the fourth endoscopy room on the Whittington site. This resulted in the colorectal backlog reducing by 93 patients.

NCL Cancer Alliance funding capacity was increased within gynaecology pathways, with additional theatre lists being delivered at the Hampstead site, nursing to support post-menopausal bleeding clinics and outpatient hysteroscopy clinics, which supported the gynaecology backlog to recue by 48 patients.

Delays in urology pathways were predominately due to waits for biopsy and a backlog built up relating to industrial action and an increase in referrals. Additional waiting list initiatives were put on, standard lists were increased on a sustainable basis to provide more capacity and NCL Cancer Alliance funding supported insourcing to deliver local anaesthetic biopsies, resulting in the urology backlog reducing by 49 patients.

Royal Free London NHS Foundation Trust SOF Achievement for 2023/24

Royal Free London			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
UEC	A&E 4-Hour Wait	*Trajectory*	*65.7%*	*65.7%*	*65.7%*	*65.7%*	*66.7%*	*68.2%*	*69.7%*	*71.2%*	*72.2%*	*73.2%*	*74.2%*	*76.0%*
		Actual	69.0%	66.7%	72.7%	72.4%	71.4%	67.3%	65.7%	64.1%	64.3%	66.1%	67.2%	69.5%
	12 Hours in ED	*Trajectory*	*8.0%*	*9.0%*	*9.0%*	*7.0%*	*7.0%*	*7.0%*	*6.0%*	*6.0%*	*6.0%*	*6.0%*	*6.0%*	*5.0%*
		Actual	8.0%	9.0%	6.9%	5.1%	7.1%	8.8%	9.8%	9.5%	9.6%	10.5%	9.0%	9.2%
	Ambulance Handovers %<30 Minutes	*Trajectory*	*68.9%*	*70.0%*	*69.7%*	*71.0%*	*70.2%*	*71.8%*	*72.0%*	*72.4%*	*72.1%*	*72.6%*	*73.2%*	*76.7%*
		Actual	69.2%	68.4%	71.6%	79.2%	75.6%	69.0%	68.3%	70.7%	63.0%	61.8%	65.0%	64.4%
CANCER	Faster Diagnosis Standard	*Trajectory*	*70.9%*	*72.2%*	*73.7%*	*73.7%*	*76.0%*	*77.2%*	*78.4%*	*69.5%*	*69.2%*	*71.6%*	*73.3%*	*75.2%*
		Actual	69.6%	66.5%	68.0%	69.4%	66.7%	68.9%	69.5%	71.1%	71.2%	66.4%	69.0%	69.3%
	Cancer 62-Day Backlog	*Trajectory*	*363*	*357*	*348*	*340*	*328*	*319*	*309*	*300*	*288*	*279*	*275*	*264*
		Actual	384	415	402	365	363	342	299	278	281	341	274	282
	Cancer 104-Day Backlog	*Trajectory*	*150*	*149*	*144*	*138*	*131*	*124*	*119*	*114*	*108*	*104*	*98*	*95*
		Actual	141	136	170	152	127	121	148	139	136	140	157	145

SOF 3 – North Middlesex University Hospital NHS Trust (NMUH)

Monthly NCL ICB-led meetings focused on the provider challenges faced in UEC and cancer performance. For the NHS England National Cancer Programme, NMUH were officially moved from Tier 1 to Tier 2 oversight in September 2023, and then out of tiering completely in Q3 2023/24. This was in recognition of the reductions seen in the 62-day pathway backlog, and also for the improving FDS performance.

Cancer performance overall against SOF exit criteria was achieved in the main for Q1 and Q2 in 2023/24, before more challenged achievement in the latter part of the year. Improvements were made in long waiters, specifically in lower GI pathways, where NMUH allocated increased endoscopy capacity to reduce endoscopy turnaround times. The trust also progressed works on a fourth endoscopy room, which will increase capacity further in 2024/25. To manage colorectal demand, NMUH continued to work with the NCL Cancer Alliance to implement a FIT<10 pathway to reduce the number of patients requiring a diagnostic procedure.

In Q4 of 2022/23, NMUH reduced the number of patients waiting over 62 days on cancer pathways, by 194 patients, so that the backlog stood at 111 patients at the beginning of April 2023. 62-day waits have continued to reduce throughout 2023/24 and at the end of

March 2024 the backlog was 83 patients. This was 2 patients below the year end trajectory.

A major challenge was seen within radiology, with a number of patients awaiting MRI reporting, which had an adverse impact on urology 62-day backlogs. To mitigate this, the NMUH utilised NHS England Tier Two funding for MRI and CT reporting capacity, which enabled them to fund an additional 100 CT and 100 MRI reports each month. Additionally, the NCL Cancer Alliance funded 2WTE Band 5 radiographers, which provided greater scanning capacity. This enabled the urology backlog to be reduced by 19 patients.

UEC performance remained challenged despite good performance during Q1. NMUH had various initiatives in place or planned for implementation, covering flow throughout the hospital. To help with flow challenges, NMUH made use of their GP 'Front of House Model' to tackle ED overcrowding and established their SDEC model on a permanent basis, which increased capacity within the department. The trust 'Go for Flow initiative' resulted in improvements impacting the main wards, as the number of patients discharged by midday increased and the cancellations of discharges on the day of discharge decreased. The initiative altered the flow of patients from the medical and surgical pathways, to assess patient needs and allocate to short stay or base wards with a clear medical plan.

North Middlesex University Hospital NHS Trust SOF Achievement for 2023/24

North Middlesex Hospital			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
UEC	A&E 4-Hour Wait	*Trajectory*	*66.5%*	*67.8%*	*70.7%*	*71.3%*	*72.1%*	*73.5%*	*74.3%*	*74.4%*	*70.9%*	*71.0%*	*74.3%*	*76.2%*
		Actual	68.2%	71.3%	68.7%	70.1%	67.6%	64.4%	66.1%	62.6%	59.6%	59.6%	61.9%	65.3%
	12 Hours in ED	*Trajectory*	*7.0%*	*7.0%*	*7.0%*	*6.0%*	*6.0%*	*5.0%*	*5.0%*	*4.0%*	*5.0%*	*4.0%*	*4.0%*	*4.0%*
		Actual	6.9%	6.7%	6.9%	7.0%	9.3%	8.2%	8.3%	8.7%	8.9%	9.3%	9.2%	8.9%
	Ambulance Handovers %<30 Minutes	*Trajectory*	*n/a*	*n/a*	*51.0%*	*53.0%*	*55.0%*	*56.0%*	*60.0%*	*62.0%*	*56.0%*	*60.0%*	*64.0%*	*67.0%*
		Actual	38.9%	33.6%	31.2%	49.6%	45.8%	39.4%	36.1%	37.3%	35.2%	29.6%	33.7%	37.4%
CANCER	Faster Diagnosis Standard	*Trajectory*	*57.2%*	*58.5%*	*61.5%*	*70.5%*	*68.7%*	*68.8%*	*70.7%*	*69.8%*	*72.8%*	*72.9%*	*73.0%*	*75.3%*
		Actual	63.9%	66.2%	66.7%	70.0%	70.0%	68.8%	62.7%	59.9%	58.4%	59.9%	72.6%	72.1%
	Cancer 62-Day Backlog	*Trajectory*	*120*	*115*	*110*	*105*	*100*	*100*	*95*	*95*	*90*	*90*	*90*	*85*
		Actual	102	110	85	85	71	82	106	111	123	93	70	83
	Cancer 104-Day Backlog	*Trajectory*	*65*	*64*	*62*	*59*	*55*	*52*	*47*	*42*	*39*	*36*	*33*	*29*
		Actual	57	63	52	65	47	44	45	52	55	41	51	58

SOF 3 - Tavistock and Portman NHS Foundation Trust (T&P)

Monthly performance meetings in 2023/24 focused on the development of plans for key workstreams aligned to agreed exit criteria and agreed milestones. The revised exit criteria and milestones were agreed and based on six themes: the Gender Identity Development Service (GIDS), long-term strategy, finance, leadership and governance, quality, and the Gender Identify Clinic (GIC) service. The oversight mechanisms include a monthly executive group focused on performance and improvement chaired by the ICB's Executive Director of Performance and Transformation, and an Oversight Board chaired by NHS England.

The exit criteria aligned to stated themes are set out below:

GIDS – commitment to demonstrating grip over the clinical and operational challenges of the GIDS service whilst it remains within T&P control. This includes the support for transferring services to the new model of care.

Longer term strategy – the development of strategy agreed with NCL ICB and NHS England, that is clinically, operationally, and financially sustainable. T&P will have in place a robust governance process to oversee and review delivery of the programme of work.

Estates – T&P will agree its estates requirements and an approach to the location of services, alongside an implementation plan aligned with NCL system requirements.

Strengthened board leadership and governance – T&P executive team responsibilities will be clearly set out, with a development plan in place. A robust organisation-wide governance structure will be implemented, with clear assurance processes at committees and through the board. The executive team will be regularly sighted on key risks and actions taken via appropriate escalation routes.

Strengthened organisational-wide governance – this will cover an updated freedom to speak up policy, alongside the board-approved People Plan. T&P will evidence that it has engaged with the NHS England Pricing and Costing Team and reviewed its finance team capacity to deal with information submissions. An agreed plan will be in place to deal with any identified capacity gaps and ensure ongoing compliance with the provider licence.

Updated quality framework – this will set out roles, responsibilities and escalation processes, including those regarding NCL ICB and NHS England where applicable. There will be evidence that incident and risk reporting systems are in place, and that the data is being used to drive learning and quality improvements.

Improvement of GIC productivity – productivity improvement will be driven by pathway redesign to close the gap to the national average.

GIC service control of clinical risks – T&P will endeavour to demonstrate a clear understanding of the clinical risks within the service, and the associated waiting list. T&P will undertake a process of agreeing a future partner trust for merger, which will support delivery of the longer-term T&P strategy.

NCL ICB is working with T&P to improve on these areas.

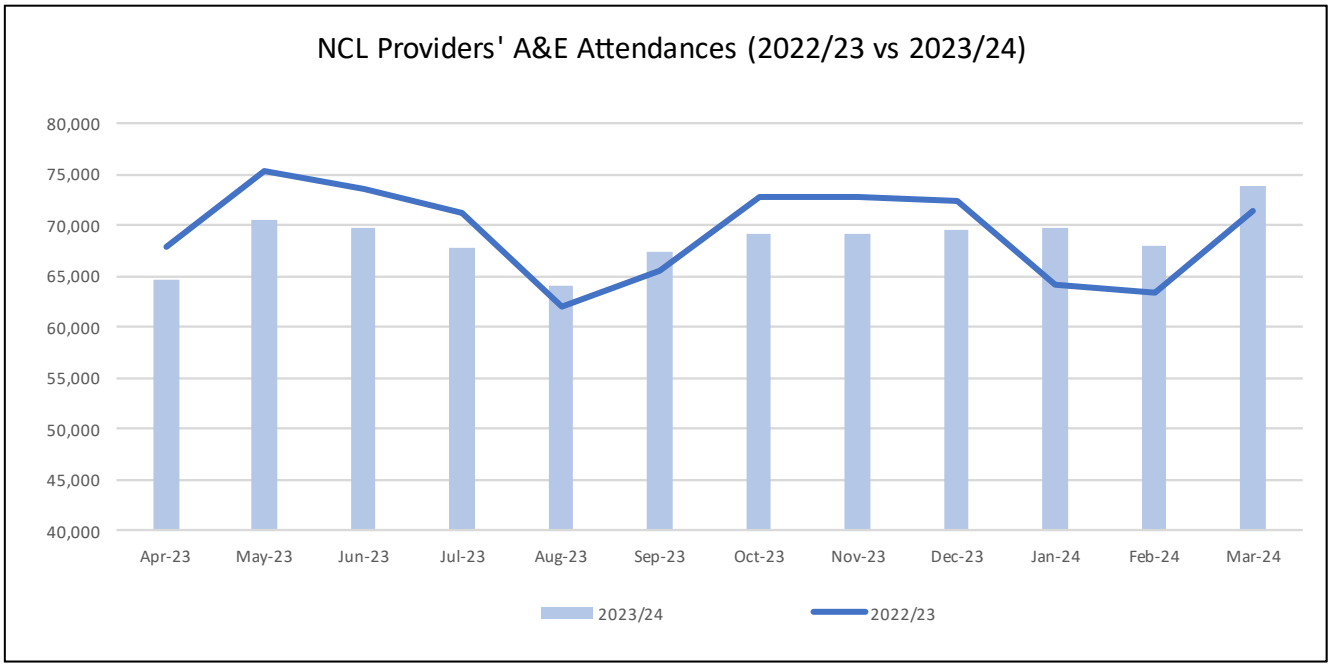
NCL system performance reporting and recovery

The NHS Constitution sets out the rights that patients, the public and staff have from their health service and is underpinned by a series of pledges. NCL ICB strove to deliver against these pledges and other operational performance standards during 2023/24, with patient safety and experience prominent, alongside improvements in access targets and outcomes.

Urgent and emergency care

A&E attendances were mainly below those seen in 2022/23 (on average, a year-on-year decrease of 1.1% across NCL), apart from Q4 2023/24 - where department capacity allowed, services made use of SDEC pathways to improve flow. Changes were made to improve ‘hot floor’ capacity (the area of the department allocated for new referrals) and reduce ambulance handover delays, with areas to assess and hold patients. Step-down beds in community and virtual wards created capacity to assist with patient flow, to counter delays to discharge due to patients with high acuity and complexity. NCL providers continued to report long lengths of stay and delayed discharges.

NCL Providers' A&E Attendances 2023/24



A&E 4-hour performance was challenged in-year, after the early months had initially met the 2023/24 Operating Plan trajectory. Despite the reduction in ED attendances, the acuity of inpatient cases and associated bed congestion led to long waits, with 4-hour performance not meeting trajectories from Q2 to Q4. Overall NCL performance has improved since December 2023, trending upwards towards 70% and this level is being sustained.

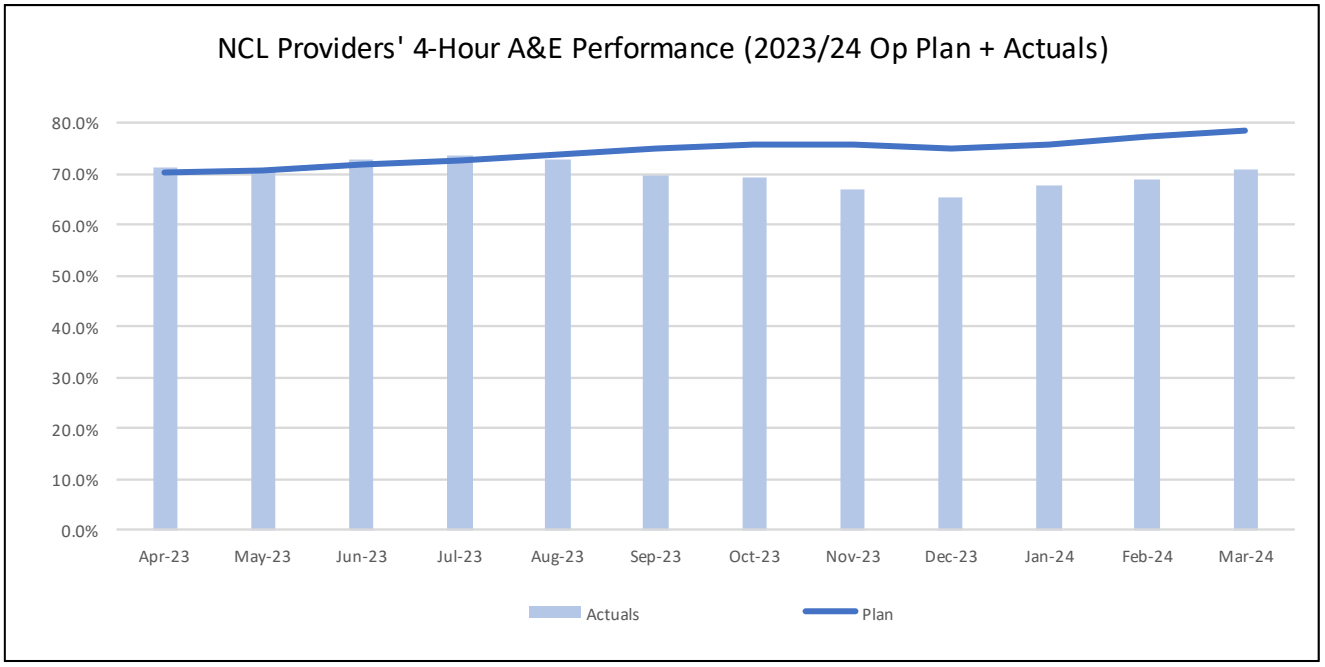
All NCL providers continued to work towards the national ambition of 76% 4-hour performance by March 2024, alongside improved performance for the number of patients waiting over 12 hours in ED. In agreement with NHS England, at the end of January 2024 providers reviewed their own internal systems and processes to support ED teams, to ensure that plans were in place to address priority areas. This supported the NCL system to see patients more quickly in EDs and get ambulances to patients quicker.

Five key initiatives were identified that underpin the improvement of access, and patients' experience of services, namely:

- streaming and redirection
- rapid assessment and treatment
- maximising the use of urgent treatment centres
- improving ambulance handovers
- reducing the time spent in department

Providers were tasked with reviewing and embedding plans aligned to this, as well as with using SDEC, urgent community response teams, and virtual wards.

NCL Providers' A&E 4-Hour Performance 2023/24



Ambulance response times continued to face difficulties throughout 2023/24, as most categories struggled against operational standards, although Category 1 (life-threatening illnesses or injuries) 90th centile performance continued to reach target throughout the year.

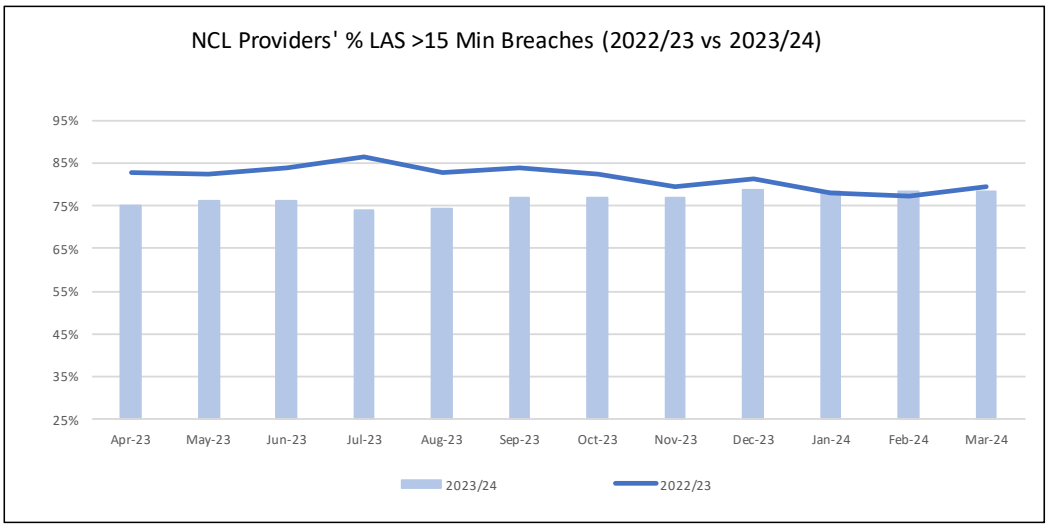
LAS response times for 2023/24

LAS Response Times	TARGET	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
C1 90th centile (mm:ss)	0:15:00	0:11:54	0:12:41	0:13:36	0:12:09	0:12:15	0:13:05	0:12:27	0:12:56	0:13:28	0:12:34	0:12:25	0:12:14
C1 mean (mm:ss)	0:07:00	0:07:09	0:07:33	0:08:01	0:07:12	0:07:23	0:07:39	0:07:22	0:07:36	0:08:00	0:07:25	0:07:21	0:07:11
C2 90th centile (hh:mm:ss)	0:40:00	1:10:26	1:37:12	1:43:45	1:11:39	1:16:28	1:29:19	1:23:46	1:30:46	1:58:07	1:22:51	1:22:25	1:14:05
C2 mean (mm:ss)	0:18:00	0:31:19	0:42:11	0:45:43	0:32:13	0:34:11	0:39:43	0:37:59	0:41:19	0:52:06	0:36:50	0:37:01	0:33:11
C3 90th centile (hh:mm:ss)	2:00:00	2:16:27	3:25:46	3:28:43	2:25:49	3:01:49	3:23:30	3:12:55	3:28:19	4:18:36	3:05:04	2:54:14	2:42:55
C4 90th centile (hh:mm:ss)	3:00:00	3:47:30	5:15:12	5:55:47	3:44:05	4:16:39	5:29:08	4:32:08	4:53:35	5:56:43	4:25:08	3:57:05	4:05:39

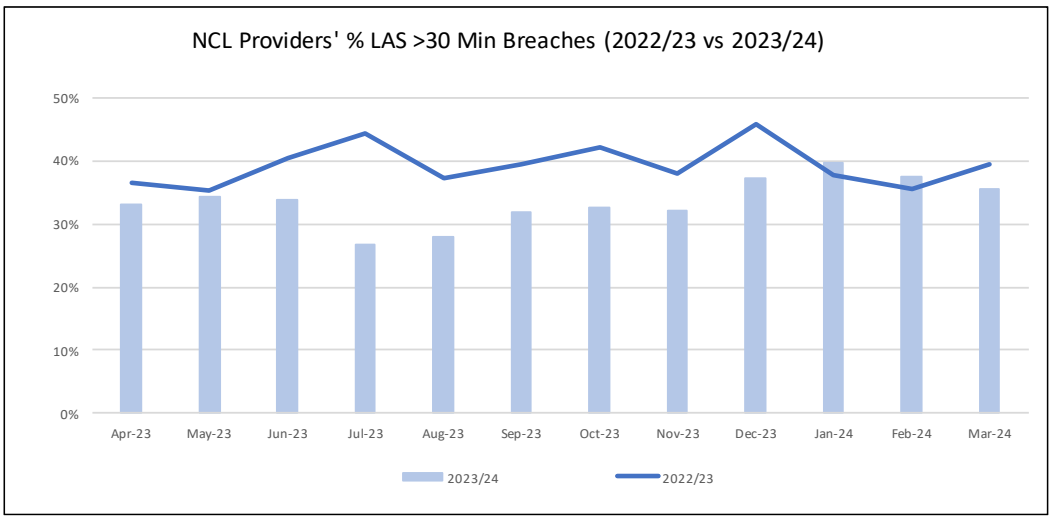
Overall, ambulance handover waits at NCL sites remained high during 2023/24 mainly due to patient flow challenges from EDs to wards and the volume of attendances. Reducing ambulance handover delays remained a key priority for the NCL system; there was an

improvement in LAS handovers greater than 15 minutes as well as 30 minutes, when compared to 2022/23.

NCL Providers' LAS breaches >15 Minutes 2023/24



NCL Providers' LAS breaches >30 Minutes 2023/24

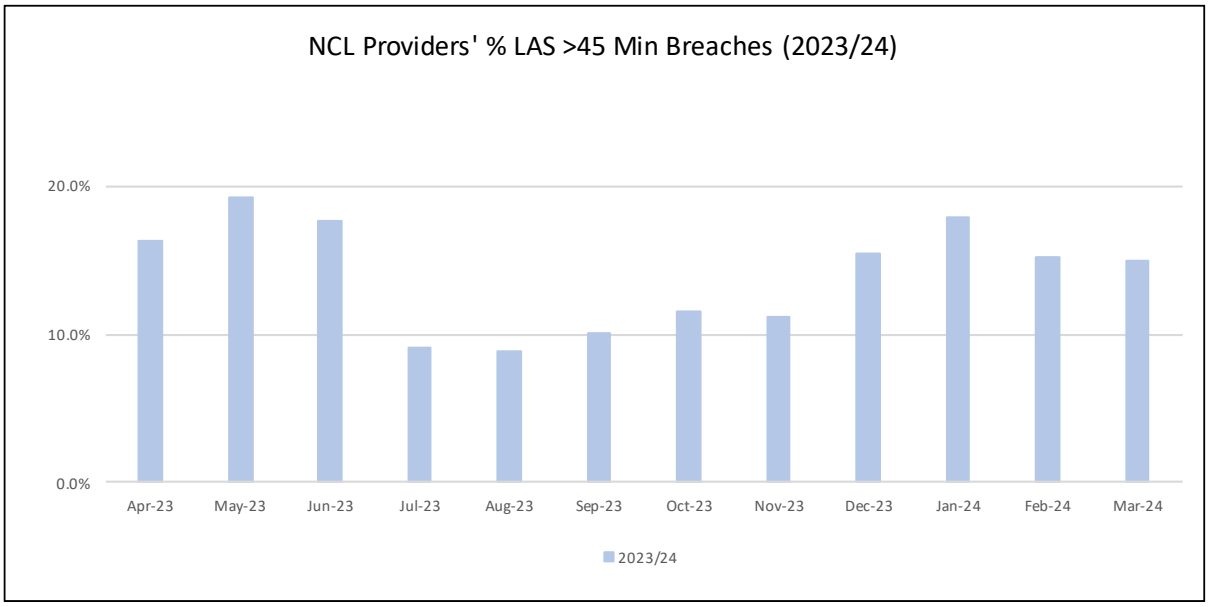


Priority actions to improve performance focused on maximising ambulance reception areas to increase capacity to off-load ambulances, patient cohorting (the process of handing over patient care to other ambulance service colleagues prior to the formal handover to the hospital, so releasing the arriving crew to attend other incidents) in conjunction with LAS, embedding proactive senior clinical handover leadership, and the enhancement of 'fit to sit' to reduce ambulance trolley waits. This was supported by the further embedding of SDEC pathways.

From Q2 2023/24 onwards there was a trial and implementation of the LAS 45-minute ambulance handover protocol, where intelligent conveyancing, departmental cohorting and expedited handover arrangements were implemented across London ED sites. LAS crews ensured that patients were stable, and informed hospital staff after the 45-minute window had elapsed, thus leaving them available to respond to ongoing callouts or other emergencies.

In July 2023 there was a significant improvement in the proportion of handovers occurring within 45 minutes, from 18% to 9%, and although performance remained challenged towards the end of the year, a positive impact has been seen in comparison to Q1 of 2023/24. Improvements in handover times will not only benefit those patients waiting at NCL EDs, but also those in the community, with improved ambulance response times.

NCL Providers' LAS breaches >45 Minutes 2023/24



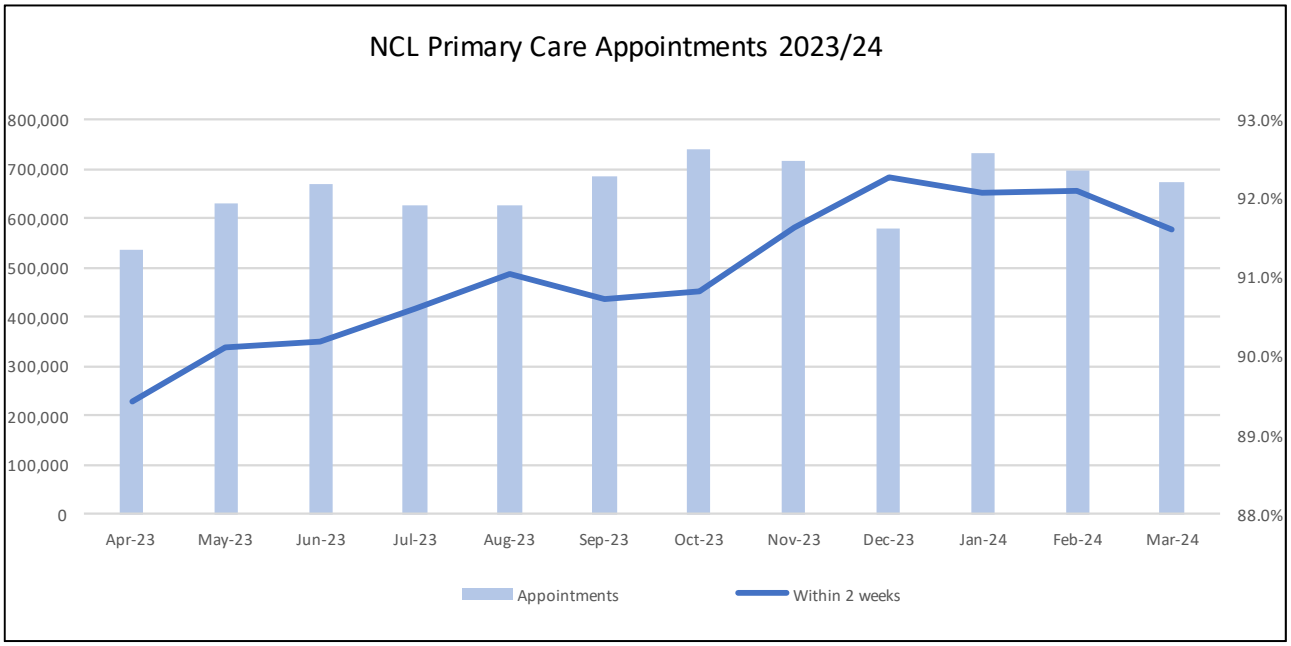
Primary care

As in previous years, core GP appointment activity continued to rise in 2023/24, with volumes up almost 5% on 2022/23 - NCL averaged 659,000 appointments per month over 2023/24, which is an increase of 30,000 a month on 2022/23 activity levels.

Despite this, NCL practices were still able to consistently deliver over the 90% national target for appointments within two weeks of the booking date, as well as regularly recording above the national average each month for the number of same day appointments.

The NCL-wide locally commissioned service focused on the identification and management of long-term conditions and launched in October of 2023. The service has an emphasis on personalised care planning and continuity of care for those who will most benefit. The service launch was accompanied by ongoing mobilisation support and training for practices, and for the first six months, practices were asked to target improvements in key outcomes for people with hypertension or diabetes. This new service will ensure that the focus on access to general practice is balanced by a commitment to protecting capacity for planned work, and proactive care for people with long-term conditions to help them stay well.

NCL Primary Care Appointments 2023/24



Cancer services

Performance of NCL cancer services remained challenged during 2023/24. Although challenges in the diagnostic phase of pathways continued to impact the number of patients waiting 62 days or longer, the backlog reduced in Q3 and into Q4. Good progress was made in-year in reducing patients waiting in breast, gynaecology, skin and lower GI pathways.

Faster Diagnostic Standard achievement was slightly below the 75% plan for 2023/24 in NCL, although UCLH was consistently around 75% during the year. Various provider-level mitigations were put in place to help clear waits and provide enhanced services. These included:

- NCL Cancer Alliance provided funding at Whittington Hospital for staff in breast and skin services to work weekends and overtime, to provide non-recurrent capacity, plus use of the independent sector in skin pathways
- a business case developed at NMUH to establish the right colorectal and urology clinical capacity for current demand, with a second business case for imaging to right size the imaging capacity to demand
- NCL Cancer Alliance funded gynaecology waiting list initiatives utilised in year at RFL, alongside a business case to right size the gynaecology establishment to current demand

The NCL Cancer Alliance continued to support a number of innovations led by providers across NCL. These aimed to deliver faster diagnosis, improve timely access to treatment, and enhance patient experience. These innovations covered:

- **skin** - continuing to support the implementation of teledermatology services at RFL and University College London Hospital
- **gynaecology** - options appraisal for a sustainable, long-term model of gynaecology diagnostics
- **breast** - optimising capacity through the development of an alternative pathway for breast pain only
- **colorectal** - pathway redesign, including discharge at endoscopy, and continuing to promote the FIT <10 pathway (for patients with blood in faeces but with a low risk of bowel cancer)
- **prostate** – 'medical image merge', contouring software roll-out with evaluation in Q4 2023/24 and redesign of the NMUH pathway

NCL Providers' Cancer metric achievement for 2023/24

NCL		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
28-day Faster Diagnosis Standard	*Plan*	*69.8%*	*72.1%*	*72.2%*	*74.3%*	*75.1%*	*76.0%*	*77.6%*	*73.0%*	*72.5%*	*73.9%*	*75.0%*	*76.3%*
	Actuals	69.8%	66.9%	67.9%	71.2%	69.9%	70.1%	69.0%	69.6%	71.6%	68.2%	73.5%	72.9%
Cancer 62+ Backlog	*Plan*	*748*	*725*	*701*	*679*	*651*	*637*	*609*	*592*	*578*	*559*	*541*	*515*
	Actuals	752	742	723	691	763	802	788	691	675	692	553	566
Cancer 104+ Waits	*Plan*	*340*	*346*	*324*	*307*	*291*	*271*	*256*	*241*	*237*	*230*	*211*	*199*
	Actuals	341	330	345	355	332	313	354	336	350	310	349	335

Elective care

NCL acute providers continued the focus on reducing the referral to treatment (RTT) time of the longest waiting patients, aiming to eliminate long waits. The loss of clinical capacity in both outpatient and inpatient programmes from industrial action continued to impact the total numbers of patients waiting, and also the long waiting patient cohort clearance rates. Both cancer and urgent pathways were prioritised during strike action. In NCL, industrial action reduced elective activity by 20-30% and outpatient activity by 10-20% for each strike day.

Although NCL providers have shown good recovery and service resilience, the inevitable effects of the recurrent industrial action throughout the year had a significant impact on elective capacity and patient waiting times. The majority of the longest waiting patients were attributed to capacity constraints across surgery and particularly affected the specialised and complex paediatric services across the sector.

Key 2023/24 NCL interventions to reduce waiting times remained in place and covered:

- referral optimisation – GP referrals managed appropriately first time
- improving productivity – assessment of theatre utilisation data to optimise usage, and the use of consultant connect and advice and guidance to manage relevant pathways in primary care
- increasing capacity – additional sessions to deliver more appointments and procedures
- outpatient transformation – innovative delivery including digital and patient-initiated follow-ups, with a significant emphasis on reducing outpatient follow-ups in line with national guidance
- mutual aid – reducing inequity in access through the sharing of resources, and redistribution of demand. Implementation of the National Digital Mutual Aid System (DMAS) and the Patient Initiated Mutual Aid Digital System (PIDMAS), and the local review of referral demand to balance activity and waits across providers through demand smoothing.

The NCL system continued to use the Planned Care Delivery Group for oversight arrangements, and ensure appropriate actions were taken to clear the backlog of long waits.

Based on NHS England provisional reporting of ICB achievement of elective targets within the Elective Recovery Fund, NCL had delivered 116% elective activity (of the 20019/20 baseline) against the assigned 2023/24 target of 103%. This ranked NCL ICB as the fourth best performing ICB of 42 in England.

NCL Providers' Long Waiters Achievement for 2023/24

NCL		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
RTT 52+ Waits	*Plan*	*5,962*	*6,624*	*6,392*	*6,088*	*6,297*	*6,182*	*5,546*	*4,910*	*4,208*	*3,840*	*3,368*	*3,088*
	Actuals	6,710	7,048	7,170	7,717	7,748	8,197	8,600	8,684	8,429	8,377	8,373	8,759
RTT 65+ Waits	*Plan*	*2,379*	*2,728*	*2,473*	*2,365*	*2,526*	*2,267*	*1,874*	*2,231*	*2,219*	*2,276*	*2,333*	*2,390*
	Actuals	1,250	1,391	1,527	1,611	1,964	2,167	2,269	2,162	2,495	2,529	2,177	1,650

Diagnostics

The proportion of patients waiting more than six weeks (backlog) improved during 2023/24. From Q2 onwards up until February 2024, NCL was the best performing ICB nationally against this metric. Backlog recovery plans were implemented by providers with support from the ICB and ICS diagnostic programme. This support was aimed at transforming services and maximising capacity, including the increased usage of community diagnostic centres at Finchley Memorial Hospital and Wood Green. NCL utilised imaging facilities (MRIs, CT scans and non-obstetric ultrasounds) at Finchley Memorial, and average activity was recorded during Q4 of 2023/24 in excess of 750 scans per week. Similarly at Wood Green, imaging facilities were utilised, and here the Q4 average of scans stood at over 700 per week.

The NCL system remains on track to achieve the national ambition of no more than 5% of patients waiting more than six weeks by March 2025. The NCL ICB-led Planned Care Delivery Group continued to oversee NCL System diagnostic performance fortnightly, alongside monthly imaging and endoscopy boards.

NCL ICB diagnostic backlog % of total waiting list for 2023/24

NCL		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Diagnostics	*% Backlog*	*10.8%*	*11.0%*	*10.2%*	*9.7%*	*11.3%*	*9.8%*	*8.6%*	*7.6%*	*9.6%*	*9.8%*	*9.0%*	*11.1%*
	National Rank	2nd	2nd	2nd	1st	1st	1st	1st	1st	1st	1st	1st	3rd

Mental health services

Services in NCL continued to face challenges across the system as they strived to meet performance targets. NCL ICB programme funding and service development funding continued to help toward the delivery and achievement of the Mental Health Investment Standard and Long-Term Plan priorities. NCL ICB has achieved the Mental Health Investment Standard (MHIS), which is subject to final accounts and external audit. The ICB has recently received confirmation from external audit that the MHIS was achieved in 2022/23. Digital technology was used alongside virtual appointments, and NCL continued the use of mental health and wellbeing staff resilience hubs to increase support.

Talking Therapies (TT) access targets were challenged during 2023/24, with the key drivers of underperformance relating to workforce recruitment and retention, coupled with a reduced number of trainees allocated to services. Providers continued their recruitment and staff wellbeing campaigns, commissioning capacity from voluntary care and digital providers, as well as increasing outreach to Black, Asian and Minority Ethnic (BAME) and other protected groups to improve performance. In addition, to improve access pathways and referral management NCL TT services looked to implement digital systems to automate patients' reminder notifications to reduce DNAs.

NCL continued to use more out of area placement (OAP) beds than planned, due to high bed occupancy and long hospital stays. The North London Mental Health Partnership worked with system colleagues to reduce the reliance on OAPs, and to facilitate this a ten-step discharge plan based on the quality improvement approach was implemented. This aimed to reduce patients' mean length of stay and improve flow by focusing on three key processes: pre-admission, inpatients, and discharge. While performance in year did not reach targets, Q4 data for 2023/24 shows 539 OAPs recorded, which is a significant reduction on the Q4 2022/23 value of 1,556.

Community access for children and young people performed well during the year and achieved target for 2023/24. The NCL system set up the Mental Health Support Team (MHST) Network to monitor progress against key delivery areas and share activity data. A key aspect of this was sharing good practice and learning in respect of the capture of data, and the performance of these teams, as key contributors to the NHS Long Term Plan access ambitions. Access to services for children and young people at schools who were

supported by MHST increased, with a planned increase from 16 to 19 MHST in place for NCL in 2024/25.

Adult community waiting times also ran to target for 2023/24. NCL expanded the use of outcome measures and addressed long waiters through embedding 4ww monitoring, supported by a new local dashboard to highlight waiting times data. Success in using the NCL Community Mental Health roadmap (which sets out the key milestones and deliverables that underpin the transformation of community mental health, as set out in the Community Mental Health Framework), was achieved through rollout to core teams and integration with VCSE organisations. Boroughs varied their core offer to fit with place-based structures around primary care, social care and the third sector. Enhanced capacity at the front door to offer clinical and non-clinical interventions to support people, also contributed to good in-year performance.

NCL mental health achievement for 2023/24

NCL - Mental Health Measures	TARGET 23/24 - Q1	Apr-23	May-23	Jun-23	TARGET 23/24 - Q2	Jul-23	Aug-23	Sep-23	TARGET 23/24 - Q3	Oct-23	Nov-23	Dec-23	TARGET 23/24 - Q4	Jan-24	Feb-24	Mar-24
Talking Therapies access	11,088	2,990	6,055	9,045	22,175	11,915	14,665	17,310	33,263	20,080	23,151	25,421	44,350	28,981	32,026	34,696
CYP access - One contact	16,822	19,072	19,106	19,404	18,075	19,579	20,023	20,249	19,327	20,453	20,739	21,224	20,579	21,616	22,028	22,170
Dementia diagnosis rate 65+	67.0%	66.3%	67.2%	68.0%	67.0%	67.9%	67.9%	68.0%	67.0%	68.2%	68.2%	68.2%	67.0%	67.5%	67.5%	67.2%
Inappropriate OAP	578	221	390	594	392	241	377	683	155	420	618	1,042	0	173	257	593
Accessing perinatal mental health	275	351	498	612	550	709	771	851	948	944	1,040	1,135	1,347	1,257	1,355	1,466
Severe mental illness - physical health check	13,498	12,728	11,972	11,388	13,674	11,124	10,981	11,008	13,851	11,063	11,194	11,343	14,028	11,914	12,792	14,507
Adult Community Access	16,627	18,529	18,810	19,104	18,248	19,388	19,783	20,019	19,870	20,372	20,624	20,793	21,491	21,007	21,229	21,244
Learning disabilities - annual health checks	12.4%	2.8%	7.7%	14.4%	29.4%	21.0%	27.3%	32.6%	49.2%	38.6%	47.7%	52.8%	75.0%	59.7%	68.4%	78.1%
Learning disabilities - adult inpatients (ICS)	23	21	23	25	23	26	26	25	23	20	19	18	23	15	14	TBC
Learning disabilities - adult inpatients (NHSE)	17	18	22	22	16	22	23	24	15	24	23	23	14	33	22	TBC
Learning disabilities - CYP inpatients	8	6	7	5	7	7	6	7	6	8	9	7	5	11	11	TBC

Mental health

In 2023/24 NCL ICB expenditure on mental health services as reflected in the Mental Health Investment Standard (MHIS) is forecast to be £377.5m, an increase of £32.1m (9.29%) from the 2022/2023 financial year. Mental health investment expenditure now accounts for 11.9% of the ICB's programme allocation, compared to 11.7% in 2022/23 as shown in the table below. In 2023/24 NCL ICB is therefore expecting to achieve the Mental Health Investment Standard (MHIS) subject to final accounts and external audit. The ICB has recently received confirmation from external audit that the MHIS was achieved in 2022/23.

Mental health investment expenditure

Financial Years	**2023/24 FOT AT M11**	**2022/23**
Mental Health Spend (MHIS)	**£377.5m**	**£345.4m**
ICB Programme Allocation	**£3,163.6m**	**£2,958.5m**
Mental Health Spend as a proportion of ICB Programme Allocation	**11.9%**	**11.7%**

NCL ICS is in the second year of the core offer implementation plan for adult and children and young people's mental health services. The core offer is designed to improve population health outcomes associated with mental health services. Additionally, the core offer for mental health services will ensure equitable access to mental health services that respond to the needs of our communities across North Central London. We are tracking the impact of our core offer implementation through a community and mental health outcomes framework that we have developed, which is aligned to NCL's Population Health and Integrated Care Strategy.

Our core offer includes the key deliverables outlined in the NHS Long Term Plan and responds to the specific needs of different population groups, so that all residents in NCL who need mental health support can receive timely and appropriate care based on their holistic health needs. NCL has seen an increase in demand for mental health services across all age groups. We have developed plans to address this growing demand through increased capacity, innovation and system-wide working with partners.
Our core offer plan was co-produced in 2021/22 with a wide range of service users, patients, and carers groups, as well as voluntary and community sector organisations across NCL. We recognise the valuable insight that people with lived experience bring to service development and improvements, and this is a central tenet of our approach.

Key achievements in mental health (adult and children and young people's mental health services (CAMHS)) during 2023/24 included:

- increased investment into a range of CYP MH core offer gaps and Long-Term Plan ambitions has delivered an increase in 1+ contacts access to CYP MH services in NCL (12 month rolling total) from 15,600 in November 2022 to 17,620 In November 2023. The median waits to first contact have reduced in all NCL CAMHS providers to below 25 days and in the case of the largest provider 10 days. We have also seen a 30% reduction in 90th percentile waits for first contact in all NCL CAMHS providers between August and November 2023.
- continued investment into CYP specialist and community eating disorders services has delivered a comprehensive pathway alongside sustainable performance. >95% of routine eating disorders cases were seen consistently within the 4-week target in Q3, and >85% of all urgent cases were seen within the 1-week target (100% in quarter 2).
- expanding and developing our community mental health services for adults with severe mental health illness (SMI) in line with the community mental health framework, which delivers a holistic model of care wrapped around primary care and integrated with social care and VCSE support. We are making rapid progress in increasing access to community MH services, with rollout of personalised care planning and outcome setting via Dialog+, which is supporting our efforts to tackle inequalities through core delivery of services. The continued development of these teams has meant that we can see more people faster, facilitating more equitable access and improving experience of care and better outcomes. In 2023/4 we saw over 21,000 people in core teams, an increase in 5,000 from 2022/23.

- working in partnership with our academic partners we have developed our ‘Longer Lives’ strategy which sets out a wide range of deliverables in mental health and key physical health pathways, with the overarching aim of reducing the mortality gap experienced by people with a SMI.
- in partnership with South London Partnership (SLP) we launched a north and south s136 hub in 2023, serving the whole population of London. The hub is staffed by a team of clinicians operating 24/7. It supports officers from all of London’s principal police forces in managing individuals who are detained or at risk of being detained under section 136 of the Mental Health Act. In the first quarter of operation we saw a 28% reduction in the number of people detained under the Mental Health Act and a 56% reduction in people attending emergency departments.
- throughout 2023/24 we worked with our mental health trusts and NHS England to develop and implement the Long-Term Plan ambition of ensuring 24/7 all age, open access to urgent help for mental health via 111. The service was partially mobilised in 2023/4, moving to full implementation in April 2024.This brings us closer to achieving ‘parity of esteem’ where mental health is valued parallel to physical health to close the inequalities in mortality, morbidity, and delivery of care.
- we continued to develop our crisis pathways across NCL, including increased investment for crisis alternatives such as crisis cafes, and an independent evaluation of our models to further improve delivery in 2024/25.
- improving access to NHS Talking Therapies to ensure that residents from all communities find these services accessible. NCL Talking Therapies psychological interventions are available in over 20 languages and offer holistic assessments and interventions such as cognitive behavioural therapy (CBT) for depression, anxiety, and other common mental health disorders. We have experienced challenges in meeting our access targets and work is underway with our providers to improve performance.
- a review of maternity services in 2022/23 highlighted that access to perinatal mental health services for NCL residents was not in line with demand. To address this, the ICB has increased access to evidence-based care for women with moderate-to-severe perinatal mental health difficulties or complex needs. This includes extending the period of care from pre-conception to 24 months after birth alongside increased access to psychological therapies, peer support, and assessing partners of the women. We have previously experienced workforce challenges in our perinatal services; however, our providers have worked tirelessly to increase workforce capacity meaning we exceeded our North Central London national access target of 1,347 in 23/24.

- we are committed to reducing inappropriate acute mental health admissions to zero in line with NHS England targets. As of November 2023, NCL had the second lowest number of inappropriate out of area bed days across London and work continues with providers to move us to a zero-position next year.

Learning disabilities and autism

NCL ICB has a transformation programme in place to help improve the lives of people with a learning disability and/or who are autistic and help them to build a better future. The Learning Disabilities and Autism (LD&A) Programme aims to support adults, children and young people with learning disabilities and/or autism. It is a combination of nationally prescribed objectives around complex care management, and local identified priorities to reduce LD&A health inequalities. NCL ICB is focused on:

- increasing support and care in the community and the quality of this support to prevent people needing to into hospital, to help them to come out of hospital quicker and ensure least restrictive practices
- increasing satisfaction levels of those using intensive support/crisis services
- increasing the use of person-centred plans and life planning.

In 2023/24 we continued to focus on the objectives of the NHS Long Term Plan in relation to people with learning disabilities and autism, including reducing the use of inpatient settings and supporting improvements in health outcomes and quality of care.

Key achievements in 2023/24 included:

- ca. 6,000 people with a learning disability received an annual health check, indicating we are on track to meet the national target of 75%
- in January 2024 we had 44 adults with a learning disability and/or autism in an inpatient setting, just above the target of 43
- the number of deaths of people with a learning disability reduced significantly in 2023/4, compared to previous years
- as part of the Mental Health, Learning Disability and Autism Inpatient (MHLDA) Quality Transformation Programme, we worked with partners to co-produce our 3-year plan to localise and realign mental health, learning disability and autism inpatient services
- fully establishing the children and young people’s keyworker services and Transforming Care Prevention and Support service to provide intensive support as needed to help a young person avoid admission to hospital.

Children and young people (CYP) safeguarding

Introduction

Safeguarding has a fundamental role in the ICB's commissioning, assurance, and contractual processes. In line with the NHS England: Safeguarding Accountability and Assurance Framework (2022), NCL ICB has robust governance and accountability arrangements in place which ensure that safeguarding is core business and that the ICB continues to meet its statutory duties.

Safeguarding responsibilities

The safeguarding team supports and advises the ICB Executive and Board of Members and provides regular reports and assurance through internal governance structures. This includes reports to the ICB's Quality and Safety Committee.

The engagement of children and families to inform practice and influence service provision, development, delivery, evaluation and improvement is integral to the ICB's and health providers' Section 11 submissions (these help to ensure services are discharged having regard to the need to safeguard and promote the welfare of children).

Hearing the voice of children and young people and understanding their journey through health services is a key element of the regular commissioner and provider engagement meetings.

There will be further work in the coming year to further develop the ICB/ ICS health safeguarding system assurance, ensuring that the voice of children, young people and adults with care and support needs are heard and are integral to our safeguarding assurance structure.

The ICB continued to meet its obligations as a statutory partner on all five borough safeguarding children partnerships and safeguarding adults boards. This included the attendance of the Director of Safeguarding and Director of Quality, as well as active participation of our Designates. The most recent published reports from our partnerships/boards are linked below:

Safeguarding children

Barnet:

bscp_final_annual_report_22-23.pdf (thebarnetscp.org.uk)

Haringey:

https://haringeyscp.org.uk/assets/1/haringey_safeguarding_partnership_annual_report_20-21_v3.pdf

Islington:

https://democracy.islington.gov.uk/documents/s34490/2.a%20ISCP%20Annual%20Report%202021%20to%202022.pdf

Camden:

https://cscp.org.uk/wp-content/uploads/2024/01/Camden-Safeguarding-Children-Partnership-Annual-Report-2022-23.pdf

Enfield

https://www.enfield.gov.uk/__data/assets/pdf_file/0031/49558/Safeguarding-Children-Annual-Report-2022-23-FINAL.pdf

Safeguarding adults

Barnet

https://www.barnet.gov.uk/sites/default/files/2023-03/BSAB%20annual%20report%202021-22%20.pdf

Haringey

https://www.haringey.gov.uk/sites/haringeygovuk/files/hsab_annual_report_2022-23_final.pdf

Islington

https://www.islingtonsab.org.uk/annual-reports

Camden

https://www.camden.gov.uk/documents/20142/25239190/SAPB+Annual+Report+2021-2022.pdf/baefaea2-7318-71e2-e9bc-497934d54712?t=1676046142454

Enfield

https://mylife.enfield.gov.uk/media/38349/hhasc442-safeguarding-enfield-annual-report-2022-23.pdf

Child Protection-Information Sharing

The Child Protection-Information Sharing (CP-IS) programme assists information sharing between the local authority and health. CP-IS identifies and safeguards unborn babies and children who are subject to a local authority Child Protection Plan when attending

unscheduled healthcare settings across England. Throughout the reporting year NHS England progressed the delivery of phase 2 of the Child Protection Information System (CP-IS), which included the expansion of the current service into the following health care settings:

- primary care: general practice
- mental health: child and adolescent mental health services
- sexual health: sexual assault referral centres
- sexual health: termination of pregnancy services
- 0-19 services: school nursing and health visitors
- community paediatrics: planned and direct access to wards
- dentistry: emergency and routine appointments

Many of our providers in NCL were involved in this rollout as early adopters.

Violence against women and girls

The designated professionals for safeguarding are key strategic partners across the five boroughs and represent the ICB at borough strategic violence against women and girls (VAWG) boards.

In September 2023 the ICB presented its pledges underpinning the pan-London framework to implement a public health approach in tackling violence against women and girls at the "VAWG is everyone's business" summit. The summit was facilitated by the Mayor's Office of Policing and Crime (MOPAC).

VAWG pledges

1. We will recognise all forms of violence against women and girls in everything we do
2. We will embed action to end perpetration of violence against women and girls
3. We will work together as London to actively tackle violence against women and girls
4. We will strengthen workplace safety to end all forms of violence against women and girls
5. We will promote a collaborative learning environment to address all forms of violence against women and girls
6. We will ensure an anti-misogynistic environment

We continued to support our commissioning and contracting colleagues to monitor health commissioned domestic abuse services, including the Independent Domestic Violence Advocate (IDVA) service, which is co-located in acute and mental health NHS trusts across NCL. Specific perpetrator awareness programmes and IRIS (identification and referral to improve safety), a programme for general practice, provide specialist in-house domestic abuse training for general practice functions and a named advocate educator to whom patients can be referred for support.

Children looked after and care experienced

Designated NCL ICB looked after children (LAC) professionals support the learning, planning and implementation of actions from children's safeguarding reviews with their expert knowledge of health for LAC and care experienced (CE).

Inequalities in health remain for our LAC and CE and addressing these is a key priority for the ICB and the LAC designated professionals. NCL ICB was successful in becoming a pathfinder for supporting CE into health-based careers as part of the Care Leavers Covenant, which is now being rolled out nationally. The focus from the Care Leavers Covenant is free prescriptions for CE. Funding was approved and all eligible Care Leaves can now access free prescriptions across NCL.

NHS England National Safeguarding Team launched ICB national reporting on LAC Initial Health Assessment and Review Health Assessment data (IHA/RHA) which started in Q1 2023/2024. This forms part of and strengthens ICB safeguarding assurance and planning regarding the needs for CLA. Currently, there are variations in how data is captured across NCL and work is being undertaken to unify these processes to enable full NCL-wide reporting by the end of Q4 2023/24.

	Barnet		Camden		Enfield		Haringey		Islington		Total	
	LAC	CE	LAC	CE	LAC	CE	LAC	CE	LAC	CE	LAC	CE
Q1	325	503	222	489	435	305	377	453	326	608	1685	2358
Q2	342	521	226	X	427	305	367	X	318	510	1680	X
Q3	350	517	208	X	411	293	367	X	301	499	1637	X
Q4	349	330	208	X	420	286	333	X	295	549	1605	X

X – Data not available from Local Authorities

Unaccompanied asylum seekers (UASC)

When identified as children, they are accommodated by the local authority and require an initial health assessment (IHA), in line with statutory requirements. The main issue is that although there appears to be a decline in numbers of UASC across NCL, many come in at an older age and there is an increasing representation in the care experienced cohort. This has implications in terms of transitions around this group of young people who have very particular (health) needs related to their trauma and journey.

Attendance at the infectious diseases and sexual health clinic following an IHA is quite poor despite the efforts of the health team. Immunisation uptake is poor which reflects the short period of time they are accommodated before they become care experienced. The looked after children's providers, designated professionals, and commissioners continue to work jointly to identify additional resources to meet the needs of this cohort.

Environmental matters

NCL Green Plan

The ICB and its NHS trust partners launched the North Central London (NCL) Integrated Care System (ICS) Green Plan 2022 – 2025, which is our plan within the ICS to improve health and wellbeing through sustainable healthcare. NHS trusts signed off their individual green plans in January 2022, with the NCL ICS as a partnership agreeing the ICS Green Plan in March 2022. We are therefore in mid-delivery of the plan and progress is reflected below.

We know that the NHS is responsible for 4% of England's carbon footprint, and the national Greener NHS plan (on which our NCL plan was based) was launched in October 2020. The overall national targets relate to the need to:

- achieve net-zero for emissions controlled directly by the NHS (NHS Carbon Footprint) by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- achieve net-zero for emissions that the NHS can influence (NHS Carbon Footprint Plus) by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

NHS England's latest position on our 10 NCL-based NHS Trusts estimates the total NHS associated emissions was 143,660 tonnes of carbon dioxide gas equivalent emissions (tCO_2e) in 2021/22 from a combination of energy and estates, travel and transport, anaesthetics gases and medications, food waste and water. This provides a 'call to action' for our NCL ICS Green Plan 2022-2025, and we are awaiting national updates on our progress so far beyond 2021/22.

The objectives in the NCL ICS Green Plan should be seen in a broader context than that of environmental sustainability, as the health issues our communities and population face are, at least in part, a function of the environmental issues they face, e.g. in terms of air quality, and such issues often affect already health disadvantaged communities and groups inequitably.

The objectives of the NCL ICS Green Plan therefore relate to the role the plan can play in helping address a wider set of outcomes:

- delivering better and more sustainable healthcare; improving health outcomes and reducing emissions

- improving health and addressing inequality
- prioritising activity which is having an impact on our communities and local environment such as transport

The NCL ICS Green Plan includes partners' commitment and specific actions on several topics to progress towards the above targets. The plan focuses on activities partners can take to progress:

- medicines and equipment, such as inhaler utilisation or volatile anaesthetic gases
- improved estates and energy generation
- staff and patient travel and transport
- more localised and environmentally friendly supply chains
- influencing external providers that the NHS commissions to improve their own environmental sustainability, including through formal contracting process

The ICS Green Plan is led by a partnership group with strong executive representation and chaired by the Chief Executive of the Royal National Orthopaedic Hospital (RNOH). The group monitors partners' progress in the above areas.

Progress update

As noted, we are currently waiting on nationally collected data on our key emission reduction targets for 2022/23, which is the first year of delivery of the Green Plan. However, our local intelligence shows us that so far:

- **medicines and equipment:** we saw reductions in emissions associated with primary care management of inhalers, particularly during 2022/23 and 2023/24 In fact, we have met the targets to reduce inhaler emissions in advance of the national deadline, with these emissions estimated to have fallen by nearly 47% to 10,378 tonnes (tCO_2e) between 2019/20 and 2023/24. Progress against reducing utilisation of anaesthetic gases has been more mixed over this period, with most, but not all Trusts in NCL, reporting they have progressed plans to reduce nitrous oxide emissions. However, one type of volatile anaesthetic gas - desflurane – was reduced to <1% of all volatile gases used in surgery in 2023/24, better than the national target of 2%.

  Our improvements extend beyond our NHS Trust buildings and into people's homes. For example, Great Ormond Street Hospital (GOSH) developed integrated air quality alerts based on a patient's home postcode and provided guidance to staff to support proactive conversations with patients.

- **estates and energy generation:** NCL ICS has made some progress in this area in terms of developing more environmentally sustainable facilities associated with developments such as start well centres for young children and their parents or surgical hub re-design. 80% of our NCL NHS trusts now purchase all their electricity from renewable sources, higher than the corresponding proportion across London (60%). Our focus goes beyond these areas to reduce waste and improve recycling more generally, including small but important changes we can all make. For example, the ICB has enacted proposals from members of the Greener NCL ICB Staff Network to make the office more environmentally sustainable, e.g. by switching to recycled paper and using reusable crockery etc.
- **staff and patient travel and transport:** 65% of our trusts now offer three or more transport schemes to staff or patients that are more environmentally friendly than the alternative, and whilst further progress needs to be made, this figure is at least similar to London as a whole. For example, the Central London Community Health (CLCH) NHS Trust completed an e-bike trial as part of improved opportunities to cycle to work for staff.

  NHS trusts have also gradually switched to more environmentally sustainable vehicles, with over half now purchasing or leasing solely vehicles that are ultra-low or zero emission vehicles.
- **supply chains and commissioning external providers***:* in line with the national NHS Green Plan and NHS procurement guidance, NCL ICB now requires all its prospective external providers for major (>£5m per annum) procurements to submit and then progress carbon reduction plans in the delivery of their services.

  In addition, the ICB also requires prospective providers to respond to a procurement requirement to include a minimum 10% net zero and social value weighting in new procurements, where this is applicable. Our NHS trusts are also gradually moving to these new national procurement requirements in their own contracts.

The NHS role as an anchor

‘Anchor institutions’ are large and locally rooted organisations such as councils, colleges, universities, NHS trusts and big businesses with local headquarters. They can play an important role in impacting the wider determinants of health and addressing health inequalities. NCL ICS partners identified that there were opportunities for NHS

organisations to address population health priorities based on the concept of these organisations operating as ‘anchor institutions’ in the following areas:

- environmental sustainability and estates (both discussed previously in the environmental matters section, from page 41), for which there is a NCL ICS Green Plan 2022 – 2025
- procurement, with the drive towards procuring more locally in NCL
- workforce, recognising the fact that the NHS is the largest organisation in the UK, and supporting staff with their health and wellbeing (as well as employment) means supporting our local population
- civic responsibility so that our NHS organisations are adequately supporting local people, including those who may be more vulnerable, to improve their health, wellbeing and life chances, such as finding and retaining employment

The ICS continues to be part of the national Health Anchors Learning Network action learning set to share learning across London and beyond on these areas.

In 2023/24, we have made progress in several areas based around a common approach to anchors across our trusts.

NCL ICS has already met the 2024/25 London target for 71% of NHS organisations to become a London Living Wage (LLW) employer for the staff they employ, with plans for our remaining trusts to become LLW employers in the future.

We have worked with our NCL Training Hub, which supports people into employment, to improve their recruitment and training platform into health and social care employment. We have also trained Job Centre Plus staff on health and social care job opportunities and funded seven VCSE organisations to deliver targeted pre-employment support for those people those furthest from employment, with 30 learners completing this course.

As part of the NHS’s civic responsibilities, the ICB, its NHS trust partners and councils have been working together to strengthen its relationships with the Voluntary, Community and Social Enterprise (VCSE) Sector, particularly through the NCL-wide VCSE Alliance of organisations representing the sector across the five Boroughs. This resulted in the ICB developing both its VCSE Sector and Community Empowerment Strategies in conjunction with the Alliance. These set out the aspirations for supporting and working together with

the sector collaboratively. This strategic approach has led to agreement of the need to take forward these joint conversations about VCSE investment in 2024/25. (Further information regarding this work, and examples of public- and VCSE-sector collaborations in the engaging people and communications section (from page 57), and the reducing health inequalities section (from page 77) of this report.

Improve quality

Introduction

The quality and safety of services commissioned across the North Central London Integrated Care System (NCL ICS) and the experiences of our residents and others using them is a key priority for the system and the Integrated Care Board, as set out in the Population Health and Integrated Care strategy.

Throughout 2023/24 our ICB Quality function worked collaboratively with all our acute, specialist, community, and mental health providers, as well as with our ICB colleagues in primary and complex care, to ensure that quality, safety, and positive patient experience remained central to their work. This work includes oversight of provider quality and safety strategic and operational activities, including patient safety and patient experience, along with relevant quality improvement (QI) initiatives. We have reviewed provider progress against priorities identified within 2023/24 quality accounts, alongside performance against infection prevention and control (IPC) and antimicrobial stewardship.

Providers across NCL continue to have positive working relationships with the quality team, inviting them to attend their stakeholder events during spring 2024 to contribute to their quality priorities for 2024/25.

The System Oversight Framework (SOF) guidance, published in July 2023 https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf, set out the approach of oversight of services as set out by the National Quality Board (NQB) https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/

The ICB's quality team worked collaboratively with the performance and transformation team supporting recovery programmes for NCL providers currently placed in Segment 3 of the SOF; these are, the Royal Free London NHS Foundation Trust (RFL), North Middlesex University Hospital NHS Trust (NMUH) and the Tavistock and Portman NHS Foundation Trust (T&P).

NCL ICB led monthly provider performance review meetings throughout the year, focusing on urgent and emergency care, referral to treatment (RTT) and cancer, service and quality improvements, governance, and finance. These meetings focused on the collaborative actions required to deliver sustainable performance and quality improvements, the establishment of exit criteria from SOF 3, and the measures that would enable an exit from SOF 3.

We worked closely with other regulators such as CQC and OFSTED, ensuring that our residents are in receipt of high-quality funded care that provides health and care for NCL residents across NCL and nationally through continuing healthcare, funded nursing care and complex individualised commissioning through our complex care function.

Care Quality Commission (CQC)

CQC is the independent regulator of health and social care in England and is responsible for ensuring that health and care services provide high-quality care that is safe, effective, and compassionate.

Their role is to register, monitor, inspect and rate services to make sure they meet the fundamental standards of quality and safety; to take action to protect people who use services; and to use our independent voice to help bring about improvements in care.

CQC refreshed their strategy following the revised Health and Social Care Act 2022 and have been piloting their new regulatory ‘single assessment framework’ through the year. This will be implemented across the health and social care providers that are inspected by them in England.

Acute providers

CQC has inspected maternity services at the Royal Free London (RFL), University College London Hospital (UCLH), North Middlesex University Hospital (NMUH) and Whittington Health as part of a national programme of inspections of maternity services. Further information on the outcome of these inspections is contained with the maternity section of this report.

The community forensic mental health service and the specialist community mental health service at the Tavistock and Portman NHS Foundation Trust were inspected during 2023,

but not rated, as these were targeted inspections. CQC inspected the Gender Identity Development Service (GIDS) in 2023 in preparation for transfer of the service to the regional hubs. The rating for the service provided by the Tavistock and Portman Trust remained unchanged, although improvements had been made in relation to leadership and governance.

The table below illustrates the current CQC ratings for services across NCL.

Trust	CQC inspection report published	Overall rating
University College London Hospital NHS Foundation Trust (UCLH)	December 2018	Good
Royal Free London NHS Foundation Trust (RFL)	May 2019	Requires Improvement
North Middlesex University Hospital NHS Trust (NMUH)	October 2019	Requires Improvement
Whittington Health NHS Trust (WH)	March 2020	Good
Moorfields Eye Hospital NHS Foundation Trust	March 2019	Good
Great Ormond Street Hospital NHS Foundation Trust	January 2020	Good
Royal National Orthopaedic Hospital NHS Foundation Trust	March 2019	Good

Mental health providers

Trust	CQC inspection report published	Overall rating
Barnet, Enfield, and Haringey Mental Health Trust (BEH MHT)	February 2022	Good
Camden and Islington NHS Foundation Trust NHS	January 2020	Good
Tavistock and Portman NHS Foundation Trust	November 2018	Good

Community providers

Trust	CQC inspection report published	Overall rating
Central London Community Healthcare NHS Trust	February 2024	Good
Central North West and London NHS Foundation Trust	February 2024	Good
Whittington Health NHS Trust ***(community services only)***	March 2020	Outstanding

Primary care 174 GP practices

Borough	No: of practices	Outstanding	Good	Requires Improvement	Inadequate
Barnet	49	0	45	3	1
Camden	31	0	30	0	1
Enfield	30	0	30	0	0
Haringey	34	2	28	3	1
Islington	31	0	30	1	0

The Primary Care Committee retains oversight of the quality and safety of primary care, supported by the quality team, with targeted support provided to practices rated as requires improvement or inadequate.

Infection prevention and control (IPC)

The ICB has specific defined statutory responsibilities in relation to infection prevention and control (IPC) as set out in Health and Care Act 2022/23[1],the NHS Oversight Framework and the 2023/24 NHS Standard Contract https://www.england.nhs.uk/publication/full-length-nhs-standard-contract-2023-24-particulars-service-conditions-general-conditions/

The infection, prevention and control (IPC) and antimicrobial stewardship (AMS) is a sub-committee of the NCL Integrated Care Board Quality and Safety Committee, which supports and provides collective oversight of IPC and AMS activities and responsibilities across the NCL Integrated Care System (ICS), to improve patient experience and outcomes. The committee is responsible for the following:

- receiving assurance of provider activities around IPC through the Board Assurance Framework
- receiving quarterly and annual reports by exception from provider organisations that document performance against local and national healthcare associated infections (HCAIs) and AMS/AMR targets
- receiving system performance data on HCAI and antimicrobial prescribing
- receiving updates on workstreams commissioned by the system to improve antimicrobial stewardship

[1] Health and Care Act 2022 (legislation.gov.uk)
4 https://www.longtermplan.nhs.uk
5https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

- identifying system risks, assigning working groups and overseeing action plan arrangements to share learning
- supporting programmes and workstreams to achieve the ambitions set out in the IPC and AMS strategy

NCL ICS Director of Infection Prevention and Control (DIPC) Forum

The DIPC forum was established in May 2020 in response to the COVID-19 pandemic to provide strategic leadership and direction to our DIPCs from acute, community mental health, independent sector, and partners in primary care and local authorities through the directors of public health across NCL. The forum continues to meet monthly to discuss a range of IPC related issues and work though solutions, as well as a being a mechanism to provide peer support during times of extreme challenge. The DIPC forum reports into the ICB IPC AMS committee, providing assurance of IPC activities and compliance against mandatory and locally agreed HCAI targets.

Patient Safety Incident Response Framework (PSIRF)

The ICB's patient safety specialists in the quality team worked closely with our acute, community and mental health providers to support them with the development of plans to implement the Patient Safety Incident Response Framework (PSIRF) from 1 April 2024.

PSIRF replaces the Serious Incident Framework (2015) and focuses on understanding why patient safety incidents have occurred rather than attributing blame. It focuses on effective learning and compassionate, meaningful engagement with those affected when incidents occur.

The team is establishing a community of practice to share learning across the system.

Special educational needs and disabilities (SEND)

The SEND Code of Practice 2014 and the Children and Families Act 2014 set a legal framework for health and social care, education and local authorities to ensure that children and young people with SEND are properly supported.

Ofsted and CQC work together to inspect education, health, and care services for children with SEND in a local area, to make sure they are effective. During 2023, Ofsted inspected

services at Haringey and Camden. The inspectors were assured of progress that has been made for children in need of help and protection, including effective multi-agency partnership work to identify children at risk of abuse or neglect. Children at risk of extra-familial harm benefit from bespoke, timely and targeted support to protect them and to disrupt exploitation. Care leavers continue to receive effective help to take up education and employment opportunities and prepare for adulthood.

The London Borough of Enfield was inspected as part of an area SEND inspection under section 20 of the Children Act 2004 in March 2023, with the report published in July 2023. The inspectors found evidence of partnership working to improve the outcomes for children and young people with SEND, through the provision of a dedicated team of specialist health professionals working with this group of people.

The NCL-wide SEND professional forum, led by the children's commissioning team, supports and further develops practice in this area and is attended by the designated nurses for children looked after.

Care homes, supported living and out of area placements

We have a well-established quality oversight forum, chaired by the Directors of Quality and Safeguarding, and attended by the continuing healthcare and complex individualised commissioning (CHC/CIC) teams, along with our safeguarding colleagues. The purpose of the forum is to share local intelligence on providers where the ICB commission packages of care for residents, including those with mental health, learning disability and autism, as well as children and young people, ensuring that we place our residents with providers that can safely care for their needs.

NCL ICB Quality and Safety Committee

The Quality and Safety Committee is a subcommittee of the ICB Board of Members. The committee is chaired by a non-executive member of the ICB, consisting of 11 members, including the ICB Chief Medical Officer, ICB Chief Nursing Officer, Executive Director of Transformation and Performance, ICB Chief People Officer, along with ICB non-executive members, quality and safeguarding, system partners representing our providers, NCL local authorities and Healthwatch. From January 2024, two standing community participants joined the committee.

The committee met five times during 2023/24 and reviewed:

- the ICB quality and performance report at each meeting, including the impact of industrial action
- Learning Disability Death Review (LeDeR) findings and Preventable Deaths
- Haringey stillbirth report
- CQC refreshed approach to inspections
- maternity three-year delivery plan
- verdict of the Lucy Letby trial and implications for the ICS/ICB
- sexual safety of NHS staff
- complex care
- national paediatric audiology improvement work.
- Maternity Clinical Negligence Scheme for Trusts' and the Maternity Incentive Scheme
- National Cancer Patient Experience Survey Results 2022
- Martha's Rule requirements for trusts
- proposed Liberty Protection Safeguards and the Deprivation of Liberties Standards.
- summary of the findings of the independent review of Greater Manchester Mental Health NHS Foundation Trust
- measles outbreaks and updates on vaccination status
- restraint and seclusion in mental health providers

In addition to the formal meetings, there were four seminars held in the months that the formal meetings did not take place. These focused on:

- changes to management of clinical complaints, incident reporting and learning from incidents
- developing good quality governance processes across primary care (a joint seminar with the Primary Care Committee).
- Oliver McGowan training requirements for the ICB and system partners

System Quality Group

The NCL System Quality Group is well established, with membership from a wide range of system partners to discuss system-wide issues requiring a system response, such as the implementation of the Patient Safety Incident Response Framework (PSIRF) across secondary care. The group escalates concerns as appropriate to the regional Joint

Strategic Oversight Group (JSOG) hosted by the regional team at NHS England as necessary and reports into the ICB Quality and Safety Committee.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a multi-agency panel of professionals and leaders from health, public health, police and children's social care who have a statutory responsibility under Working Together to Safeguard Children (2018) and Child Death Review: Statutory and Operational Guidance (2018) to review all deaths of children from birth to the 18th birthday who are residents of North Central London.
The aims of the panel are to:

- identify any contributory factors to a child's death, particularly if modifiable
- identify any local and regional trends
- share the learning regionally and locally
- take action to identify any changes that can be made to prevent further deaths

Between 2019/20 and 2022/23, the National Child Mortality Database (NCMD) received 330 child death notifications from eCDOP system in North Central London (NCL).

Several learning points were identified in case reviews, with key themes such as communication with parents, early palliative care involvement, and medical training and equipment for schools. Positive feedback from families and NCL CDOP was also provided, with key themes such as key worker involvement and Noah's Ark hospice.

The review process is not about allocating blame, but is about learning lessons to prevent deaths in the future. Behind every child's death there is the tragedy of a grieving family, friends, and community and with the introduction of the key worker role, the panel seeks to hear their experience in each case discussion. We always aim to keep the family and children at the centre of what we do.

Learning from cases highlighted several themes, the most common of these being communication. Communication between parents, practitioners and organisations was remarkably impacted by the COVID-19 restrictions. Visiting restrictions and a lack of face-to-face contact often resulted in parents making complex decisions either alone or over the phone with families.

Maternity, neonatal, children and young people's services

Across NCL, maternity services are provided by four NHS Trusts, operating from six sites:

- University College London Hospitals NHS Foundation Trust (UCLH)
- Whittington Health NHS Trust (WH)
- North Middlesex University Hospital Trust (NMUH)
- Royal Free London NHS Foundation Trust (RFL) – at the Royal Free Hospital (RFH), Barnet Hospital (BH) and Edgeware Birthing Centre (EBC), a stand-alone birthing centre

During 2023, CQC inspected maternity services at RFL, UCLH, NMUH, EBC and WH as part of their national programme, with ratings shown in the table below.

Trust	Previous CQC rating CQC inspection report published	Overall rating
University College London Hospital NHS Foundation Trust (UCLH)	Good	Good
Royal Free London NHS Foundation Trust (RFL)	Requires Improvement	Requires Improvement
Edgeware Birthing Centre (EBC	No previous inspections	Good
North Middlesex University Hospital NHS Trust (NMUH)	Requires Improvement	Inadequate
Whittington Health NHS Trust (WH)	Good	Requires Improvement

NMUH has developed an action plan in response to CQC findings and is receiving support from the maternity intensive support team at NHS England.

Oversight and assurance of maternity services across NCL is monitored through the Local Maternity and Neonatal System (LMNS) and NCL ICB's Chief Nursing Officer (CNO) is the senior responsible officer (SRO) for the LMNS.

NCL has a diverse population of approximately 1.5 million, which is predicted to increase by 9.5% over the next 10 years. The LMNS has several workstreams underway to reduce inequalities in healthcare access, experience, and outcomes among women from black, Asian, mixed and minority ethnic backgrounds and vulnerable groups accessing maternity care. We are working with the ICB's communities team to ensure that we are joined up in

our thinking when focusing on the Core20Plus5[2] approach to reducing health inequalities for pregnant women and people and those who have given birth. This work is a key element of the NCL Population Health and Integration Strategy.

NCL LMNS undertook two projects to help identify causes of poorer outcomes and support with developing recommendations to share leaning and make system improvements. The projects were an analysis of the disproportionately higher stillbirth rates in Haringey, which was a borough noted as an outlier. Haringey had the highest stillbirth rate in London at 6.3 per 1,000 population (MBBRACE report 2022). The second project was a review of maternal deaths in NCL looking at a period pre, during and post the COVID-19 pandemic. It is important to note that North Central London, and the trusts within it, are not outliers for maternal mortality. However, as the most significant and tragic possible outcome of pregnancy, birth and the postnatal period, it warrants regular review as a source of learning and improving.

National learning and action network on inequalities in maternity and neonatal care

North Central London is one of nine NHS integrated care systems and trusts accepted to participate in an innovative national learning and action network.

The network, the first of its kind for the NHS, has been established by the NHS Race and Health Observatory, in partnership with the Institute for Healthcare Improvement and supported by the Health Foundation, to address the gaps in maternal outcomes between women and birthing people from different ethnic groups. Over a 15-month period, NCL, through the Local Maternity and Neonatal System (LMNS), will use fast-paced Plan Do Study Act (PDSA) cycles to improve the detection of perinatal mental health problems. The work will begin with system-wide data collection to establish a baseline and identify the ethnic group facing the greatest perinatal mental health inequalities. Rapid changes will then be tested; they are expected to include engagement with women and birthing people to encourage them to share their mental health challenges, and targeted training for maternity staff. The pioneering work will be evaluated and shared nationally.

[2] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

The work is underpinned by explicit anti-racism principles, such as involving racially minoritised individuals in every stage of development and identifying racist bias in policies, decision-making processes and other areas across the system. Data consistently shows alarmingly higher rates of maternal and baby deaths amongst black and Asian women compared to their white counterparts. In the UK, black British mothers are up to three times more likely than white mothers to die during pregnancy or within the first six weeks after childbirth. The risk of dying from pregnancy-related causes is twice as high for women of Asian ethnicity than for white mothers. By making improvements for the most disadvantaged groups, it is expected we will make improvements for everyone.

The programme will run until June 2025 and is supported by an advisory group from the NHS Race and Health Observatory, Institute for Healthcare Improvement, and experts in midwifery, maternal and neonatal medicine.

Personalisation

The ICB is committed to personalisation and ensuring our residents are offered a personal health budget, to manage their care to meet their needs, providing choice and control for the individual. The ICB has recently coproduced a new Personal Health Budget support services directory with a group of residents. This provides individuals and their relatives with easy access to training for their carers, choice of support services, including money management.

Currently over 3,500 local people have a personal health budget and the ICB aims to expand this to other residents over coming years.

Engaging people and communities

Introduction

In North Central London we are committed to creating a better context for good health and wellbeing for everyone in NCL by collaborating to address the root causes of poor health outcomes and investing locally and responsibly in our communities.

“We will support people to live healthier and more independent lives in thriving local communities by working in partnership with local people and communities to design solutions and services around their priorities, needs, experiences and strengths.”
NCL Working with People and Communities Strategy, 2022/3 to 2025/6

Working with North Central London’s communities and developing effective engagement is integral to the work of North Central London Integrated Care Board (NCL ICB), as an organisation and to support the development of our programmes and services. We are committed to ensuring that local people and communities are offered a range of opportunities to play an active role in decision-making and that we listen to, and act on, feedback from service users and residents when we commission services. The ICB is continuing to deliver on the ambitions and commitments set out in the Working with People and Communities Strategy.

Over the last year, community voice and insights have been woven through the organisation from our governance structures to the way we commission and improve services. Additionally, we have piloted innovative ways of working in partnership with local communities and the voluntary and community sector. Our engagement activity is rooted in local communities and empowers communities to have a role in shaping what health and wellbeing means to them.

‘Our ambition is to work with residents of all ages so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, age within a connected and supportive community and have a dignified death. We want to achieve this ambition for everyone.’
NCL Population Health and Integrated Care Strategy

Working with residents and communities is a key ambition in NCL's Population Health and Integrated Care Strategy. We have focused on building strong community engagement programmes based on robust and evidence-based approaches and methodologies, such as community action research, peer research and community champion models. We also ensure local communities can work with us in a way that suits their lives, using different engagement tools and techniques to speak to and hear from our communities.

Working with NCL's Voluntary, Community and Social Enterprise Sector (VCSE)

NCL ICB is committed to ensuring it engages with the VCSE, building strong working relationships and supporting sustainability of the sector. The VCSE are a key partner in supporting us to deliver the Population Health and Integrated Care Strategy, particularly around working with our local communities, addressing health inequalities and taking an early intervention approach.

"It has been a year of strong development for the NCL VCSE Alliance, as sector representatives established themselves on key ICB committees and forums, a mental health subgroup was formed, and really productive conversations held around how voluntary sector commissioning and investment could operate going forwards, with a focus on supporting the delivery of population health improvement. I'm particularly pleased to see a growth in partner recognition of the vital role played by the voluntary sector across the North Central London footprint, and I'm excited to see how closer working with the Provider Alliance can unlock more fruitful partnership delivering on our system population health improvement ambitions and better outcomes for residents going forwards."
Caroline Collier, Chair NCL VCSE Alliance and Chief Executive Officer Inclusion Barnet

To progress the development of our approach to working with the VCSE, the ICB has continued the implementation of its long-term *Working with our Voluntary Community and Social Enterprise Sector Strategy* with its NHS partners, councils and VCSE Alliance leads, aligned with individual council strategies. This strategy demonstrates the ICB's commitment to working with the voluntary and community sector and its partners.

Much, if not all, of the work described in this section is delivered in partnership with our VCSE. They have strong relationships and are trusted organisations embedded into local communities, particularly the communities with the highest health inequalities. They bring

unique skills and knowledge to both engaging communities and delivering innovative health prevention approaches. In 2023/24 we continued to build on NCL's strong VCSE Alliance, which is an integral part of our governance structures and decision-making forums, alongside partnering with us on key programmes of work, such as development of our population health strategy.

We are working in partnership with VCSE and local authorities to develop a collaborative integrated care system VCSE investment approach. The development of this model is in an early stage and will include making best use of funding and resources to support a well-resourced, strong and thriving sector. A key focus will be ensuring sustainable funding for local VCSE so that we develop community programmes that support and empower local communities and the sector.

We have also worked closely with the voluntary sector to deliver our health inequalities fund, channelling funding to local VCSE to work with CORE20Plus communities with a focus on prevention and reducing health inequalities. Please read more about this in the reducing health inequalities section on page 77.

Governance: building the role of VCSE and community voice

We have focused on embedding an effective community partnership model within the ICB and our governance structures and assurance processes. We have worked on ensuring that community and VCSE voices are heard and have impact within our key decision-making forums; this is a strong commitment of both our Working with our VCSE Strategy and our Working with People and Communities Strategy. Over the last year we have developed a robust engagement structure that ensures we elevate local community voice at the most strategic levels of the ICB. This includes:

Community Partnership Forum

A NCL system-wide forum which brings together community representatives, Healthwatch, VCSE representatives and other partners to ensure community voice takes an active role in the shaping of strategic and transformational programmes and plans.

VCSE Alliance

NCL's VCSE Alliance Steering Group first came together in October 2021 to represent and champion the voice of the voluntary sector and has been funded by the ICB since July

2022 to continue to this important area of work. The Alliance is made up of the five VCSE umbrella organisations across North Central London, alongside six other representative organisations that focus on children and young people, homelessness, disability, refugee and migrant, deprivation and isolation, mental health and carers.

The steering group represents the broad range of VCSE organisations from larger to grassroots. The NCL VCSE Alliance now has a strong role running through the ICB governance structures, with representatives sitting on ICB committees and forums, as well as being the vice-chair of the Community Engagement Steering Group.

This year, the Alliance also worked with us to shape our strategic programmes. This included being a key partner in the development of our Population Health and Integrated Care Strategy and in co-designing proposals around the developing VCSE investment approach. Additionally, they partnered with us to deliver programmes that particularly champion working with communities who face the highest health inequalities, including the NCL Research Engagement Network and raising awareness of long-term conditions with our underserved communities.

NCL Healthwatch involvement

We are committed to building a strong relationship with our five Healthwatch, working with them to raise the insights and experiences of our local communities around health and wellbeing, and access and experience of health and care services.

“Healthwatch liaise across our five boroughs, meeting monthly, and are funded to bring resident perspectives to three specific ICB committees: Quality and Safety, Primary Care and the Community Engagement Steering Group. This function has been performed by Healthwatch Islington and we are now passing the baton to Healthwatch Enfield who we know will do a wonderful job of championing our work and creating opportunities to develop our partnership further. We’re collaborating on work on hypertension, carrying out blood pressure checks in the community and using motivational interviewing to talk to residents about factors influencing blood pressure. The five Healthwatch hosted an away day for all North Central London Healthwatch staff which ICB colleagues attended to consider how we build on existing relationships and good work, and how we really demonstrate the impact of resident engagement activities. Each of the five boroughs is

working on a number of priorities including the impact of vaping, endometriosis, cancer screening, mental health and access to primary care."
Emma Whitby, Healthwatch Islington Chief Executive and NCL Healthwatch role

Since October 2022, NCL ICB has provided funding to enable the five Healthwatch organisations across NCL to resource strategic input and representation into, ICB governance. The funding has enabled the five Healthwatch to come together, sharing cross-borough community insights, learning and best practice. The work has enabled Healthwatch to have a strategic voice at the key public-facing committees of the ICB and representation on the Community Engagement Steering Group.

The NCL Healthwatch funding has allowed strong local knowledge of the local health and care landscape and insights from local communities into these decision-making groups. The role has provided constructive challenge as a 'critical friend' and facilitated and supported regular two-way involvement from all five Healthwatch organisations.

Community participants

We co-developed, with community partners, a role description and recruitment process for community participants to represent community voice in key public-facing ICB Committees. We have now appointed eight participants from across our boroughs. We are supporting the community participants to be as actively involved as possible, through an induction programme, training, a peer network and as attendees on the Community Partnership Forum.

Community Engagement Steering Group

We have developed a steering group to oversee, align and build best practice learning into the delivery of our Working with People and Communities Strategy, across both the ICB and our partners. The steering group provides strategic oversight to ensure robust and consistent quality community engagement and empowerment activity. This includes championing local communities and VCSE to have a strong voice within the integrated care system, to inform and influence decision-making and priority setting. It supports a focus on building strong relationships with underserved communities who face the highest health inequalities and where we can have the greatest impact. It also supports the ICS to take a strategic, long-term approach to the funding and investment of community engagement and empowerment programmes, aligned to our population health

improvement vision and enabling key engagement activity to lead to significant action, avoid duplication of approach and improve experiences and outcomes for local communities.

The steering group first met in March 2023 and has had six meetings to date, reviewing a range of key programmes from childhood immunisations, borough partnership development and inclusion health needs assessment.

Transformation programmes: building community voice into all we do

During 2023/24 we have worked with local people and communities and ensured that their voice is at the centre of our planning and decision-making. This has included:

Start Well

The Start Well programme is a long-term piece of work aimed at improving the quality and safety of care for pregnant women and people, reducing inequalities in outcomes and giving every child the best start in life. This year, the programme has developed proposals for change and conducted a 14-week public consultation to gather views of patients, residents, staff and stakeholders.

The consultation sought feedback on proposals relating to how and where maternity, neonatal, and children's surgical services could be provided in North Central London.

The consultation period ran from 11 December 2023 to 17 March 2024, and we engaged with staff, stakeholders, patients and communities to seek their views on the proposed changes. We particularly wanted to understand what the impact could be on local people, and for people in neighbouring boroughs who choose to use services in NCL.

As part of the development of this work we carried out an interim integrated impact assessment (see reducing health inequalities section on page 77) which informed the consultation. We carried out some very targeted engagement activity with groups and communities highlighted in the integrated impact assessment as being potentially more impacted by the proposed changes. This included the following groups and communities:

- black African (including Somali) and black Caribbean women and people
- Asian women and people of childbearing age (with a particular focus on Pakistani and Bangladeshi women)

- people living in areas of deprivation
- Orthodox Jewish communities
- people with disabilities
- people living in Harlesden and Willesden
- people living in Holloway and Finsbury Park
- women and people of childbearing age who are 40+
- women and people of childbearing age who are under 20
- women and people with mental health problems
- people from LGBTQ+ communities
- people who are carers
- people with poor English proficiency
- people with poor literacy
- people belonging to inclusion health groups, such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

The opportunity to take part in the consultation was widely promoted through communications and engagement activity, including:

- communication materials to explain the proposals and rationale in lots of different formats and translated into 18 different community languages. We also had an animation and easy read versions and people were able to feed in their views via different methods, including a questionnaire available online and in paper format.
- promoting the proposals and importance of taking part in the consultation via public channels such as website, newsletters, social media.
- awareness raising information stalls in community settings such as hospital sites, antenatal and paediatric clinics
- targeted discussion groups and focus groups held online and in person with various groups through VCSE partners or recruited directly
- a youth summit held with children and young people
- drop-in sessions and information available at toddler groups, children centres, religious centres, and community groups and libraries
- a drop-in session at community centres in each borough during the consultation
- working with partners including NHS trusts, councils and VCSE organisations to raise awareness
- media coverage in local and regional papers and broadcast

- advertising in local press and a paid for social media campaign
- attending many stakeholder meetings and briefings with staff, MPs, councillors
- commissioning very targeted engagement with groups such as asylum seekers, refugees, homeless people, Gypsy, Roma, Traveller communities and LGBTQ+ groups

The insights gathered through the engagement, together with the responses to the consultation document, will be analysed as part of an independent evaluation. This evaluation will form part of the evidence for the final decision on the proposals.

We are very grateful to the hundreds of staff, stakeholders and local residents who have taken the time to share their views with us about how the proposals could impact local families, services and staff. All the responses are being analysed by an independent research provider, ORS, and a consultation activity report and an evaluation report of feedback received will be published to support the decision-making process during the second half of 2024/25.

Surgical transformation programme

We have engaged with our local communities on a range of other service design and developments. This included the development of ophthalmology surgical hubs. There are currently over 260,000 adult patients waiting for elective care in North Central London hospitals, of which 30,000 are waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing.

Evidence shows that surgical hubs can increase elective capacity, increase efficiencies, reduce cancellations, improve clinical outcomes, and improve working conditions for staff. NCL wants to build on our innovation of developing elective orthopaedic centres and explore the possible expansion of surgical hubs into other specialities. The first proposed programme of change is ophthalmology. Proposals included developments to where some adults would receive their planned ophthalmology surgery. It was essential to develop proposals with our local communities.

We undertook a robust health and equalities impact assessment (HEIA) to understand where proposals would have the most impact and to map where people may experience barriers to accessing services. We carried out a range of engagement activities over eight weeks, from 21 August to 16 October 2023, reaching over 600 patients, public and wider

stakeholders. We ensured we targeted the groups identified through our HEIA as most impacted by the proposed changes (older people aged 65+, black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers). This insight has directly shaped the development of the proposals. Overall, the feedback received was largely supportive of the proposals. Our local communities are, broadly, accepting of further travel. However, this is on the proviso that the benefits can be delivered and mitigations to concerns raised are put in place. It was also highlighted that it was essential local people recognised they have the right to choose where they receive care.

For more information on the engagement and how we community insights shaped our proposals please read the full report here.

Communicating with our communities

Together with partners, NCL ICB delivers communications campaigns aimed at building confidence in NHS services and supporting residents to stay well and access care in the right place at the right time, alongside raising awareness of current health issues such as access to the flu vaccine and childhood immunisations. This year, campaigns involved a range of stakeholders and delivery methods, with specific objectives on vaccination, urgent and emergency care, winter wellness, and primary care.

Vaccination and immunisations

In 2023/24, along with the seasonal promotion of COVID-19 and flu, an emerging concern around measles meant we had significant focus on supporting the uptake of the MMR vaccine. This was done in the context of engaging on and promoting the wider childhood immunisation offer.

Our aim was to maintain our position as a trusted voice and source of information on vaccinations for our community partners, who we know have the deepest reach into our communities. We achieved this by packaging up the key information and campaign resources, establishing which communities were underrepresented in our uptake figures and meeting fortnightly with community partners to discuss plans to reach these communities.

We also used our reach across the system to promote engagement events and other health initiatives.

To lay a foundation for this work, we hosted an interactive engagement session for system and community partners led by world-class experts who addressed vaccine concerns so that together we could tackle hesitancy and address health inequalities.

Examples of borough-based activity included translated MMR text messages provided for the Islington Bangladeshi Association, Islington Somali Community, Kurdish and Middle Eastern Women's Society. In Enfield, two engagement events featuring immunisation information were held for the Somali community. We also attended a Barnet multi-faith forum networking event where we secured offers of ongoing support with passing on key messages across each of the represented faiths.

Members of the team in NCL also offer continued support to the Inspire programme, London Jewish Health Partnership and London Bangladeshi Health Partnership, consulting on vaccination information and raising awareness of activity.

Winter resilience

NHS insights and data show that parents and carers who speak Turkish or Eastern European languages as a main or only language and who live in areas of deprivation in Eastern Enfield and Haringey are much more likely to use North Central London's urgent and emergency care services for low acuity conditions, like coughs, sore throats and earaches, for their children.

As part of the ICB's 2023/24 winter resilience campaign, a range of translated communications and engagement activities took place to help us understand when, where, how and why these parents made decisions to use urgent, emergency and other healthcare services, and what resources they found useful or wanted to see more of.

These included one to one engagement activity via local VCSE groups, NHS and local authority co-branded translated materials distributed via schools and early years settings, and anonymous, trackable communications activities online and in local community sites, GP practices and pharmacies.

The outcomes of these activities show a rapidly changing local migration landscape with very specific requirements. These valuable insights will enable local services to identify

how our approaches and outputs can become more focused, personalised and aligned to the needs of our under-served communities and in turn, help reduce pressure on busy urgent care services.

Delivering population health improvement: a new way of working with local communities

We are committed to working with local people and communities to understand what matters to them for their health and wider quality of life. We are working with partners to bring support and services into communities, rather than expecting our diverse communities to come to us. Our ambition is to build community-centred approaches that empower people and communities and provide opportunities to strengthen local decision making. By focusing on supporting communities to live well and addressing health inequalities, we can empower local communities.

This year we have commissioned grassroots community groups to work with our CORE20 plus and underserved communities, as part of the national NHS framework for tackling health inequalities which we are embedding within NCL. This framework identifies communities who face significant health inequalities and includes communities in NCL who live in the 20% most deprived areas nationally. We have built outreach approaches to understand our local communities' priorities and to signpost to support, reduce barriers, and build trust.

Additionally, we have undertaken a range of work through our Health Inequalities Fund. To find out more about this work please read the reducing health inequalities section on page 77. Programmes have included:

Community Action Research

The ICB-funded Community Action Research Programme is rooted in the principles of raising local communities' voices, and investment in grassroots VCSE and communities, alongside supporting local communities to access the health and wellbeing support they prioritise through key navigation and signposting, and co-designed community interventions.

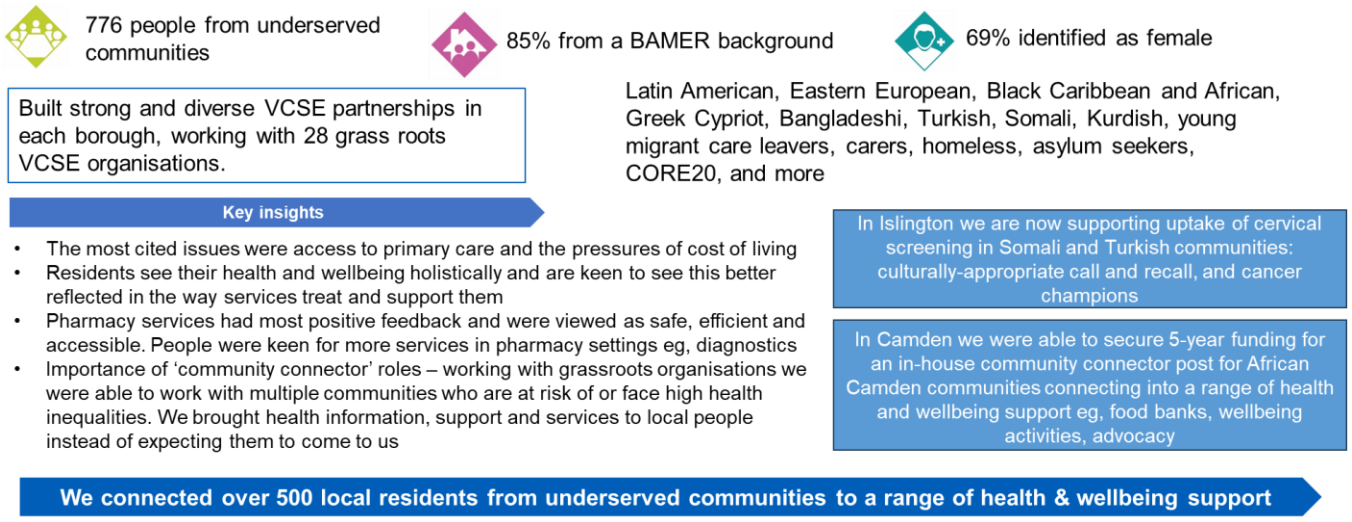
We have worked across each borough in partnership with our VCSE, local authority and wider NHS colleagues to gather vital insight into our communities' lives, and their lived

experiences of accessing health and care services and wellbeing support, to underpin ICS and borough partnership priorities and decisions.

The programme has supported a systematic approach to working with our local communities and collating and evaluating local communities' experiences. It includes a VCSE partnership in each borough, with a lead facilitating organisation and a range of grassroots VCSE organisations. We have developed strong relationships with groups who we would usually struggle to engage with and who have greatest 'need', for example: Homelessness, refugee and migrant and young people.

In Barnet, Camden, Haringey and Islington we took a whole community approach, and in Enfield we focused on working with children and young people from our most underserved communities.

Outputs and outcomes of the programme have included:

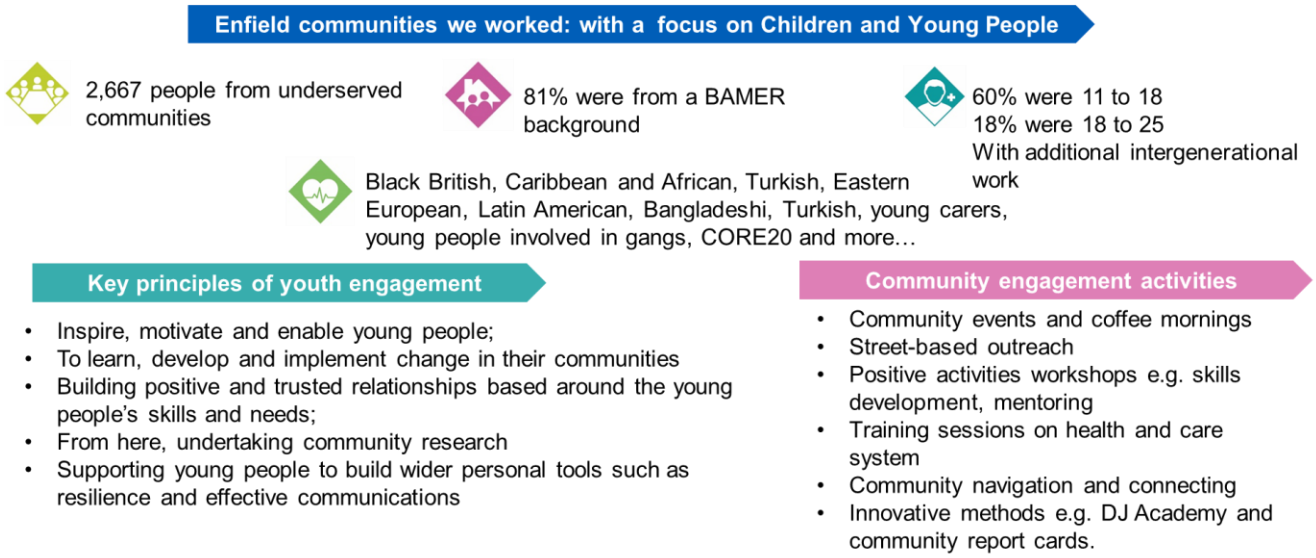


Community Action Research: working with children and young people focus

In Enfield, as part of the Community Action Research approach, we focused on working with children and young people from our communities who faced the highest health inequalities. We worked with a local VCSE partnership led by Northside Youth Connexions, a grass roots VCSE organisation whose mission is to inspire, motivate and enable young people, building positive relationships and supporting young people to reach their full potential and take positive action for their local communities.

The project followed the same approach as the wider Community Action Research programme, building trusted relationship with children and young people, undertaking targeted community engagement and connecting communities. This included multi-generational work, bringing young people and the older generation together to share skills, learning and combat social isolation. Key insight themes included a lack of trust, a need for services to be accessibly located near to where young people live and the way in which the pressures experienced by young people can impact on health including mental health pressures and the influence of gang affiliations.

Outputs of the project have included:



You can find out more information about the full NCL programme here.

Community Connectors – heart health

We are working with our five local Healthwatch organisations to continue developing a community champions programme, supporting communities who face high health inequalities. This is part of the Core20PLUS5 approach, the national NHS framework for tackling health inequalities which we are embedding in NCL. The programme is currently focused on trying to understand the lifestyle factors which cause hypertension, symptoms of hypertension, and to support local people into hypertension services and support.

The programme is delivered working with local Healthwatch organisations and 14 other local grassroot organisations. The grassroots organisations are equipped with knowledge

and blood pressure monitoring equipment. We connect directly with excluded communities experiencing health inequalities, giving communities a voice to address barriers.

So far, the programme has trained 19 connectors from our most underserved communities, championing the programme and sharing information to their communities. To date, we have held 60 events in community settings to raise awareness of hypertension and conduct blood pressure checks for over 2,000 people from underserved communities.

At an event for South Asian Women, 80% of those tested had high blood pressure. Over half were unaware of their condition or its risks, demonstrating the positive impact this community connecting approach has for local communities.

The impact of the funding provided for this programme is being felt beyond the scope of the programme as community organisations and centres keep the blood pressure monitoring equipment and knowledge so they can continue providing checks and raising awareness for their communities. You can find out more information here.

Research Engagement Network

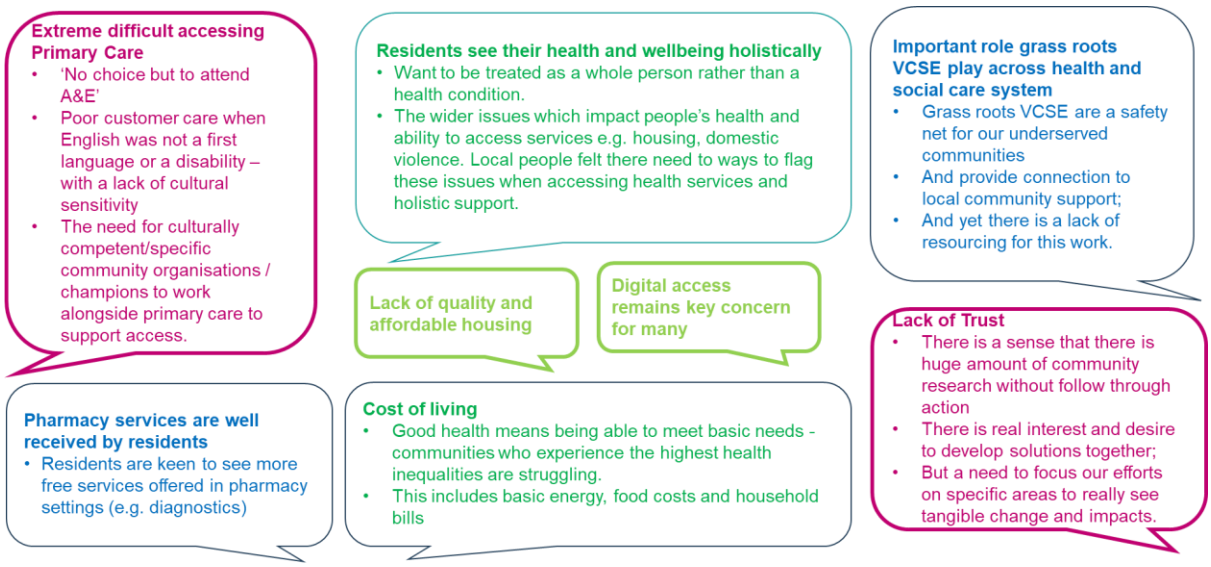
Over the last six months, we have developed NCL's Research Engagement Network. This is a nationally funded programme, and in NCL we are focused on increasing the diversity of community voice in health research studies. Building on the strong relationships we have developed with VCSE partners, we have focused funding on developing a community engagement programme, raising awareness of health research with our most underserved communities. There are real benefits of being involved in research as well as beginning to address how communities can take a more active role in co-designing research studies and setting research priorities.

We are initially working with Gypsy, Roma, Traveller and black communities in Haringey and Enfield, recognising they face some of the greatest barriers to accessing health services and highest health inequalities. These communities are also underrepresented in health research studies. We have woven health prevention and health research together, offering health and wellbeing advice, health checks and signposting alongside raising awareness of health research. Through this approach we have connected local communities with health researchers.

This approach will inform how we develop research across ICS partners with a final evaluation workshop planned for June 2024.

Insights

These are some of the key insights we have heard during the year, through our range of programmes. We are addressing these directly through the work of our respective programmes. However, these are areas which will take time to address and have been repeatedly highlighted by our local communities.



Best practice case studies from borough partnerships

Across each of our borough partnerships, working with local people and communities has been identified as crucial to the success of the partnerships and a golden thread running through all the work delivered at place and neighbourhood. This is demonstrated through the huge range of community engagement and empowerment work that has taken place.

Best practice examples from the five borough partnerships include:

Barnet: Grahame Park – Reimagine the Concourse - Meanwhile Activity @ Grahame Park

Reimagine the Concourse is a co-production project to bring empty units on the Grahame Park Concourse back into use, with a focus on improving health and wellbeing for a community which faces some of the highest health inequalities in Barnet. The programme recognises the impact of the wider determinants of health on residents' overall health and

wellbeing and seeks to directly address these impacts. Residents and community groups have shared that they want to see community safety improved and a vibrant local area.

As part of the project, London Borough of Barnet colleagues engaged with over 100 local people between August and October 2023 to find out how they would 'reimagine the concourse'. People were engaged through community groups, coffee mornings, local events, workshops and focus groups. All ideas were captured on Re-imagine The Concourse Hub | Engage Barnet and were played back to residents in clear, visually appealing ways. Through partnership working and funding, ideas generated will be adopted (and adapted if required due to restrictions on the spaces available) and rapidly turned into community spaces, including a café where people can safely gather and form a community hub. Multi-use spaces for exercise, prayer, events, healthy eating, homework clubs are other ideas that may be developed thanks to this project. In addition, a health and wellbeing hub will be developed, providing residents with space to access non-statutory health and wellbeing services flexibly and locally. Addressing the impact the wider determinants of health have on health outcomes is a key part of delivering our Population Health and Integrated Care Strategy.

Camden: patient-centred approach to improving lifestyle behaviours project and work at The Living Centre, Somers Town

This project, led by Camden Health Evolution GP Federation is based out of a local community centre, The Living Centre**,** and provides residents with a physical activity programme led by a local personal trainer, and nutrition advice – with the aim of providing education and preventative intervention for those at risk of diabetes, hypertension or increased CV risk, amongst other things. The project has been running for 2.5 years and so far this year has supported 133 residents, with 64% undertaking the physical activity programme being from communities who live in more deprived areas.

Once connected with The Living Centre, residents have engaged with other health and wellbeing services on offer such as cooking classes, yoga, signposting and advice, a job hub and Healthwatch Camden. The programme is demonstrating positive outcomes in both the physical and mental wellbeing of participants, which are sustained after completion of the programme. Participants are less likely to contact their GP during and for several months after the eight-week programme. This model of working with a local community centre was made possible through the relationships built by the GP Federation

team and is a model we intend to learn from across North Central London, including replicating across the borough, to not only benefit the residents involved, but build on the in-roads made with the communities most affected by health inequalities in Camden, and supporting local VCSE infrastructure.

Enfield: trusted leaders, trusted voices and trusted places

Unique breakfast town hall meetings hosted by the Revival Christian Church of Enfield are reducing healthcare inequalities by increasing access to health advice and peer support. The town hall's driving force is the church and its congregation, supported by a diverse coalition of partners including the Enfield borough partnership. They hold sessions quarterly on Saturday mornings, offering health checks, peer support, and expert advice from local healthcare professionals. So far, over 200 participants have been involved in 11 sessions. The event in July 2023 focused on diabetes prevention, drawing 64 attendees, with local GPs and councillors providing insights on healthy living. This community-driven initiative, led by volunteer minister Anthony Okon Williams, emphasises mutual respect and collaboration, contributing not only to increased COVID-19 vaccination rates but also creating an open space for community expression. The programme highlighted the value of diverse experiences brought by local health professionals, resonating with the community.

Plans for future projects, including initiatives for women and young people, are underway. North Central London Integrated Care Board and the Enfield borough partnership support the programme's growth, with ongoing commitment from public health and community leaders ensuring its continued impact.

Haringey: Thalassaemia and Sickle Cell (TASC) Health and Wellbeing Project

The TASC Health and Wellbeing project delivers several holistic alternatives to medical treatments for people living with sickle cell that can help them to confidently manage their conditions and reduce the number of non-emergency clinical escalations as well as emergency episodes. To date, the project has reached more than 240 sickle cell patients. Participants are empowered to manage their condition by co-designing their own self-management plan, as well as practising a range of different techniques to prevent crises and maintain good general health.

Co-design and co-production were incorporated from the outset of this project's development and involved significant input from Sickle Cell Warriors (through a series of in-person and online meetings/workshops) to create and deliver a holistic wellbeing programme. One participant stated that she has not had to self-refer to A&E due to crises since she has started attending the project sessions. Prior to these sessions, this participant would visit A&E three or four times per month. She has been attending sessions since September 2023 and, at the time of this testimonial, has now gone three months without crises.

Islington: The Good Neighbours Scheme (GNS)

This is a successful community asset building and empowerment programme delivered by Help on Your Doorstep. Based at the Walter Sickert Community Centre, the project is sat in the heart of Islington's New River Green estate, a deprived community that experiences significant health inequalities. The scheme has been running for seven years, funded through a partnership approach across Cripplegate Foundation, the local authority and the NHS.

The programme and outcomes have been developed with the local community to determine what is important to them. This is strengthened by employing local people who live on the estate and by building a strong network of volunteers. It takes an early intervention and prevention approach; working with the community we look at the skills, assets and needs in the community to shape the programme. The scheme focuses on addressing immediate health concerns and the wider determinants of health, recognising the impact these have on local residents' health. The scheme identifies and supports people experiencing challenges, including but not limited to housing, debt, financial hardship, health, isolation, welfare benefits and employment issues, as well as working with the wider community to build a sense of community cohesion on the estate. Activities range from exercise classes, CYP football club, peer support, community events, coffee mornings and gardening club, alongside working with statutory services such as community policing.

In the last year the programme has engaged over 450 residents, including 2,210 more attendances at activities compared to the previous year. Outcomes have included:

- 84% of New River Green GNS respondents identify as being more active as a result of their engagement in the GNS

- 81% of responses indicated that engaging in the scheme has contributed to them having better mental health
- 70% of the respondents agreed they felt more connected to others in their local community
- 81% of respondents said they have learned something new from GNS
- 56% of respondents had volunteered often or occasionally with the GNS

Further borough-based work can be found in the reducing health inequalities section on page 77.

Forward view

Working with our communities and VCSE is a crucial component in delivering our Population Health and Integrated Care Strategy, ensuring we build strong and trusted relationships with our most underserved communities and our VCSE. Alongside this, we are continuing to build on the skills, knowledge and capabilities that exist in our local communities. Our work over the coming year reflects the commitments and priorities of the NCL Population Health and Integrated Care Strategy and we remain ambitious in the work we are doing with people and communities. There is a strong commitment to building on the partnerships across VCSE, local authorities and NHS trusts in North Central London to expand and continue to improve our approach to community engagement. This includes working across our ICS to identify opportunities to strengthen local decision-making and ensuring community voice is a part of this.

We commit to collaborating with our local communities in the design and delivery of hyper-local wellbeing initiatives and strong public services. It is an approach which starts with people's strengths rather than their deficits, and builds on community resilience, research and insight, lived-experience and the assets that exist in the community. By focusing on supporting communities to live well and addressing health inequalities, we commit to empowering our local communities.

Over the next year our approach and way of working will be underpinned by the development of a number of programmes to ensure we are consistent and aligned across the system. Some key areas we are focusing on in the year ahead include:

- building on NCL's best practice community engagement and centred programmes of work.

- continuing to benefit from community and VCSE voices in our governance structures, continuing to support and strengthen the role of the community participants, NCL Healthwatch role and VCSE Alliance within the ICB governance and decision-making structures.
- further developing the role of the ICS Community Engagement Steering Group, taking a forward planning approach that supports us to influence programmes at an early stage, delivering the communities and VCSE strategies, aligning and avoiding duplication of community engagement activity, maximising resources in this space and priority setting.
- continuing to build evidence-based community engagement and connecting approaches as we engage and communicate with local communities, building on the learning and insights from Start Well, Community Action Research Programme and Healthy Hearts Community Connectors.
- effectively using, reporting and sharing community insights – we are keen to improve the way we report on community engagement insights, both quantitative and qualitative, and to ensure that all levels of our organisation listen to and act on local insight. As part of this, we are developing proposals for a community insight bank.
- continuing to map and build our relationships with our faith and community groups, – community leaders, and grassroots VCSE, with a focus on the communities who face the highest health inequalities.
- carrying out a programme of training to develop the skills of ICB staff around working with people, communities and in partnership with VCSE organisations.
- developing an evaluation framework to measure how we are meeting the principles laid out in our two strategies and the impact of community engagement and centred programmes understanding the impact our work makes to local communities.

Reducing health inequalities

Taking a strategic approach to tacking health inequalities

"As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.'
NCL Integrated Care System Population Health and Integrated Care Strategy, 2023

Delivering improvements in population health while tackling inequalities in outcomes, experience, and access across NCL is a core and critical purpose of our integrated care system, and a central theme in the NCL Population Health and Integrated Care Strategy. Endorsed by NCL's Integrated Care Partnership (ICP) in April 2023, our strategy was developed in collaboration with partners from across our system, including the NHS, local authority, Voluntary, Community and Social Enterprise (VCSE) sector, as well as with local residents and communities.

Our strategy outlines how as a health and care system we will deliver our vision for a prevention-oriented, proactive, integrated, holistic and person-centred approach to care, to improve population health, reduce health inequalities and ensure our health system is sustainable. It identifies five delivery areas where we feel we can make the biggest impacts on population health and inequalities through system working and focus. These include:

- communities in NCL who live in the 20% most deprived areas nationally
- our key communities for adults, children and young people
- the wider determinants, focusing on the root causes of poor health
- our NCL population health risks (including mental health at all ages, childhood immunisations, cancer, lung health and heart health)

Informed by population health insights from our NCL Outcomes Framework and developed in consultation with system partners, our delivery areas also align with our locally identified PLUS populations for adults, children and young people, and the broader national Core20PLUS5 framework.

As we moved into delivery of the strategy in 2023/24, we have focused on working with partners from across the system to take stock of the achievements and existing work aligned to the strategy, and to outline plans and priorities for the coming 18 months. We are working to embed improvements in population health outcomes and reduce health inequalities, with consideration of how we prioritise our resources and work as a system to deliver care.

To make this a reality, significant work has been undertaken over the last year to socialise and engage with partners on our strategy and delivery approach, including with health and wellbeing boards, trust boards, borough partnerships, forums involving the VCSE and patient representatives. This has culminated in the development of an NCL Delivery Plan, which also functions as our Joint Forward Plan (due for publication in June 2024) and consists of a stocktake of progress and action plans aligned to:

- our key communities
- system transformation programmes
- borough partnership priorities
- our NCL Outcomes Framework

Moving forward, our focus will be on delivering against the plan, ensuring clear accountability and alignment between organisations and spatial levels (neighbourhood, place, system), as well as further development of our levers for change (for example, building our quantitative and qualitative data capacity and capability to better understand and act on inequalities). To ensure it remains relevant and up to date our delivery plan will be refreshed annually as work progresses and the needs of our population changes. Refreshing this plan will be undertaken across local partners and will reflect the maturing partnership in NCL.

In line with delivery of the strategy, we are building on the lessons learned from system and place work on vaccinations to identify, via the Integrated Care Partnership (ICP), a small number of areas to "super-charge", making the best use of the collective weight of the ICP to accelerate and deepen impact. One such area is heart health, with a focus on improved identification and treatment of high blood pressure and work is ongoing to plan and set out actions for all partners.

One of the levers for change which is particularly important is becoming a learning system and within that our responsibilities to facilitate, promote and use research and innovation to inform our work. There are a number of examples of how we are developing our relationship and approach to this. We have secured national funding to establish our Research Engagement Network (REN), aiming to drive diversity and representation of our local population in research. This has resulted in over 30 engagement events with some of our under-served communities in Enfield and Haringey; this work will continue as we expand the scope of our REN both in terms of geography and communities. Some elements are described in the engaging people and communities section (page 57) which outlines our work to improve the diversity and inclusion of research. Our revised organisational structure includes specific posts and a research fellow senior leadership role. which will develop and enhance our approach. One of our non-executive members is a research professor at UCL and he will take the lead in 2024/25 as chair of our Population Health Improvement Committee. We have begun the process of scoping and engaging on our Research and Innovation Strategy, and as part of this have been taking stock of the current research infrastructure across the ICS. This has included developing links with key stakeholders, including UCLP (University College London Partners), NIHR ARC and CRN (National Institute for Health and Care Applied Research Collaboration / Clinical Research Network).

The Triple Aim is a statutory duty that requires the NHS to consider the broader impact of its decisions across three key areas: health and wellbeing, quality of services and efficient resource use. The Triple Aim encourages holistic decision-making which encourages a shift beyond immediate service users and organisations, emphasising strategic collaboration with other relevant bodies and the public. The aim is to focus not only on individual care but also on public health, prevention, and reducing health disparities for the wider population. Our approach to health inequalities is central to this, with a number of examples of how decisions are made to ensure we are taking a wider view of health, wider determinants and the importance of working together across the system to improve effectiveness, inclusiveness and value for money.

Examples of this include: work on our out-of-hospital care model, where we have come together as a system to improve outcomes for the most disadvantaged communities, improving quality and safety, and making best use of inpatient resources [see page 83]. Our community and mental health service reviews have a focus on improving the offer for

patients across NCL, reducing historical funding differentials with the focus on tackling health inequalities, whilst driving consistent outcomes for investment.

Our inequalities work is founded on an appreciation that tackling health inequalities is fundamental to the financial sustainability issues experienced in NCL and that finding the financial headroom to invest in prevention and in VCSE partners is the route to tackling poor health and growing demand.

Examples are threaded through this report, describing how care is being transformed to meet the needs of our diverse communities and how it is being shaped by them; the inequalities fund demonstrates the community-empowered approaches being taken in our boroughs and beyond.

The following sections also provide examples of how strategies and plans have been developed and are fundamentally reshaping how we deliver services in the most effective way to meet the needs of our population. There are numerous examples of specific measurable changes which have been made to improve the care that people receive in NCL and our Start Well work demonstrates the commitment we have to developing effective strategies and plans to meet the challenges in care provision locally.

The ICB has been instrumental in leading and coordinating system work on health inequalities. The establishment of the Population Health and Health Inequalities Committee, the engagement associated with the development of the Population Health and Integrated Care Strategy and Outcomes Framework with partners are good examples of the coordination, facilitation and leadership needed to change outcomes for local people and ensure resources are focused on areas of greatest need.

NCL Outcomes Framework

Throughout 2023/24 we continued to develop our NCL Outcomes Framework. Initially developed in 2022, the NCL Outcomes Framework was informed by our NCL needs assessment, borough joint strategic needs assessments, and joint health and wellbeing strategies, and includes outcomes across the life course that enable us to understand and monitor the needs of our population over time.

Following feedback from system partners, we refreshed the framework in September 2023 to address identified gaps and align more fully with our NCL Population Health and Integrated Care Strategy. Additional measures were included to consider inclusion health, the wider determinants, and integrated care. To improve access and engagement with the framework across our system, we launched an online dashboard of the NCL Outcomes Framework in February 2024. We continue to use the framework to identify variation and prioritise areas where we can make a difference working together as a system, and areas which require action at borough or neighbourhood level to reduce inequalities in outcomes. An annual insights report is planned in 202425 and will be linked to delivery of priority areas within our strategy, as well as exploration of inequalities in outcomes across different areas and communities.

To enable more real-time monitoring, we are also continuing work across NCL, particularly with borough partnerships, transformation programmes, and providers to ensure alignment between place-based, provider and programme-specific outcome frameworks and our overarching framework. We are also working closely across the ICB and broader system to develop our population health management (PHM) capacity, including through our PHM platform (HealtheIntent) - discussed in a later section in this chapter - to drive strategic and insights-led decision-making across NCL. Together these tools support us to monitor our progress on improving population health, tackling health inequalities, and delivering on our ambitions for our residents and communities.

Work of the Communities team

The Communities team was set up to lead and champion actions to address health inequalities in NCL. This work continues as part of the Strategy, Research and Communities team, following the ICB's restructure. The team's core activities are in line with the ICB's equalities duties and are aimed at applying equalities to all our functions by:

- working with teams across NCL to reduce variation in access, outcomes and experience, particularly for underserved communities
- identifying areas of highest needs and health inequalities and supporting the development and delivery of interventions to address these inequalities
- ensuring that equity and equality are prioritised when making decision about services
- encouraging and embedding a culture of equity and ensuring that addressing health inequalities is an integral part of everyone's role

In 2023/24, the team strengthened its focus on the Core20PLUS5 priorities and shaping the NCL Population Health and Integrated Care Strategy. The team continued to build on a number of priorities to address health inequalities which are covered in greater detail below, including:

- establishing a digital inclusion framework for NCL ICS to support organisations to improve digital access to healthcare and wellbeing support for people who may be digital excluded
- undertaking an inclusion health needs assessment and improving service provision for people seeking asylum and people experiencing homelessness, in partnership with health services, council services and the voluntary and community sector
- leading on the development of the NCL Green Plan, which sets out the ambitions and actions for all NCL health organisations to progress towards sustainable service delivery
- taking forward 'anchor institution' approaches across NCL by strengthening local employment pathways (anchor institutions are large organisations, connected to their local area, which use their resources to benefit local communities)
- developing the Thriving Community Zone investment proposal to build on the success of the inequalities fund schemes in Haringey and Enfield by investing additional resource in areas of deprivation in the two boroughs. The focus is on projects having more enduring legacy within these under-served communities because there is also investment in resident engagement to better shape planned care solutions around them
- strengthening our understanding of health needs, gaps and opportunities for service improvement through engagement and co-production

Tackling serious youth violence

We have supported lead partner Barnet, Enfield and Haringey Mental Health NHS Trust (BEH MHT) to deliver the London Vanguard approach to tackling serious youth violence, piloting a trauma-informed specialist model of care for young people (aged 16-25 years) across our five boroughs. This offer aligns with our Population Health and Integrated Care Strategy and offers an important opportunity to explore targeted work with young people, parents and with partner agencies to address risk factors to improve life chances for young people that will have ongoing benefit into the future.

The programme is co-designed and led by local young people and is delivered with voluntary sector partners, local authorities, and Camden and Islington NHS Foundation Trust. Across NCL they have provided over 250 direct interventions to young people, 50 parenting intervention and over 500 consultations. Additionally, they have seen an increase in the number of referrals from all services and have developed parent and young father groups.

Reducing blood borne viruses

Leading the implementation in NCL of the Emergency Department Bloodborne Virus Opt-Out Testing Programme, all five acute trust sites in NCL (Barnet Hospital and Royal Free Hospital, NMUH, UCLH and Whittington Hospital) are delivering an opportunistic screening programme to identify and diagnose those with HIV, Hepatis B (HBV) and Hepatitis C (HCV). Since April 2022, our sites have undertaken over 835,000 tests and have identified significant numbers of newly diagnosed (131 HIV, 587 HBV, 121 HCV), and previously diagnosed but not in care (55 HIV, 85 HBV, 19 HCV) individuals.

The programme has supported the reduction of inequalities by enabling 531 people to access care and treatment for the first time, and offering 143 individuals community support.

Within NCL we are undertaking further work to engage with those lost to intervention, linking those previously diagnosed back into care, and further outreach work with communities particular those diagnosed with HBV which has seen the highest prevalence rates, to improve supports for individuals to link to appropriate care.

Work to reduce inequalities for our lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, plus (LGBTQIA+) communities

In order to reduce inequalities and make progress, NCL ICB is promoting the importance of collecting data about the LGBTIQA+ populations. This is now routinely collected as part of Equality Quality Impact Assessments, in line with LGBT Foundation guidance.

We secured £10,000 to commission Pride in Practice via NCL Training Hub for two practices in each borough to receive practical training to make a difference to people's experience of and access to healthcare.

Following engagement with the LGBT Foundation to identify opportunities to engage with their Rainbow Badge and shared learning from the Royal National Orthopaedic Hospital (RNOH) who have completed the programme, we have created a network of secondary equality, diversity and inclusion leads to focus on LGBTIQA+, in particular policies, data collection and pronouns.

It is a core responsibility of the ICB to address any discrimination, therefore we wish to recruit, retain and support LGBT+ staff. Consequently, the ICB supports the aims and work of the LGBTIQA+ Staff Network including the Safe Space discussions and what comes out of these, including being assigned an executive sponsor to champion the views of the network.

Digital inclusion

In 2023 NCL ICB established an ICS digital inclusion framework with its partners. The framework and the plans we are developing around it are helping us to understand how we can work as partners across NCL to mitigate the number of people at risk of digital exclusion by helping them successfully access organisations' digital solutions to support their health and wellbeing.

The framework is supported by a multi-agency Digital Inclusion Forum which brings together partners across NCL and London to discuss priorities for digital inclusion and how we can work together and learn from each other to promote inclusion. One of our aspirations for Q1 2024/25 is to develop a comprehensive set of coordinated plans within individual organisations, across our boroughs and across NCL ICS in response to the NHS's National Digital Inclusion Framework to promote digital inclusion.

One of our key priorities is to promote digital inclusion associated with primary care access, enabling patients to access online NHS services, and we are developing and delivering several projects across NCL to support this access, whilst working with our council and VCSE partners who are already working with patients and residents on digital inclusion more generally.

NCL inequalities fund

The NCL inequalities fund was introduced in June 2021 to develop new approaches to addressing entrenched health inequalities across North Central London. It has maintained

its annual investment total of £5m in 2022/23 and 2023/24, and 75% of this investment is weighted towards communities in NCL who live in the 20% most deprived areas nationally, with the remainder used to support schemes in NCL which address pockets of deprivation existing at sub-ward level.

The programme takes public health evidence, for example Kevin Fenton's *Beyond the Data* (2020) and *The Marmot Review* (2010), and applies this to live issues in health and care services:

- creating solutions which are collaborative and innovative, addressing the root causes of inequalities – for example, building relationships and trust with underserved populations, that require an ongoing commitment and time to produce results.
- targeting communities living in areas of deprivation and reaching out proactively to our resident Black, Asian and minority ethnic populations, in line with the aims of Core20PLUS5.
- breaking down barriers between organisations and working alongside our population, the VCSE and our partners across health and care in making a difference to the lives of our people.

A review of existing inequalities fund schemes was undertaken between October and December 2023. Below are some examples of high-performing schemes demonstrating that investment in under-served communities, who otherwise cost the ICB a disproportionate amount through increased health and care usage, can result in meaningful benefits for these communities, and savings to the system:

- a North Middlesex University Hospital paediatrician-led collaboration with VCSE and parents of Black, Asian or minority ethnic origins, improved parents' knowledge and confidence in managing their infant's health needs and reduced their reliance on health services including A&E. Nearly 90% of parents were empowered through their peer networks and using online and community supports instead of A&E. This project contributed to a 24% fall in A&E attendances in children aged 0-3 who live in the 20% most deprived areas nationally (2023 vs. 2019).
- in Enfield and Haringey schemes supporting people at high risk of developing, or already diagnosed with, diabetes and heart failure, targeting those of Black, Asian or minority ethnic origins reached 22% of the community. Over 80% of people with diabetes improved their long-term blood sugar levels and 32% of people with heart

failure reported a reduction in their symptoms. There was a reduction of approximately 375 A&E attendances and 125 emergency admissions.

- across Haringey and Islington schemes reducing mental health inequalities in children and young people (CYP) through sports and arts, and providing counselling and psychotherapy in non-traditional and non-stigmatising community settings, have reached over 1,500 CYP, with significant reductions in symptoms, and progress towards their outcome goals. Over 110 CAMHS and acute admissions were avoided in Haringey.

Central to the establishment of the NCL inequalities fund was the aim to address specific areas of need, and also learn lessons that could be applied more widely across the system. Learning to date has informed NCL ICB's Working with our People and Communities Strategy and Working with our Voluntary, Community and Social Enterprise Sector Strategy, and the NCL ICS People Strategy and Population Health and Integrated Care Strategy and Delivery Plan, through exploring new ways of identifying needs in our underserved communities, and working in partnership with local communities and VCSE partners to demonstrate impact.

Improving outcomes for inclusion health groups

Inclusion health is an umbrella term used to describe people who are socially excluded and who have high risk factors for poor health. They include people experiencing homelessness, vulnerable migrants, people in contact with the criminal justice system, sex workers and Gypsy, Roma and Traveller communities. People in inclusion health groups face some of the highest health inequalities in terms of access to healthcare, experience and health outcomes.

The Communities team, in partnership with borough leads and public health colleagues, conducted an Inclusion Health Needs Assessment (HNA) to better understand the demographics, health needs and barriers to healthcare for people experiencing homelessness and other inclusion groups in NCL. Interviews with people who have lived experience and senior stakeholders, as well as staff feedback through a survey, provided a comprehensive overview of this area and supported the development of recommendations and an action plan. NCL's leadership on inclusion health has been recognised as an example of good practice in the NHSE Framework for Inclusion Health. Key activities are summarised below.

Improving access, experience and outcomes for people experiencing homelessness

Access to primary care was a key priority highlighted in the Inclusion Health Needs Assessment. Over the last year we have improved equity of primary care provision for people experiencing homelessness across our five boroughs. This means that we have dedicated GP services for this population that deliver care and support according to their needs. The newly expanded access to specialist primary care services for people experiencing homelessness in Enfield and Islington has received positive feedback from individuals who have received medical care. In Islington, the outreach GP service runs clinics in community settings and has built relationships with hostel staff, key and support workers, council teams and local charities to support a cohesive service for people who are sleeping rough or experiencing homelessness.

People in inclusion health groups have a higher risk of infectious diseases. NCL ICB has commissioned the specialist outreach ‘Find and Treat’ service to deliver COVID-19 vaccinations, alongside additional screening for infectious diseases, to people who are sleeping rough, experiencing homelessness or in other health inclusion groups.

Out of hospital care

More than 1,500 people identified during their hospital admission as experiencing homelessness or at risk of homelessness, have been supported to move on from homelessness, avoiding a discharge to the streets. The out of hospital care model intermediate care and support team, working with the discharge transfer of care hubs since October 2021, has enabled this safe discharge to happen. Of those rough sleeping upon admission, 95% have moved on from homelessness. 25% of those identified as homeless in hospital were women, and many clients have been without recourse to public funds.

Collectively the system (housing, health and social care) has a working ethos of no discharge to the streets, and a discharge to assess aligned approach to provide intermediate care and resettlement support.

Co-occurring conditions programme

There is work underway to join up health and care across mental health and substance use support for people experiencing homelessness in each borough through the co-occurring conditions programme.

There has been a strong focus on supporting staff training and development to improve care for people in inclusion health groups. An NCL Community of Practice for Homeless Health and Care was launched in May 2023 to provide a learning platform to exchange ideas and good practices among NCL homeless health practitioners across all service areas.

Healthcare for people seeking asylum

The Communities team has commissioned a locally commissioned service to provide healthcare for people seeking asylum who are placed in Home Office accommodation in NCL. The ICB has been closely with councils and the voluntary sector to put in place a wide range of support for people seeking asylum. This includes mental health, wellbeing support and advocacy for individuals in Home Office accommodation in NCL, delivered in partnership with councils, voluntary sector and mental health trusts. Outreach childhood vaccination and immunisation catch-up sessions were delivered to children seeking asylum through a collaboration across primary care, public health, the voluntary sector and the ICB.

Engaging with Gypsy, Roma and Traveller communities

The Inclusion Health Needs Assessment highlighted that we need to do more to understand the health needs, experiences and barriers faced by people from the Gypsy, Roma and Traveller Communities. We are developing dedicated engagement through the Research Engagement Network (REN) programme for these communities in the boroughs of Enfield and Haringey. Further information regarding NCL's REN is included in the engaging people and communities section of this annual report (from page 57).

Borough-based inequalities work

All the borough partnerships in NCL have reducing health inequalities as a top priority. Whilst not an exhaustive list, the following section gives examples of the range of activities being undertaken in each borough to tackle health inequalities relevant to the local population.

Barnet

Key priorities for Barnet borough partnership include cardiovascular disease (CVD) prevention, equity of uptake of childhood immunisations, partnership approaches to asylum seeker health and tackling mental health inequalities.

Two projects actively working towards tackling inequalities in outcomes in CVD include:

- **Healthy Hearts peer support programme** is a VSCE employed peer-led community engagement programme with residents from South Asian, African, or Caribbean heritage (due to a higher prevalence of hypertension and inequalities in outcomes in CVD in these communities). The programme provides awareness, peer-led education and understanding of high blood pressure and behaviours that can help to control it through peer support and culturally competent and co-created resources. Healthy Hearts also increased awareness about wider support, including foodbanks, pharmacies and other VCSE organisations.
- **Proactive hypertension case finding** project aims to reduce the diagnosis gap in hypertension through work with GP practices and community pharmacies.

Increasing uptake and equity of uptake of childhood immunisations

Barnet's partnership work with community and VSCE partners to improve uptake in childhood immunisations and reduce inequity in uptake continued in 2023/24, including targeted work with key communities, including our ultra-orthodox Jewish community. Data shows that immunisation rates amongst children aged 1 and 2 years have consistently increased over the past 12 months.

Tackling mental health inequalities

Barnet's work with 'Art Against Knives' (AAK) continued during 2023/24 as part of the work to tackle inequities faced by young black men in the mental health system. Truly hearing the voices of young black males is a key component of this work with AAK, to inform design of mental health services that meet the needs of young black males, and to reduce inequities in access, experience and outcomes experienced by this group. Our work with Art Against Knives aligns with our work around anchor institutions, supporting growth and sustainability of local creative spaces for young black males in the borough, as well as creating five peer leader employment opportunities. Two of the five peer leaders have begun a youth work course, while another two have already gone on to further

employment. The peer leaders have supported over 80 young people to date, with numerous positive case studies showcasing the impact of their work.

Camden

The Camden borough partnership continues to oversee a programme of local initiatives targeting inequalities, supported through the NCL inequalities fund. A few examples are provided below.

Outreach from the St Pancras and Somers Town Living Centre (TLC) – this community asset is based in the heart of the two most deprived areas in Camden. The central Camden primary care network is hosting physical activity programmes, nutritional therapy programmes and severe mental illness clinics from this centre to promote access and convenience to the local Bangladeshi community.

Bridges to memory services – Camden and Islington Mental Health Foundation Trust is working with Hopscotch to place workers in community resources to support local people into the Camden Memory Service for diagnosis, without the need for a GP referral, as well as by providing training and upskilling around recognising and responding to the early signs of dementia. This is intended to promote access by South Asian women to appropriate statutory support, as well as reducing stigma about engaging this help.

Complete care communities in Kentish Town – general practice is working with voluntary and community sector partners to engage and educate champions to share knowledge, as well as to engage and support change around mental wellbeing and support, in the Bangladesh and Somali community in East Camden.

Enfield

During 2023/24 Enfield borough partnership continued work to deliver key workstreams relating to: empowering local people; 18-40-year age group – who smoke and who are obese or at risk of becoming obese, and those living in the 20% most deprived areas nationally. Other key areas of focus include the cost of living crisis and poverty, social deprivation, education, access to fresh food, and access to green space.

Highlights from several of these programmes are included below.

Enfield community hub outreach has offered non-health support over 3,400 people to date, using a strengths-based approach and supporting people with their vision of a good life and sustainability. 46 partners participated in the hub. Key areas of provision included housing, benefits, employment, financial and debt support. From a clinical perspective, having Enfield Connected Communities on-site has enabled clinicians to focus on their area of expertise, while coordinating with and influencing the wider determinants of a patient's or family's health situation.

Enfield smoking cessation supports patients in the most deprived wards to stop smoking and improve their health outcomes. The programme has resulted in a 9% quit rate and a 28% switch to vaping amongst smokers. 5,490 people have received healthy lifestyle support to date.

Enfield homelessness programme, delivered through Enfield GP Federation, used a multi-professional and trauma-based approach to provide preventative and proactive healthcare for people experiencing homelessness. The programme offered over 200 appointments to assess and manage acute and chronic health symptoms or conditions affecting people affected by homelessness.

In the last year, the **Enfield Black Health Improvement Programme** provided cultural competence training to over 150 health care professionals. Demonstrated outcomes from participants included improved cultural safety, cultural humility, and culturally competent approaches, enabling professionals to better engage people to ultimately improve their experience and outcomes. Additionally, the Enfield Black and Caribbean Forum was formed with members from over 110 community stakeholders to facilitate and foster sustainability through increased community capacity, co-design of services and exploration of funding opportunities for smaller organisations, with representation specifically from African and Caribbean communities.

Enfield Patient Participation Group (PPG) is an award-winning group of volunteer patients, carers and GP practice staff who provide regular support to the running of GP practices across the borough. The programme increased the diversity of membership of our PPGs with greater representation from Black, Asian and minority ethnic groups, as well as other protected groups often under-represented in PPGs.

The **LTC Heart Failure and Diabetes project** supports underserved people who are at risk of, or already have, heart failure or diabetes in East Enfield's most deprived neighbourhoods in Lower Edmonton. Working with Turkish, Greek, black African, and black Afro- Caribbean people who experience the highest health inequalities, the co-produced offer provides comprehensive assessment and optimisation, alongside peer support and culturally tailored education and self-management. MDT sessions have resulted in a 56.2% reduction in HbA1 among type 2 diabetes patients and reduced the risk of diabetes-related hospital admissions.

As one of only seven **Core20PLUS5 Accelerator Sites** being run by NHS England in partnership with the Health Foundation and Institute for Healthcare Improvement, the Enfield borough partnership has focused on improving the uptake of targeted lung health checks amongst eligible residents.

Haringey

Haringey's neighbourhoods programme

In 2020, the Haringey borough partnership established a neighbourhood programme to integrate teams and services closer to where people live, so that residents can be supported earlier better and more holistically. A key part of this programme includes the formation of integrated neighbourhood teams that bring together core services such as community and mental health, adult social care, children's and family services, with wider partners and services, including the VCSE. Core objectives of this work include facilitating co-location as an enabler of integration, as well as enabling integration independent of physical constraints.

A key example of our neighbourhoods work is the Northumberland Park Resource Centre, based in North Tottenham in East Haringey, one of the most deprived areas in the borough. Located in the centre of a local estate, the hub provides services such as housing, mental health, social care, advice and guidance. The space is used for community events, such as a Christmas fayre, and now also houses a laundromat and a food and clothing bank. The centre works collaboratively with local GP practices and borough clinical leads to maintain links with key clinical initiatives, and regularly brings services together to support knowledge sharing and briefings.

Mental health arts and sports project seeks to reduce mental health issues amongst children and young people with behavioural or emotional issues through sports, arts and access to non-traditional community-based mental health services. It is led by schools who refer young people who could benefit from the service. The project is managed by a local community organisation, Open Door, and is assisted by local partners, including Deep Black and the Tottenham Hotspurs Foundation. Of over 500 children and young people who participated, nearly three-quarters were from non-White British ethnic backgrounds and lived in the 20% most deprived areas nationally. Of these participants, 77% had moderate to severe depression and most were considering self-harm at the start of the scheme. The project reported that, of those participants in the higher severity range, 76% made significant progress in improving their mental health, with 82% making progress against their wider goal-based outcomes.

ABC Parents aims to empower parents and carers in Enfield and Haringey to learn about child health and lifesaving skills. The programme includes childhood illness and injury education, teaches resuscitation skills, provides community drop-in groups, workshops on saving a child's life, breast feeding, post-natal fitness, talking therapies and peer support to increase parental knowledge, build confidence, encourage appropriate use of healthcare resources and work collaboratively to empower families and tackle barriers to community engagement. Some activities have been delivered in the languages of local communities, for example first aid courses in Turkish and Albanian.

To date, the project has reached more than 2,500 local parents of children aged 0-3 years living around North Middlesex University Hospital (NMUH). The preventative and proactive approach to improving parents' knowledge and skills resulted in 80% of parent participants having no further A&E attendances for their young children in the year after their presentation, and 95% having no more than one attendance.

Islington

Reducing inequalities in mental health outcomes

Mental health and care is one of Islington borough partnership's identified priority programmes and there has been an increased focus on early identification and improved care for people living with mental health conditions, particularly around reducing social inequalities in mental health outcomes. Significant numbers of people within Islington's diverse communities with mental health needs would benefit from treatment and support

but are not accessing it. In collaboration with local people with lived experiences of mental illness, experts from different communities and people working in mental health services in Islington, Healthwatch has designed a *Challenging Inequalities Self-Assessment Toolkit*. This toolkit has been promoted far and wide in Islington, via VCSE conferences and local events, with partnering organisations making pledges to continue to promote and share.

Those with learning disabilities (LD) or severe mental illness (SMI) are entitled to an annual health check, but uptake nationally is low. This has led to the development of a local café for people with LD and SMI to promote integration, reduce social isolation and contribute to social, physical, and mental wellbeing. The café encourages people with LD and SMI to receive annual health checks and focuses on whole population approaches to improve outcomes, for example healthy eating, exercise, follow-up interventions and links to employment opportunities. It also provides opportunities to understand the barriers to uptake in particular communities and parts of the borough, and reduces social isolation by bringing people closer together.

Research has demonstrated disproportionate numbers of care leavers experience mental health difficulties, often exacerbated during the transition period from children to adult services. **The Brandon Centre** provides additional support and counselling to care leavers aged 18-25, both directly or indirectly, through consultation and training. To date, over 900 young people have attended a psychotherapy treatment appointment in the community, with data collection showing a significant reduction in symptoms and a reliable change in young people's scoring of their own goals.

The **Early Prevention Programme**, funded by the Islington health inequalities programme and Violence Reduction Unit, is an innovative intervention led by Islington council with local partners to improve mental health outcomes and life chances for young black men in Islington. Delivering since 2021, the programme has received media attention for its culturally competent approach. The programme consists of 4 workstreams:

- Early Intervention: Becoming a Man (BAM) – counselling and 1-1 mentoring in three Islington secondary schools
- Elevate Innovation Hub: a community hub which delivers therapeutic solutions based on culturally competent practice to young black men aged 16-25 at risk of poor health, serious youth violence and exclusion from school

- the Barbers Round Chair Project: equips and trains Islington barbers to become community mental health ambassadors
- a cultural competency and anti-racist practice training programme for Islington partners including GPs, social care, and schools

Hand in Hand Islington is a volunteer peer travel buddy scheme, led by Camden and Islington Foundation Trust. It aims to improve access to Islington's health and social opportunities for residents of the borough who experience substantial levels of inequality, stigma, and isolation, as well as supporting peer buddies by creating a step towards meaningful activity and employment, building confidence, and gaining work readiness through volunteering.

308 peer buddy journeys were completed in 2023/24, several of which involved walks in green spaces and parks, which are in high demand. Qualitative research found that peer buddies involved in Hand in Hand volunteering reported that it *"determines whether I get out of bed in the morning",* providing them with substantial motivation and empowerment.

Since 2022, Islington borough partnership health inequalities funding has been allocated to a community research support programme which discusses local cancer screening offers and services with a breadth of Islington minority communities. In 2023/24 the programme focused on cervical screening in the Turkish and Somali communities, as they are reported as having the lowest uptake of cervical screening in Islington. So far, 117 Turkish and Somali women have received a targeted phone call and 208 women have participated in cancer screening workshops, in December 2023 and January/February 2024.

Alongside work through the NCL health inequalities fund, Islington has continued broader work to tackle health inequalities through initiatives such as:

- **Self-care Pharmacy First** pilot scheme aims to support socially vulnerable patients in Islington unable to purchase over-the-counter (OTC) medicines (as part of self-care) due to low income
- **Islington Health and Care Academy** that has been successfully supporting local people into employment in the health and social care sectors for nearly five years. The Health and Care Academy works with local partners to recruit Islington residents into health and care roles, supporting a more diverse workforce, improved wellbeing through employment and greater community wealth. New programmes are also co-

designed as part of the academy having a specific focus on groups who experience barriers to employment such as care leavers and refugees.

Reducing inequalities through population health management approaches

Addressing health inequalities is one of the primary functions of population health management (PHM). NCL's population health management platform (HealtheIntent) brings together near real-time data from health and care organisations across our ICS to create an integrated health and care record for each patient. Its purpose is to support the delivery of direct care to patients. Using a data-driven approach allows us to identify and understand the health and care needs of our population, and targeting support for specific population groups or cohorts represents a step change in the way that health and care professionals can use data across the NCL system to effect change.

NCL has two types of HealtheIntent tools:

- **HealtheRegistries** provide front line staff with a view of the gaps in patients' care, against a defined set of measures, for a specific population or cohort (e.g. adults with severe mental illness, people with a learning disability, people with diabetes). Registries support the identification of gaps in care for individuals. NCL currently has HealtheRegistries to support care for people with serious mental illness (SMI), learning disabilities (LD), cancer, diabetes, atrial fibrillation and chronic obstructive pulmonary disorder (COPD). We are developing new HealtheRegistries to support care for multimorbidity, hypertension, chronic kidney disease, antenatal care, frailty, as well as Wellness Registries that focus on prevention.
- **HealtheAnalytics** dashboards enable users to better understand population health needs and inequalities for the populations they serve, and to work proactively to address inequalities in health via case finding tools. For example, our COVID-19 and Flu Vaccination facilitates targeted work within areas or communities with lower uptake, while the Long-term Conditions LCS: Case Finding Dashboards supports direct referral of at-risk patients for NHS Health Checks via local providers. More broadly, our Ethnicity Data Quality Dashboard provides a single consolidated view of ethnicity recording in NCL, as well as an understanding of provider performance regarding data collection.

Tackling health inequalities through major transformation programmes, elective recovery and other programmes

Reducing inequalities has also been a core part of other work programmes delivered across NCL during 2023/24, including some of our major service transformation programmes. In alignment with our strategy, this work aims to reduce health inequalities across the life course, with an emphasis on prevention, proactive and holistic care. A few examples of this are outlined in the following section.

Reducing inequalities in COVID-19 and flu vaccination uptake

NCL's COVID-19 outreach activities focus on improving vaccine uptake amongst groups with uptake rates lower than 36%. These include health inclusion groups, pregnant women and people, those who are clinically vulnerable, those from a Black, Asian or minority ethnic background and those living in deprived areas.

In 2023/24, vaccination clinics were based at 65 trusted and/or convenient sites, such as community centres, faith settings, libraries, schools, drug and alcohol centres, hospitals and sheltered housing. The team also collaborated with external agencies to provide non-healthcare interventions (such as cost of living advice) and offer additional health services, such as flu vaccination, smoking cessation, blood pressure and BMI checks. This work was successful in both delivery of vaccinations and broader health/prevention support:

- 9,081 COVID-19 vaccinations were delivered during the Spring and Autumn 2023 campaigns, and 4,577 flu vaccinations during the Autumn 2023 campaign
- 1,208 individuals had conversations about smoking between February 2023 and February 2024. Of the 112 smokers identified (9.2%), 34 were referred to Breathe (30%), a flexible smoking cessation service that offers tailored face-to-face and remote support from specialist advisors
- 67 smokers and ex-smokers aged 55 to 74 years old were also signposted to attend targeted lung health checks at UCLH, which is managed by the NCL Cancer Alliance
- blood pressure checks were launched in November 2023 and 296 have been completed, with results being sent to patients' GPs
- BMI checks were launched in January 2024, with 111 checks completed

The outreach team were also upskilled to take a 'making every contact count' approach for work with housebound patients, with:

- 1,749 patients screened during the Autumn 2023 campaign, with a focus on hydration, loneliness and smoking cessation
- further education about hydration was provided to 279 individuals, with the aim of reducing falls
- 26 individuals received further information and/or referral to Re-engage, a charity which tackles social isolation
- 61 smokers were identified, with five consenting to onward referral

Despite being the second most deprived ICS in London, rates of COVID-19 vaccination uptake in NCL are above the London average.

Prevention and tackling common health behaviours – accelerating programmes aimed at those at increased risk of poor health outcomes

A number of factors can contribute to poor health outcomes, including lifestyle factors such as smoking, alcohol use, physical activity levels and diet. It is known that people from more deprived groups often have higher rates of tobacco use, alcohol dependence and have higher rates of obesity. Those individuals with a serious mental illness (SMI) diagnosis also have poorer health outcomes. Since lifestyle factors are key drivers of health inequalities, NCL ICB has been working on a number of programmes to support those more at risk.

Across NCL we have mapped service provision around tackling tobacco dependency, weight management and alcohol dependence in order to understand gaps in service provision and inequity in access. We have identified where there are gaps in tailored interventions such as those for people with SMI or pregnant people and people. We are embedding prevention into pathways across the system and understand the best ways to work collaboratively to align the offer to residents around lifestyle changes. We are developing the NHS's role around prevention, which includes training and education, better recording of lifestyle factors, provision of brief advice and signposting to community and voluntary services.

Tobacco use tends to be higher among lower socioeconomic groups, which leads to higher rates of smoking-related diseases such as lung cancer, heart disease, and respiratory illnesses among disadvantaged populations. The ICB is implementing tailored programmes to address health inequalities, such as the Ottawa model for smoking

cessation. The Ottawa model is an evidence-based secondary care programme that supports the identification and treatment of tobacco dependence for inpatients and supports onward referral into community services where an individual can complete their quit attempt.

A key achievement in NCL has been the establishment of inpatient pathways at all four acute trusts and both mental health trusts for tobacco dependency. This has led to an increase in the number of trust staff members trained to have conversations on smoking cessation and an increase in referrals to the community stop smoking services. Two of the four trusts that offer maternity services have also established specialist in-house smoking cessation pathways, with the other two trusts coming on board later this year. This is an enhanced pathway to address the challenges experienced by this cohort of patients when trying to stop smoking. Smoking during pregnancy is associated with a number of health inequalities, including complications such as still birth, low birth weight, miscarriages, neonatal death and other long-term complications for the baby. All these pathways require system working to ensure the smokers are identified across the system, provided with brief advice, supported and signposted into behavioural services. We have established a tobacco board to support decision-making across NCL and each trust has a smoke free action group to address tobacco addiction as part of standard patient care.

Obesity is a significant public health issue. Having obesity can reduce life expectancy, increase the risk of a range of health conditions including heart disease, stroke and type 2 diabetes, and have a significant detrimental impact on mental health. However, it is possible, through appropriate weight management programmes and interventions, to significantly reduce the risk of health conditions associated with obesity. In the most deprived areas in England, prevalence of obesity or being overweight is 14% higher than in the least deprived areas. We have undertaken work in NCL to understand what a whole system approach to weight management will look like and developed action plans for the five boroughs, ICB and the NHS.

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation. A newly establish NCL Liver Network is looking at addressing inequality around liver disease, including alcohol dependence. The ambitions for this year are to start to ensure that the healthcare and local authority workforce is trained to deliver information and brief advice

(IBA) and to make every contact count and signpost people into community service provision.

Mental health and community service transformation programmes

The core offer programmes for NCL's community and mental health services were established in response the baseline reviews of the service, completed in 2021. These established a compelling case for change based on the level of inequity and need against access to services and historic levels of funding. To respond to the case for change, a core offer was co-produced and agreed, specifying what services should be available to everyone in NCL, regardless of where they live.

NCL's core offer programmes aim to drive improvement in our population health outcomes associated with mental health and community services. We have also developed a Community and Mental Health Outcomes Framework, which is aligned to the NCL's Population Health and Integrated Care Strategy and NCL Outcomes Framework, to track benefits across the life course and enable us to target areas where additional focus is required.

The transformation programmes are resourced through a combination of national funding (System Development Funding, Mental Health Investment Standard), ICB funding, system savings and productivity/efficiency requirements for providers. In 2023/4 there has been significant investment in mental health and community services, which has enabled us to develop and enhance service provision across NCL in line with the core offer.

Focus areas in 2023/24

Community services (adult and children and young people (CYP)):

- investments have been focused on historically underfunded areas and areas where there are inequities in access and outcomes
- intermediate care for rehabilitation work has reduced the time people spend away from home and increased the speed of recovery
- the number of virtual ward beds in NCL increased from 118 beds in January to 175 beds in December, allowing patients to get hospital-level care at home safely and in familiar surroundings, helping to speed up their recovery
- we invested in providing a range of services to prevent likelihood of falling as part of an integrated support network in Haringey, moving from 5-day to 7-day service. In Barnet,

we invested in 24-hour care for people who are housebound, to help manage complex incontinence issues and rapid assessment of patients. We also invested in the provision of an expanded speech and language therapy service to increase access and reduce waiting time for care at home for residents suffering from difficulty swallowing /aspiration /chest infection

- investment in asthma nursing for children will ensure that patients have access to an asthma specialist nurse in the community without the need to travel to hospital to receive specialist support
- investment in special school nursing will provide an expanded service for CYP in special schools to ensure they can thrive in their school setting
- streamlined autism assessment pathways, moving towards model delivery of a needs-led, holistic neurodiversity pathway for CYP

Mental health (adult and child and adolescent mental health services (CAMHS)):

- further investment in a range of CYP MH core offer gaps and Long-Term Plan ambitions has delivered an increase in 1+ contacts access to CYP MH services in NCL (12 month rolling total) from 15,600 in November 2022 to 17,620 In November 2023. The median waits to first contact have reduced in all NCL CAMHS providers to below 25 days and in the case of the largest provider, 10 days. We have also seen a 30% reduction in 90th percentile waits for first contact all NCL CAMHS providers between August and November 2023.
- investment into specialist and community eating disorders services has delivered a comprehensive pathway alongside sustainable performance; >95% of routine eating disorders cases were seen consistently within the 4-week target in quarter 3, and >85% of all urgent cases were seen within the 1-week target (100% in quarter 2).
- we are making rapid progress in increasing access to community MH services and with the rollout of personalised care planning and outcome setting via Dialog+, which is supporting our efforts to tackle inequalities through core delivery of services. The continued development of these teams has meant that we can see more people faster, giving people equitable access, improved experience of care and better outcomes. In 2023/4 we saw over 21,000 people in core teams, an increase of 5,000 from 2022/23.
- working in partnership with our academic partners, we have developed our ‘Longer Lives’ strategy, focusing on improving access and outcomes for people with the overarching aim of reducing the mortality gap.

- in partnership with South London Partnership (SLP) NCL launched a north and south s136 hub in 2023, serving the whole population of London 24/7. It supports officers from all of London's principal police forces in managing individuals who are detained or at risk of being detained under section 136 of the Mental Health Act. In the first quarter of operation, we saw a 28% reduction in the number of people detained under the Mental Health Act and a 56% reduction in people attending emergency departments.
- throughout 2023/24 we worked with our mental health trusts and NHS England to develop and implement the Long-Term Plan ambition to ensure 24/7 all age, open access to crisis care via 111. The service was partially mobilised in 2023, moving to full implementation in April 2024. This moves us closer to achieving 'parity of esteem', where mental health is valued parallel to physical health to close the inequalities in mortality, morbidity, and delivery of care.

Elective recovery

The elective recovery programme has multiple workstreams focused on reducing waiting list growth and targeting the improvement of health outcomes for patients across NCL. Health inequalities remains a common theme across elective care services and a key ICB ambition for 2024/25 is to integrate inequalities reporting into routine performance outputs. Alongside this, elective waiting time health inequality reporting will be a routine agenda item at our ICS elective governance forum, the Operational Implementation Group.

Throughout 2023/24, NCL ICB continued to run the ICS demand smoothing initiative, aimed at reducing variation in patient waiting times across the system. Demand smoothing focuses on enabling equity of access and addressing patient need through temporary re-alignment of capacity to meet demand. This is one example of how we have looked to restore priority services in an inclusive way.

Alongside demand smoothing, mutual aid co-ordination and collaboration between secondary care providers remained a core element of reducing inequity in waiting times across the system throughout 2023/24.

Surgical hubs

There are over 260,000 adult patients waiting for elective care in NCL hospitals currently, of whom 30,000 are waiting for surgery. The longer people wait for surgery the more risk

there is of their health deteriorating and the complexity of their care increasing. National evidence shows that surgical hubs can increase elective capacity and efficiency whilst improving clinical outcomes. NCL wanted to build on our innovation of developing elective orthopaedic centres and explore the possible expansion of surgical hubs into other specialities. The first proposed programme of change was ophthalmology.

We developed a proposal to consolidate simple cataract surgery into a specialist surgical hub at the Edgware Community Hospital. NCL ICB undertook a health and equality impact assessment (HEIA) to a) review the equity of then current service provision and b) determine positive and negative impacts that could result from the proposed changes to the model. The HEIA indicated that the service changes may impact more on older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers. The HEIA analysis was used to shape both the engagement work and the proposed implementation plans.

We targeted our engagement to older people aged 65+, Black or Asian ethnic groups, those living in more deprived areas, patients with co-morbidities, patients with disabilities, and carers and developed with them mitigations, such as pathway navigators and improved patient information, and surgical hub accreditation implementing best practice around working with older people and those with disabilities.

Cancer screening – improving the testing pathway for colorectal cancer

During the pandemic, colorectal cancer services reported that patients with a low-risk of having colorectal cancer were being referred on urgent suspected cancer pathways and having unnecessary, invasive investigations such as colonoscopy.

NCL cancer clinicians developed the faecal immunochemical test (FIT) <10 pathway that is being piloted to help reduce the number of referrals for colonoscopy by using the less invasive FIT test to manage patients.

Over the last year, NCL Cancer Alliance has been working with primary and secondary care to ensure the FIT test is available to all patients with symptoms suggestive of bowel cancer and avoid creating any inequalities in access. In addition, the Alliance has worked with clinicians to develop patient resources in multiple languages to ensure they are able to complete the test properly and understand how their care will be managed.

Work has also been carried out to understand the FIT test completion rates and steps that could be taken to improve it. Data analysed at borough, PCN and GP practice level highlighted that completion rates are lower in areas of highest deprivation. The Cancer Alliance has appointed a GP cancer lead who will support practices to improve completion rates. This may include development of additional patient resources (in different formats), supporting staff to engage patients, and identifying any additional support needs.

Start Well for children and young people

The Start Well programme is a long-term piece of work aimed at improving the quality and safety of care for pregnant women and people, reducing inequalities in outcomes and giving every child the best start in life. In 2023/24, the programme developed proposals for change and conducted a 14-week public consultation to gather views of patients, residents, staff and stakeholders.

No changes have yet been agreed; however we believe the proposed changes would create more resilient services, with midwifery and obstetrics-led units co-located with neonatal units able to look after premature or unwell babies, alongside a homebirth offer for all boroughs. It would allow us to invest significant additional resources, staff and capital in a more resilient model, with the four hospitals providing maternity and neonatal care able to improve quality, safety and patient experience. There is also a proposal to close the birthing suites at Edgware Community Hospital, whilst retaining the provision of antenatal and postnatal care at the site. Paediatric centres of expertise would allow us to make the best use of our highly specialist paediatric surgical staff and provide timely, high-quality expert care for babies and young children.

Alongside the proposals for change, we have undertaken in depth interim integrated impact assessments (IIA). These highlighted groups and communities that we think may be more impacted by proposed changes, with a particular focus on those with protected characteristics, deprivation and where there are known health inequalities.

The interim IIAs informed the ICB's approach to consultation – more information about this can be found in the engaging people and communities (from page 57) and reducing health inequalities (from page 77) sections of this report. Development of the IIAs also highlighted areas where there are opportunities to make improvements to the quality of our maternity

services now. The powerful feedback we heard during engagement with service users for the IIA led our Local Maternity and Neonatal System to refresh their equity and equality action plan, taking forward actions that directly relate to the feedback we heard. The work also led to NCL ICS successfully bidding to join a national learning and action network being led by the NHS Race and Health Observatory, which is aimed at addressing inequalities in maternity outcomes between women of different ethnic groups. This is a 15-month peer-to-peer learning and action network, combining quality improvement with explicit anti-racism principles to drive clinical transformation and enabling system-wide change.

Long-Term Conditions Locally Commissioned Service

Launched in October 2023, NCL's new Long-Term Condition (LTC) Locally Commissioned Service (LCS) aims to deliver improved outcomes for those in NCL living with or at risk of developing a LTC by providing a proactive, personalised and holistic model of care. With all GP practices in NCL participating, the LTC LCS offers a single, consistent approach to LTC management across all five boroughs, taking a multi-morbidity approach and embedding PHM into delivery, monitoring and outcomes. Additionally, it aims to address health inequalities by focusing on patient need over demand and the differential effort needed to achieve outcomes with different communities. Initial conditions in scope include metabolic (including cardiovascular disease) and respiratory conditions.

The LTC LCS includes a weighted payment for every patient in the LCS scope living in the 20% most deprived areas, and for every patient in practice population in scope who is of 'not White British' ethnicity. The payment is made to primary care networks (PCNs) who will use the payment to support patient engagement, with the aim of reducing health inequalities through work to overcome barriers and improve access, experience, and outcomes for different communities.

In collaboration with clinicians from across primary care, we also developed a suite of outcomes measures for the LTC LCS. Outcomes payments will be made to PCNs based on PCN achievement to drive reduce variation in performance across PCNs and practices, aiming to reduce inequalities while driving improvements in NCL-wide performance.

Community musculoskeletal (MSK) services

Referrals data highlights a growing demand for MSK community services in NCL. As the risk of MSK morbidity rises with age, more people may spend additional years in poor health due to MSK conditions, further amplifying the complexity of demand for health and care services across NCL. With people living in more deprived areas and people from certain ethnic groups experiencing higher rates of MSK conditions, these are a key driver of poor health and inequalities in NCL. Insights from engagement with clinicians and patients across the system suggest that patients may be receiving care in the wrong place and/or at the wrong time, with implications for waiting times, patient experience, treatment and outcomes, as well as resource efficiency.

Within this context, the MSK Community Services Transformation Programme developed a case for change to address these challenges. Alongside rising demand that outstrips current capacity, the case for change highlighted disparities in the community services offer across the five NCL boroughs, a need for greater focus on prevention and early intervention, inequalities in patient access, experience, and outcomes, as well as inequity in funding across NCL. For example, NCL's northern boroughs experience poorer access to services compared with the southern boroughs, and substantial variations in waiting times.

Wood Green community diagnostic centre

Community diagnostic centres (CDCs) help people to access diagnostic tests in the community, closer to where they live, rather than needing to go to an acute hospital site. In NCL, they have been set up to provide much-needed additional diagnostic capacity (which helps local people to access tests and get diagnosed more quickly) and strategically located to have the biggest possible impact on health outcomes and inequalities, while providing a more efficient and better patient experience.

Our Wood Green site is particularly well-placed to impact on health inequalities. It opened in August 2022, offering blood tests, x-ray, ultrasound, and ophthalmology services., An additional floor was opened in December 2023, enabling the centre to also provide MRI and CT diagnostic testing. The CDC is based in the shopping centre in Haringey and is located close to some of NCL's most deprived and diverse communities. It has excellent public transport links, which enables greater access for patients from across NCL.

At the end of January 2024, the centre had delivered nearly 77,000 tests. Over 70% of activity at the centre comes from populations in NCL who live in the 30% most deprived areas nationally.

Preparing for delegation and tackling inequalities in specialised services

Significant progress has been made across the system in preparation for the delegation of ca. 50% of the specialised services from NHS England to NCL ICB from April 2025.

We have made significant progress in tackling inequalities in the renal pathway and now have a consistent offer for patients with chronic kidney disease and have taken steps to increase renal dialysis capacity and staffing.

Clinical improvements have also been seen in sickle cell, where we have received additional funding to support the transformation of both the community and hospital-based pathways and to raise awareness of how to spot someone in sickle cell crisis and take appropriate steps to support them. Our work is supported by a clinical reference group involving senior medics and operational directors from across NCL ICS who are helping us to progress our local clinical priorities (which also include liver disease and cardiac services) as well as ensure we have undertaken a thorough due diligence and planning process on all services set to be delegated from April 2025 so that they are integrated into our plans around estates, workforce and activity. Our team has taken on the role of lead for sickle cell disease across London, working closely with NHS England, other London ICBs and the national sickle cell programme. We are also playing a major role in the wider work required to transform renal services and ensure they are sustainable into the future.

Our work on these services sees us working with London ICB colleagues, NCL providers, NHS England and with partners across the East of England and Southeast regions to ensure we are coordinated in our work given that the majority of patients treated in NCL are from other parts of London and the wider United Kingdom. We have also been preparing to transition the leadership for Great Ormond Street Hospital (GOSH) from NHS England to NCL ICB from April 2024 as a precursor to full delegation from April 2025 and to test how the transition and collaborative management will work before transitioning other NHS England-led providers (such as RNOH, Royal Marsden and others) to ICBs from next year.

Aligned to our work on specialised services we have also been making significant progress in transforming dental and other delegated services (including optometry and pharmacy) which were delegated in April 2023.

For dental we are focusing on expanding capacity to support children and young people with acute needs, growing capacity within primary dental services through selected interventions (noting that the ICB is not responsible for elements of the main General Dental Contract and therefore cannot make wholesale changes) as well as ensuring we have a consistent offer for people experiencing homelessness (including asylum seekers) and children looked after. Our Dental Collaboration Group (DCG) brings together partners across the dental spectrum, from local dental committees through the British Dental Association, local authorities and NHS England to ensure our work is coordinated and delivers the best outcomes. The DCG has supported work to tackle sugar consumption in schools and also to coordinate support to people experiencing oral health problems as a result of LTCs such as diabetes.

Tackling health inequalities in our NCL 'PLUS' populations

Through development and delivery of our Population Health and Integrated Care Strategy, we have worked with system stakeholders and partners to identify and agree our NCL PLUS populations for Core20PLUS5 for adults, and for children and young people (CYP). Examples of work specifically aimed at addressing health inequalities with our PLUS populations are included below.

Children and young people with special educational needs and disabilities (SEND)

The transformation of services for CYP with SEND remains a high priority for NCL ICB. SEND transformation has been a key pillar of our work delivering the community services review core offer for children and young people, with therapies and autism diagnosis identified as key areas for improvement. Demand side pressures have contributed to annual increases in the number of children eligible for an education, health and care plan (EHCP) across NCL, with the most significant increases seen in Barnet, Enfield and Haringey. The most significant increases were for CYP with a diagnosis of autistic spectrum condition (ASC) who go on to need an EHCP.

Over the last two years the ICB has invested significantly in CYP community services to improve capacity and reduce waiting times for assessment. We have invested in a

targeted reduction in therapy waiting times, created an autism hub to ensure CYP are diagnosed sooner and created a universal offer for therapies in boroughs where the offer was piecemeal.

Plans are in place to transform CYP autism and ADHD diagnosis pathways, with proposals for additional capacity to ensure each local area can meet demand. The ICB has also signed off plans to invest non-recurrently to reduce therapy waits, whilst simultaneously commissioning a review of therapy services which will provide recommendations for how services can be sustainable for the future. The ICB has made progress in improving CYP SEND services and will need to continue to make progress in reducing autism diagnosis and therapy waiting times and tackling variation in the level of resource in each borough.

Children looked after

2022/23 saw an increase in the number of children looked after (CLA) across NCL. This was due to an increase in unaccompanied asylum-seeking children (UASC) presenting in the early part of the year, with UASC accounting for ca. 25% of CLA. There has been joint work with CLA providers, designated CLA professionals and commissioners to identify additional resources to meet this increased demand for initial health assessments (IHA).

NCL ICB was successful in becoming a pathfinder for supporting young people who are care experienced (CE) into health-based careers as part of the Care Leavers Covenant, which is being rolled out nationally. The focus from the Care Leavers Covenant is free prescriptions for care leavers. Funding has been approved to provide free prescriptions for care leavers from Spring 2024.

Children and adults with learning disabilities and autism (LDA)

Approximately 1.5million people in the UK have a learning disability, and approximately 700,000 people have an autism diagnosis. These groups have been identified as a PLUS population in NCL. In 2023/24, NCL's LDA programme supported these populations through the Core20PLUS5 approach by:

- co-funding and designing a respiratory care pathway with colleagues at UCLH
- enabling early cancer diagnosis and other health issues (including respiratory, hypertension and weight management) through annual health checks, enabling service users to better manage their health

This is underpinned by the work of the Learning Disability Death Review (LeDeR) team, who review deaths of people with learning disabilities, looking for commonalities and providing lessons learnt to better support the health and wellbeing of this population.

People living with severe mental illness

In line with the national ambition, tackling all-age mental health is one of NCL's Population Health and Integrated Care Strategy priorities, with one of our PLUS strands relating to severe mental illness.

People with a SMI are at a much greater risk of poor physical health and die on average 15 to 20 years earlier than the general population. Two in three deaths for this population are from physical illnesses that are preventable. This highlights the urgency of early intervention and supporting people to engage with regular physical health checks to identify and treat risk factors and prevent longer term complications. In 2023/24, just under 14,000 people with a SMI had an annual physical health check.

We are making rapid progress in increasing access to community mental health services for people with a SMI to help address the mortality gap and improve physical health outcomes. Working in partnership with our academic partners, we have developed our 'Longer Lives' strategy which sets out a range of deliverables in mental health and key physical health pathways to improve access and outcomes for people, with the overarching aim of reducing the mortality gap.

The ICB's duty to collate, analyse and publish data on health inequalities

The Health and Care Act 2022 contained new requirements for ICBs to collate, analyse and publish data on health inequalities. In November 2023 NHS England published their Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006), setting out the legal powers and responsibilities of ICBs and other relevant NHS bodies, and how they should exercise those powers for the period 2023/24 and 2024/25. Within the statement, NHS England outlined a minimum dataset that ICBs are expected to collate and analyse and publish either within or alongside their annual reports; in NCL we are publishing a summary of key findings from the dataset in a separate insights report to sit alongside our ICB Annual Report.

This is the first year of this requirement and we have focused on ensuring we have collated and reviewed the breadth of data required within the statement, using the data sources directed to us by NHS England where possible. There is strong overlap between the clinical areas and population groups covered within the minimum dataset and the five 'key population risks' and some of our 'key communities' within our NCL Population Health and Integrated Care Strategy, as well as metrics within our NCL Outcomes Framework. The task of pulling together a dataset for NCL focused around health inequalities helps provide a starting point for two of our further ambitions within the strategy: to 'make population health everyone's business' and 'align resources to need,' through embedding health inequalities indicators across performance metrics and baselining current outcomes and spend by geography and demography, as well as monitoring where we are making a difference in reducing gaps in health inequalities as part of outcome monitoring.

The insights report highlights that across the majority of the metrics, performance/ outcomes are worse for our communities who live in more deprived areas and that there is variation by ethnicity. Within this, the proportion of metrics for which patients of a Black ethnicity have poorer outcomes is striking. This reinforces the importance of looking at outcome and performance data by demographics to be able to understand and act on inequalities.

Our analysis featured in the first year's report is at a high-level and looks largely at ICB-level data, including insights by deprivation and broad ethnic groups, where available. As such, it is seen as the first step in signalling where there might be variation in these clinical areas and population groups. Further work with service leads and service users is needed, to understand:

- more specifically, in which groups, and where geographically the inequalities are
- the reasons for this
- what action might be needed as a result

The timing of the publication of the statement and the subsequent focus on collating and analysing the data, which in some instances had not been analysed locally in a similar way, means that it is too soon for the findings to have been used to inform action in-year, although there is a broad read across to our locally identified population health priorities. In our reporting for 2023/24 we have therefore focused on broader work taken to tackle

health inequalities in each clinical area/ for each population group and intend to align insights more closely to specific actions in reports in future years.

Following the publication of the 2023/24 health inequalities insights report we intend to do a deeper stocktake on the findings, working with programme and system leads, to identify:

- how we might refine what data we collate, analyse and report on health inequalities for key clinical areas and population groups on an ongoing basis
- whether there are additional local metrics we want to add to the national minimum data set
- how we systematically monitor these metrics more closely over time
- the relationship between this insights report and other local dashboards and intelligence, and our approach to population health management and insights from communities in NCL
- how we use this duty and approach to analytics to influence the reporting of demographics and inequalities as a core part of our standard performance and outcome reporting, ensuring it is embedded within existing and future dashboards
- how we use this data to inform where we focus our efforts through service improvements, and how we reduce inequalities whilst also improving overall performance within these clinical areas/ for these population groups
- how we are using these insights and this approach to change the information on which we base our decisions, including those regarding resource allocation, to ensure they are aligned to need

Health and wellbeing strategy

During 2023/24, clinical and managerial ICB staff attended and were active members of the five health and wellbeing boards (HWBBs) in North Central London. The ICB is represented on each of the five boards as voting members, alongside NHS provider colleagues. The Health and Wellbeing Boards were engaged in preparing this review.

Each of the five boroughs has a live Health and Wellbeing Strategy which covers the key priorities for health and wellbeing in the borough and is endorsed by health partners. These strategies reflect the priorities and key duties of the ICB and the wider ICS, with a significant commitment to population health improvement and action that supports key population health outcomes.

ICB leaders work closely with HWBB chairs, lead members for health, directors of public health and others to ensure the HWBBs provide a clear view of needs and priorities locally and influence decisions. This year the ICB, local authorities and partners have published the North Central London Population Health and Integrated Care Strategy, which draws directly from local engagement and local strategies, identifying areas we can progress through collaboration and integration.

Our five borough partnerships bring together providers of health and care services, the voluntary and community sector and others to deliver key commitments. Each has agreed priorities, a shared work programme and a local borough partnership executive group overseeing progress and implementation.

Through 2023/24 there has been considerable work to progress priorities such as screening and immunisation, support to children and young people, community mental health models, improvements in special educational needs and disability services, development of our inclusion health agenda, and new models to support long-term conditions. We have also worked via HWBBs and borough partnerships to address inequalities and deliver local inequalities fund schemes, develop our models to better embed prevention and to integrate work on the wider determinants of health and major commitments such as carbon net zero.

We all share the ambition to develop our structures for collaboration at place – at borough level and through the development of integrated neighbourhood teams and neighbourhood approaches. This means bringing staff teams together to support access, continuity, experience and outcomes. It also means coproducing solutions with our patients and residents, partnering to deliver, optimising community assets and working to close gaps in key outcomes for all.

Our discussions in HWBBs and in our wider partnership work are increasingly outcomes focused, and our data and insight is increasingly mature. This is helping partners – when acting together and independently – take evidence-based decisions that ensure we are aligning resources to need.

Highlights from each borough this year included:

Barnet

The actions in the implementation plan for the Barnet Health and Wellbeing Strategy were updated by partners in September 2023 - Joint Health and Wellbeing Strategy 2021 to 2025 | Barnet Council. Achievements in 2023/24 included:

- development and implementation of a child oral health action plan in response to local needs assessment and increased rates of tooth decay in young children
- progress on the Migrant Health Action Plan, developed in response to increasing numbers of migrants being accommodated in the borough
- development and rollout of the Community Ageing Well Service and multi-disciplinary team with additional Admiral Nurse dementia specialist nurses and social worker input
- continuing to deliver our Suicide Prevention Plan with a national award won by the team and a reduction of suicide death rates since 2015
- development of primary care led neighbourhood pilots
- agreement of the Combatting Drugs Partnership Board delivery plan
- Reimagine The Concourse project to bring empty units on the Grahame Park estate back into use. Coproduction with over 100 residents, with a vision to turn empty units into community spaces, enhancing community safety and neighbourhood development
- local community groups and charities supported to deliver Art Against Knives with young black male peer leaders who also feedback and codesign mental health service provision for young black males to improve equity of outcome

- Community Innovation Fund, Barnet's flagship pooled partnership fund to support a sustainable VSCE sector has invested over £820k to date and supported over 50 community-led projects with outcomes including improvements in participants' health and wellbeing and reduction in social isolation

2024/25 will see a review of the Barnet Health and Wellbeing Strategy, with the aim of a fully signed off document by May 2025.

Camden

The Camden Health and Wellbeing Strategy runs from 2022-30. This year partners have focused on delivery of three key aims:

- establishing a full integrated neighbourhood team (INT) in East Camden that is multi-agency and multi-disciplinary. It aims to build on the existing East Neighbourhood Network. It has seen partners redesign their operations around the footprint, secure shared premises, recruit a senior leader, consult frontline staff and focus in on the population group and model of care. This work will continue into 2024, with an evaluation framework to ensure we learn about new ways for our partnership at a neighbourhood level.
- improving long-term conditions (LTC) care. Partners have prioritised pathways that result in ill health and early mortality in the borough. They have worked together to develop and launch a North Camden heart failure model, a new multi-disciplinary LTC model in primary care and to pilot a children's asthma MDT.
- reviewing local investment in preventative services. The initial review demonstrates that a significant amount of council and NHS investment which could support 'whole pathway' approaches and prevention.

Additional achievements include:

- estates transformation – securing and transforming sites to enable new models of integrated care at Kentish Town Health Centre, Hunter Street, Roy Shaw House
- increasing uptake of the childhood vaccination schedule from 60.4% to 80% at year 1, and from 50.8% to 73% at year 5. In addition, rates of MMR1 have increased from 82% to 87%, and for MMR2 from 77% to 82%
- standing up multi-agency Start Well and Family Hubs Board to oversee and assure our borough ambitions for children, young people and families

- continuing to tackle entrenched inequalities through a wide range of NCL-funded schemes, including healthy lifestyles in Somers Town, LD health check improvements and Camden dementia pathways. Almost all of Camden's eligible population living with LD are now having an annual health check
- working with Voluntary Action Camden to co-commission community action research - focused on the experiences of ethnic minority residents (particularly Sudanese and Bengali communities) living in central Camden

Enfield

The Enfield Health and Wellbeing Strategy has just been refreshed and runs from 2024-30. This year partners have focused on strengthening the Enfield borough partnership and aligning it to the aims of the HWBB and NCL Population Health and Integrated Care Strategy to optimise capacity and resources for delivery and key outcomes.

The Enfield Health and Wellbeing Board and borough partnership came together in February 2024 following the public consultation to inform the development of the Enfield Health and Wellbeing Strategy. Partners are aligning delivery to the Start Well, Live Well, Age Well framework with addressing health inequalities a key focus for all. Achievements in 2023/24 included:

- delivery of respiratory clinics for children in primary care access hubs over the winter period
- meeting the national target for annual health checks for adults with learning disabilities or severe mental illness for the third year in a row
- developing the Enfield neighbourhood model, with all partner organisations contributing to integrated care teams in local neighbourhoods focused on improving same day access to services and delivering proactive care and long-term condition management for patients with more chronic and complex health and care needs
- development of a Thriving Communities Zone around North Middlesex University Hospital and in collaboration across the border with the Haringey Partnership
- encouraging participation and engagement with health services in our most deprived wards, for example through the creation of a Turkish speaking primary care patient participation group (PPG) with other PPGs being developed to encompass languages spoken in Enfield

- endorsing development of a mental health wellbeing centre for adults with mental health support needs, through provision of community-based health and wellbeing services
- commissioning a community mental health rehabilitation service to enable patients to be discharged into the community from a hospital rehabilitation setting
- commissioning the development of new Extra Care Housing in Winchmore Hill, opening in May 2024

Haringey

The Haringey Health and Wellbeing Strategy runs to 2024 and partners are about to renew it and set out the health and wellbeing priorities for Haringey for the coming years.

Partners have been guided by a set of health and wellbeing priorities agreed just before the COVID-19 pandemic and by learning from this. The work of the borough partnership has been refreshed, with a major focus on areas such as inequalities, vaccination and prevention, neighbourhood working, community-based mental health, and children's outcomes including for those accessing support for SEND. Haringey partners have been active leaders in the development of the NCL Population Health and Integrated Care Strategy and local priorities are reflected within this.

Key achievements from 2023/24 included:

- for Haringey's children with special educational needs and disabilities, the partnership has been inspected by CQC/Ofsted and found to have improved considerably from 2021, with the quality of leadership and partnership working praised
- transformation of the speech, language and communication support pathway, with inequalities funding supporting coproduction in our most diverse and lowest income neighbourhood and leading to a core offer from the council, NHS and education teams
- full implementation of a dynamic support register for children with autism or learning disabilities at risk of going into hospital or care. This provides a targeted and responsive multi-agency leadership to co-ordinate the care of some of our highest priority children
- meeting national targets for annual health checks for adults with learning disabilities or severe mental illness
- the partnership is progressing a comprehensive programme of early help and intervention around dementia. This includes the ageing well guide, a behaviour change

toolkit, ageing well training programmes for staff and online resources to support self-management and access to healthy lifestyle options and other services in the community

- statutory partners in adult services are now operating in a neighbourhood locality structure with development of community hub sites, notably the Northumberland Park Resource Centre which offers support and access to services and improves dialogue with communities

Islington

Partners have been guided by a set of health and wellbeing priorities aligned around Start Well, Live Well and Age Well. The work of the borough partnership has been refreshed, with a major focus on areas such as inequalities, vaccination and prevention, neighbourhood working, children's outcomes, and employment and workforce. Islington partners have been active leaders in the development of the NCL Population Health and Integrated Care Strategy and local priorities are reflected within this.

Key achievements from 2023/24 included:

- plans to develop a single point of access for all adult social care and community health referrals, delivered through an integrated front door responsible for responding to all incoming referrals from residents, clinicians and other professionals
- development of neighbourhood working with the locality programme in the East, Central and West of the borough. This is progressing an integrated health and care delivery model at a hyper-local level, focused on prevention and management of complex needs in the community
- meeting the national target for undertaking annual health checks for adults with learning disabilities or severe mental illness
- Get Ready for Work training programme has been created to assist local GP practices facing recruitment challenges in hiring receptionists. The programme is in collaboration with local partners, which has recruited local people onto a "ready for work course"
- Islington Training Hub supports the strategic integration of education and training to enable local delivery of high-quality health and care to Islington residents. These programmes and partnership works are developed to build, maintain and evolve a skilled and diverse workforce in Islington

Financial performance: 2023/24 financial review

Introduction

This section of the Annual Report sets out a summary of the ICB's financial performance during 2023/24.

The annual accounts have been prepared under directions issued by NHS England and in accordance with guidance set out in the DHSC Group Accounting Manual (GAM) 2023/24. Further details on the ICB's financial performance can be found in the ICB's 2023/24 accounts at the end of this Annual Report.

Financial duties

During the 2023/24 financial period, the ICB received a £3,696.6 million funding allocation from the Department of Health and Social Care, via NHS England, to commission care services for the local population. The plan set by the ICB at the beginning of the financial year was to deliver a surplus of £10.6 million in 2023/24 for the period of April 2023 to March 2024. The planned surplus position was to ensure that the overall system could submit a breakeven position

The ICB worked within the financial allocations set by NHS England and spent £3,685.7 million, delivering a surplus of £10.9 million and therefore exceeding the targeted surplus by £0.3 million.

The ICB's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2023/24, the ICB spent £30.5 million in this area, which is within the planned spending target. The ICB spend in this area for 2022/23, in its first nine months of operation, was £25.5m. The combined ICB and CCG spend for the full year in 2022/23 was £33.5m.

Financial performance

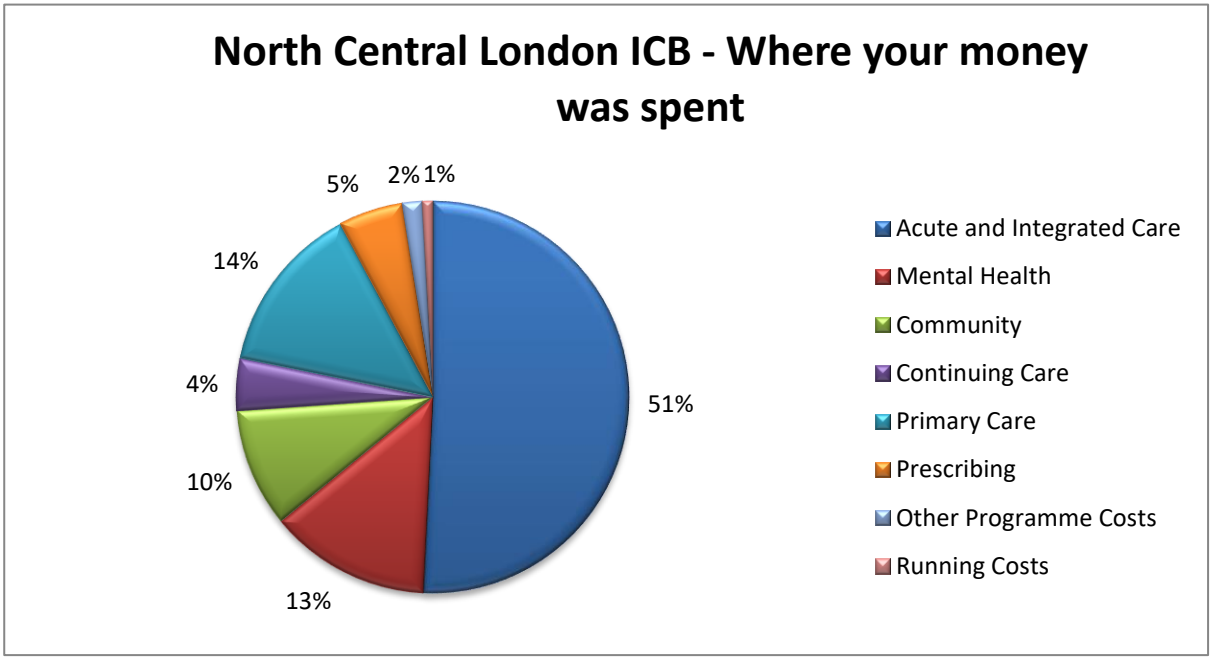
In 2023/24, the ICB experienced significant financial challenges to deliver against the agreed targets. The block contracts with our NHS providers and the additional funding made available for community and primary care services, enabled the ICB to deliver its surplus target in 2023/24. In addition, the ICB 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 sectors to ensure care is provided in the most appropriate setting.

Of the ICB's total £3,685.7 million expenditure in 2023/24, £1,871.7 million, or 51%, was spent on acute (hospital-based) and integrated care (community-based) services. The vast majority of this spend was on the provision of care services at the ICB'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 ICB's main providers of mental health services, Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust, accounted for 68% of the £489.8 million spend on mental health services during 2023/24. Smaller contracts were in place with other NHS, community, and voluntary sector providers. The ICB continues 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 ICB 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 2023/24



By achieving the 2023/24 Mental Health Investment Standard, the ICB continued its commitment to ensuring that spending on mental health services is in line with physical health services.

Non-acute spending includes the ICB's 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.

The ICB has delegated responsibility from NHS England to commission primary care services for general practice. During 2023/24, NCL ICB spent £308.3 million in this area, which included payment of GP contracts, quality, and outcomes framework payments and general practice overheads, such as premises-related costs.

In 2023/24, NHS England also delegated responsibility for commissioning Dental, Ophthalmic and Pharmacy Services. This is the first time NHSE has delegated this responsibility to the ICB, there this is a new area of income and expenditure to the ICB. . The spend on these services was £158.8m

Delivering savings and efficiencies through our Cost Improvement Programme

To meet financial planning requirements and improve the quality and efficiency of services, the ICB agreed a £82.7 million cost improvement programme for April 2023 to March 2024. The £82.7 million savings were largely delivered via efficiencies against the acute, mental health and community contracts. In addition, the ICB delivered savings by applying efficiencies in continuing healthcare, prescribing and other programme costs.

2024/25 planning guidance and financial outlook for the North Central London Integrated Care Board (NCL ICB)

NHS North Central London Integrated Care Board (NCL ICB) will continue to be responsible for allocating NHS budgets and commissioning services. NHS England have allocated funding for the full financial year.

The ICB has produced a draft financial plan for 2024/25, which reports a planned £14.6m surplus against the funding allocation, which contributes to the breakeven plan for the NCL system submitted to NHS England in June 2024.

The 2023/24 contractual arrangements for acute providers will continue into 24/25. The aligned payment incentive contracts (API) have both a fixed element covering non-elective services and a variable element covering elective services. Each contract will contain a target for elective activity, in comparison with a 2019/20 baseline, covering the majority of elective services.

The ICB will continue to be required to meet important performance and spending targets in mental health, community services and primary care during 2024/25.

ACCOUNTABILITY REPORT

Phill Wells

Chief Executive Officer

27 June 2024

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations. It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certification. The ICB is not required to produce this report but has opted to include relevant disclosures in the Annual Accounts.

Corporate governance report

Members report

North Central London Integrated Care Board is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended). The ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

Board of Members

The main function of the Board of Members ('Board') is to ensure that the ICB 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.

The Board has overall accountability and responsibility for the discharge of the ICB's functions (including all statutory requirements). The Board takes an active role in decision-making and oversight, meeting regularly to enact business.

The Board sets the culture of the organisation, taking a supportive approach to subsidiarity and working with borough partnerships to develop our collective approach and learn what works best in different settings to deliver improved health outcomes for North Central London residents and patients. It strives to ensure the organisation functions effectively and efficiently by receiving assurance via regular reports on performance, quality, finance and risk.

During 2023/24 Mike Cooke was the Chair of the ICB. Frances O'Callaghan was the Chief Executive Officer from 01/04/2023 until 30/11/2023 and Phill Wells became Interim Chief Executive from 01/12/2023 for an eight-month period whilst Frances undertook a sabbatical. The Board comprises 15 voting members and eight standing participants.

The voting membership of the Board in 2023/24 was as follows:

- Independent members:
    - Mike Cooke, NCL ICS Chair
    - Kay Boycott, Non-Executive Member
    - Liz Sayce, Non-Executive Member

- Usman Khan, Non-Executive Member
- Ibrahim Abubakar, Non-Executive Member (from 7/11/23)

- Executive Members
  - Frances O'Callaghan, NCL ICB Chief Executive (until 30/11/2023)
  - Phill Wells, NCL ICB Chief Finance Officer (until 30/11/2023)
  - Phill Wells, NCL ICB Interim Chief Executive (from 01/12/2023)
  - Gary Sired, NCL ICB Chief Finance Officer (from 01/12/2023 to 17/12/2023)
  - Bimal Patel, NCL ICB Chief Finance Officer (from 18/12/2023, seconded from North Middlesex University Hospital)
  - Dr Jo Sauvage, NCL ICB Chief Medical Officer
  - Dr Chris Caldwell, NCL ICB Chief Nursing Officer

- Partner Members and other Members
  - Dr Jonathan Levy, Partner Member – Primary Medical Services
  - Dr Simon Caplan, Partner Member– Primary Medical Services
  - Jinjer Kandola, Partner Member – NHS Trusts and Foundation Trusts
  - Baroness Julia Neuberger, Partner Member – NHS Trusts and Foundation Trusts
  - Cllr Kaya Comer-Schwartz – Partner Member – Local Authorities

- Standing Participants
  - John Hooton, Chief Executive, Barnet Council
  - Mark Lam, Chair, Royal Free London NHS Foundation Trust and North Middlesex University Hospital NHS Trust
  - Richard Dale, Executive Director of Performance and Transformation
  - Sarah Mansuralli, Chief Development and Population Health Officer (from 01/04/2023 to 30/11/23) Chief Strategy and Population Health Officer and Interim Deputy CEO (from 01/12/23)
  - Ian Porter, Executive Director of Corporate Affairs
  - Sarah McDonnell-Davies, Executive Director of Place
  - Sarah Morgan, Chief People Officer
  - Dr Alpesh Patel, Acting Chair, GP Provider Alliance.

Register of interests

North Central London ICB maintains and publishes a register of interests online in accordance with NHS England statutory guidance. The register of interests for the following groups are available on the ICB website:

- Board members
- Clinical leads
- Senior staff and managers.

Personal data related incidents

For the financial year 2023/24 there were no Serious Untoward Incidents reported to the Information Commissioners Office (ICO). The information governance (IG) team logged and investigated 30 incidents over the last financial year the vast majority of which were minor and all of which have been resolved with training and safeguards added where needed.

Modern Slavery Act

North Central London Integrated Care Board (NCL ICB) fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31st March 2024 is published on our website at https://nclhealthandcare.org.uk/icb/about/modern-day-slavery/

Statement of Accountable Officer's responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board 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 NCL ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

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

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Phill Wells to be the Interim Accountable Officer of NCL ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding

NCL ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

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 NCL ICB'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.

Phill Wells

Chief Executive Officer

27 June 2024

Governance statement

Introduction and context

The North Central London Integrated Care Board statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB 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 population.

Between 1 April 2023 and 31 March 2024 the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of NCL ICB'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 the NCL ICB's Accountable Officer Appointment Letter.

I am responsible for ensuring that NCL ICB 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 ICB as set out in this governance statement.

Governance arrangements and effectiveness

Constitution

The ICB's Constitution sets out the operational arrangements which have been put in place to meet its responsibility of arranging for the provision of services for the purposes of the health service in England. The Constitution confirms the ICB's membership and accountability, the Board's roles and responsibilities, and the governance structure and decision-making arrangements.

The Board

The main function of the Board is to ensure that the ICB 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.

The membership of the Board is set out in the Members' Report (page 125). The Board met five times in 2023/24. All meetings were quorate.

The highlights of the Board's work in 2023/24 include:

- approving the NCL Joint Forward Plan for the Population Health and Integrated Care Strategy
- approving the announcement of the North Central London Alliance (LAS and LCW partnership) as the preferred supplier of NHS 111 Integrated Urgent Care following the end of the successful procurement; approving the commencement of contract negotiations with the parties; approving the delegation of the signing of the contract to the Chief Executive Officer and Chief Finance Officer for the NCL ICB at the end of the successful contract negotiations and noting the timeline for contract signature and mobilisation
- approving the Start Well pre-consultation business cases and agreeing to launch a consultation on the proposed options for consultation contained within the pre-consultation business cases on 11 December 2023 for 14 weeks
- approving the Primary Care Access Recovery Plan
- approving the People Strategy

- approving and endorsing the recommendation to make a public commitment to becoming an anti-racist organisation and to participate in the associated work as required
- approving the 2022-2023 Equality Information Report
- approving the 2022-2023 Workforce Race Equality Standard (WRES) Report
- approving the 2022-2023 Workforce Disability Equality Standards Report
- approving the 2022-2023 Gender Pay Gap Report
- approving the NCL ICB Organisational Development Plan
- approving the revised NCL ICB Constitution
- approving amendments to the Standing Financial Instructions
- approving the revised Scheme of Reservation and Delegation
- approving amendments to the Functions and Decisions Map and other governance documentation
- approving changes to the Terms of Reference of various Committees (Integrated Medicines Optimisation Committee, Primary Care Committee, Procurement Oversight Group, Quality and Safety Committee, Strategy and Development Committee)
- approving the Local Care Infrastructure Delivery Board Terms of Reference
- approving the change of name of the Primary Care Contracting Committee to the Primary Care Committee
- noting the organisational priorities for 2023/24
- noting the review of governance arrangements/committee effectiveness
- noting the arrangements for the Integrated Medicines Optimisation Committee and the Clinical Reference Group
- noting the North Central London ICB response to the National Delivery Plan for Recovering Primary Care Access
- noting update reports on Start Well and Mental Health
- noting the Sustainable Healthcare: Green Plan Annual Report
- receiving as standing items at each meeting the Finance Report, the Integrated Performance and Quality Report, the Board Assurance Framework and the agreed minutes of the ICB's committees.

In addition to the formal Board meetings, there were four Board seminars. These focused on a wide range of topics, including the Estates and Infrastructure Strategy, NHS 111 procurement, winter planning, Start Well, Data and Digital Strategy, Sustainable

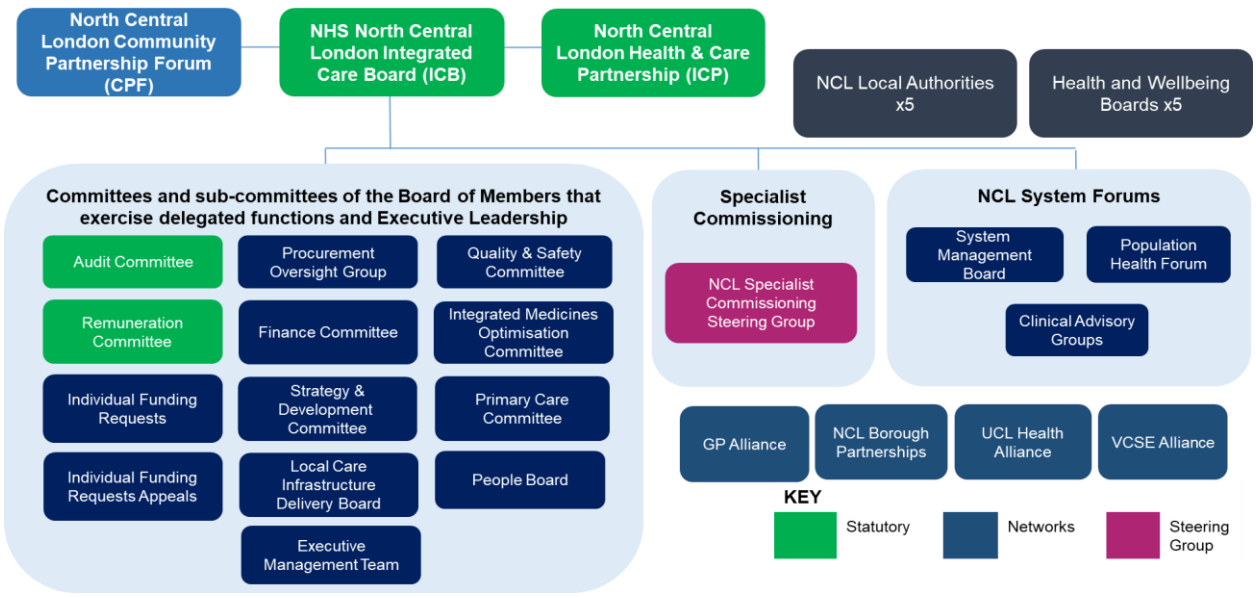
Healthcare: Green Plan Annual Report, the Provider Selection Regime, NCL delivery planning (Population Health and Integrated Care Strategy), the Month 9 ICS and ICB Finance Report and updates on the 2024/25 Operating Plan and the Organisational Change Programme.

Board committees

The ICB has established seven committees of the Board. The Audit Committee and the Remuneration Committee are statutory committees and the Finance Committee, Strategy and Development Committee, People Board, Procurement Oversight Group and Quality and Safety Committee are non-statutory committees. The Integrated Medicines Optimisation Committee is a sub-committee which reports to the Quality and Safety Committee and the Primary Care Committee, Local Care Infrastructure Delivery Board, Individual Funding Requests (IFR) Panel and IFR Appeals Panel are sub-committees of the Strategy and Development Committee.

The membership and attendance of all committees during 2023/24 is set out on page 134 onwards and their full terms of reference are available on the ICB's website.

ICB organisational chart



Audit Committee

The Audit Committee is a statutory committee of the ICB Board which provides oversight and scrutiny of the effectiveness and robustness of the governance and assurance processes on which the Board 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 six times in 2023/24. Five of the six meetings were quorate and carried out in accordance with its terms of reference. The January 2024 meeting was inquorate. However, notes were taken and endorsed by all voting members on 9 February and approved at the March 2024 meeting. Conflicts of interest were managed robustly and in accordance with the North Central London Conflicts of Interest Policy.

The committee oversaw a range of key areas to support the ICB, including the approval of:

- the Annual Report and Accounts
- Counter Fraud, Bribery and Corruption Policy
- Sponsorship and Joint Working with the Pharmaceutical Industry Policy

The committee provided oversight and scrutiny of:

- external audit progress report 2023/24
- external audit risks
- Mental Health Investment Standard
- internal audit plan 2023/24, which included receipt on a range of topics:
    - key financial systems
    - estates strategy and governance
    - procurement
    - quality and safeguarding
    - primary care commissioning (pharmacy, ophthalmology, dentistry delegation from NHS England)
    - data quality: population health
- LCFS workplan 2023/24 (and including the Counter Fraud Functional Standard Return) and approval of the workplan for 2024/25
- a fraud and bribery risk assessment

- the maturing approach risk management at an organisational and system level, as a standing agenda item
- assurance of how the ICB addressed health inequalities in the ICB's Annual Report and Accounts 2023/24, in line with NHS England guidance
- emergency planning assurance
- information governance and data security protection
- proposal of a new finance system (Integrated Single Finance Environment) in line with NHS England policy
- the rollout of the automated procurement and contracting register
- contracting arrangements for 2023/25
- register of losses and special payments
- tender waivers register

The committee is also supported by a range of benchmarking reports into healthcare, including:

- managing risk in the NHS
- gifts and hospitality survey
- single tender waiver benchmarking
- regular appraisal of emerging risks affecting the NHS
- Department of Health and Social Care Group Accounting Manual 2023/24 (proposed updates)
- NHS England: Fit and Proper Person Test Framework for board members
- Financial and Risk Management
    - National Audit Office, Financial management in government: Enablers of success
    - HFMA – System risk management: Key considerations for evolving arrangements

The committee membership included four Board Members. Quoracy required three voting members; three of whom are Non-Executive Members. The Committee was chaired by Kay Boycott, Non-Executive Member of NCL ICB.

Finance Committee

The Finance Committee is a committee of the ICB Board. It meets bi-monthly, but with the flexibility to meet more regularly if necessary (seven times in 2023/24). All meetings were quorate and in accordance with its terms of reference. The purpose of the Committee is to:

- provide oversight and scrutiny of the ICB's finances, budgets, financial performance and efficiency plans
- oversee the development and delivery of a robust, viable and sustainable system financial plan that support's the ICB's objectives
- support the ICB in its wider financial system leadership role and in particular the development and delivery of system financial plans, achieving the system control total (revenue and capital) and ensuring the financial performance of NHS organisations within the NCL Integrated Care System
- ensure health and social inequalities are taken into account in financial decision-making

During the year, the Committee oversaw the following:

- the regular financial reporting and cost improvement planning at ICB level as well as at ICS level
- review and further development of Cost Improvement Plans (CIP) in 2023/24 to take a more system-wide approach as well as a deep dive and re-prioritisation exercise to help ensure efficiency gains could be realised where possible and development of a strategy for 2024/25
- reviewing the Risk Register (which included a deep dive exercise) which now reflects the engagement of a system-wide approach to managing risk
- contracting arrangements 2023-25, which had also been apprised by the Audit Committee. This review has and would lead to standardising contract arrangements, consistency across NCL and maintain equity of provision
- Financial Planning submissions and Operating Plan that have been made to NHS England in May 2023
- review of an Integrated Care System Medium Term Financial Plan and Cost Improvement Plan
- Capital Planning and Estates Strategy, in an ICB and system context
- deep dive exercises into
    - prescribing costs
    - complex care
- the tendering exercise for internal audit and counter fraud services (which was managed by Audit Committee)
- the approval of a credit card policy

The Committee membership consists of eight members, which includes three trust sector representatives and three independent, non-executive members. Quoracy requires three voting members; a non-executive member, a trust member and an officer. The Committee is chaired by Dr Usman Khan, non-executive member on the Board.

Individual Funding Requests (IFR) Panel

The IFR Panel is a sub-committee of the Strategy and Development Committee. Its purpose is to consider funding for a particular treatment or service that is not routinely offered by the NHS. The Panel is chaired by Dr Peter Christian. It was not required to meet between 1 April 2023 and 31 March 2024.

Individual Funding Requests Appeals Panel

The IFR Appeals Panel is a sub-committee of the Strategy and Development Committee. Its purpose 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 ICB's Constitution and IFR Policy. The Panel is chaired by Chuba Ofili. It was not required to meet between 1 April 2023 and 31 March 2024.

Integrated Medicines Optimisation Committee

The Integrated Medicines Optimisation Committee (IMOC) is a committee of the ICB Board and met four times in 2023/24. All meetings were quorate and in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy. The purpose of the Committee is to:

- provide oversight and assurance on the ICB'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
    - the promotion of proper use of medicines
    - safe and consistent access to medicines in the context of care pathways that cross multiple providers
- oversee the development and implementation of the ICB's medicines optimisation strategy and procedures

- ensure co-operation and consistency of approach to medicines optimisation across the NCL Integrated Care System
- oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry

The highlights of the IMOC's work in 2023/24 include the approval of:

- the primary and secondary care medicines and prescribing Cost Improvement Plan (CIP)
- NCL self-care medicines scheme
- the principles for commissioning national tariff excluded drugs pathways for ICB commissioned indications
- the formation of an IMOC Clinical Reference Group with delegated decision-making
- primary care pathways for alcohol, adult actinic keratoses and adult acne
- UNITE asthma review service
- Working with Pharmaceutical Industry - updated policy
- medicines risk register
- Primary Care Rebates for Fostair NEXThaler and Fostair pMDI
- National Medicines Optimisation Opportunities 2023/24 priority areas for the ICB
- high-cost drug pathways for ulcerative colitis, Crohn's disease, rheumatoid arthritis and ankylosing spondylitis / axial spondyloarthritis.

The IMOC also noted the following reports:

- prescribing finance reports
- Integration of Pharmacy and Medicines Optimisation (IPMO) event summary and next steps
- free of charge medicines schemes
- community pharmacy - delegated responsibilities
- diabetes prescribing deep dive
- National Patient Safety Alert regarding Valproate.

In addition to the formal meetings, the IMOC held a seminar focusing on community pharmacy.

The IMOC comprises seven voting members and nine standing participants. Quoracy required three voting members: the Chair, a clinician, and an Executive Director. The Committee was chaired by Dr Jonathan Levy, Non-Executive Member of NCL ICB.

Local Care Infrastructure Delivery Board (LCIDB)

The LCIDB is a sub-committee of the Strategy and Development Committee and was formally established in July 2023. Its purpose is to:

- provide oversight, leadership and Governance for the delivery of the ICB's Local Care (Primary and Integrated Care) Estates programme and
- take its strategic direction from the Strategy and Development Committee and focus on implementation, programme and project delivery and risk management.

The LCIDB meets bi-monthly and met four times in 2023-24. All meetings were quorate. Key committee discussions and decisions included:

- overseeing the delivery of approximately £10m of investment during the year into Local Care estate priorities
- receiving updates on non-NHS funding sources, including S106, Community Infrastructure Levy (CIL), landlord sources and opportunities from grant funding bodies such as One Public Estate and the Greater London Authority
- regular oversight of progress in eliminating the agreed voids programme and other efficiency savings, noting that responsibility for resolving voids extends beyond the Estates team
- overseeing sustainability initiatives within the community and primary care estates
- producing and sharing updates on system-wide initiatives such as locality planning, integrated neighbourhood hub planning and the deep dive
- receiving regular updates from the digital team, including the digitisation of patient records to release space
- oversight of a disposal programme, with focus on system actions needed to enable receipts and on those capable of receipt in the short term
- socialising the Estates Development and Bubble Programme Management Tools which underpin the Board's oversight of programme delivery
- receiving specific reviews of strategy/delivery of key projects or assets, such as the Community Diagnostic Centre programme and Edgware Community Hospital

The LCIDB membership includes members of the ICB Board. Quoracy requires six voting

members. The Board is currently chaired by James Avery, NCL ICB Deputy Chief Nurse, and the Clinical Estates Lead, supported by Bimal Patel, ICB Interim Chief Finance Officer and Sarah McDonnell-Davies, ICB Executive Director of Place. Discussions are in place as to Board representation within the new structure, to ensure Place, System, Primary Care and integration input to the discussion and outputs.

North Central London ICS People Board

The North Central London ICS People Board (People Board) is a committee of the ICB Board and meets quarterly. Its purpose is to:

- provide strategic leadership and oversight of the delivery against people priorities, including those within NCL strategic transformation programmes
- work together to co-design, promote and deliver the strategic vision for workforce across the ICS and amongst its member organisations and staff
- agree key priorities, programmes, and projects for developing and improving the experience, recruitment, and retention of staff
- optimise the current workforce and build the future workforce required within health and social care in NCL to continue to deliver sustainable high-quality care for the populations that NCL serves
- ensure that NCL ICS leverages the research, education, data and technology assets within the sector to drive innovative and future-focused workforce transformation
- champion equality and diversity, and challenge inequalities
- identify and mitigate against strategic and programme risks
- ensure interdependencies with other programmes and projects are understood, managed and communicated
- promote engagement in programmes, projects and initiatives and progress on people matters within the ICS
- feedback and act on new priorities and challenges across the NCL workforce
- utilise Board members' influence to champion the NCL workforce programme, acting as advocates for innovation and change
- enhance and accelerate programme benefits and outcomes across the health and care sector
- challenge NCL organisations and the ICS effectively and constructively
- support NCL workforce programme delivery, ensuring quality and tracking of benefits and resource prioritisation

- ensure effective utilisation of available resources and funding for people development to ensure effective deployment (recognising that statutory accountability may lie elsewhere)
- adhere to the NHS's 'people promise' and principles of public life (Nolan principles) and uphold the values of the NHS and public sector

During 2023/24, the People Board met four times, along with an additional extraordinary meeting in January 2024 to review the DWP Work Well Partnership Programme bid submission. The four main meetings considered regular reports on the ICS People Strategy and the NHS England Long Term Workforce Plan, Chief People Officer's Report, the People Picture, Workforce Training and Education, Sector Check-in (which highlights a different sector at each meeting), Delivery Board Updates (which track the three pillars of the People Strategy – Supply, Development and Transformation); the People Board Risk Register and the Forward Plan.

The other areas of discussion included:

- People Board Governance
- London Workshop Priorities – Regional Workshop Update
- NCL Health and Social Care Academies Briefing
- Reflections of first year of the People Board
- Kings Fund Research Project (NCL were a research site, due for publication in June)
- Social Care – Skills for Care, the State of the Sector
- Education Update
- Health and Wellbeing

The Committee voting members from the ICB Board include four ICB members (Non-Executive Member, Chief Executive, Chief People Officer and Chief Nursing Officer) and a (trust) Partner Member. The Committee is chaired by Liz Sayce, non-executive member of the ICB Board. In addition, the People Board has a broad representation of voting members to embody the nursing, pharmacy, education, training, primary care, adult social care, equality, diversity and inclusion, local authorities and the voluntary sector.

Primary Care Contracting Committee (Primary Care Committee from July 2023)

The Primary Care Committee is a sub-committee of the Strategy and Development Committee.

Its purpose is to:

- provide oversight, scrutiny and decision making for primary medical services (General Practice)
- make decisions in relation to the commissioning, transformation and management of primary medical services
- have oversight of GP Practice quality and performance
- provide oversight to the primary care budget delegated from NHS England and primary care investment from the ICB

During 2023/24, the Committee met six times and considered regular reports on finance, quality and performance, and risks for primary care medical services, as well as making several decisions relating to GP contracts in North Central London.

The Committee remit expanded in year and the Committee subsequently received reports on Access, Workforce, the NCL Long Term Conditions Locally Commissioned Service and other matters of significant strategic interest. These topics all reflect the key risks the Committee owns.

The Committee continues to develop the quality and performance report which brings together key indicators and quantitative data with local insight and the opportunity to consider themes in more depth. In 2023/24 complaints information was collated and presented after the management of complaints related to primary medical services was delegated to the ICB.

Key Committee decisions have included:

- practice mergers, relocations and changes to practice boundaries
- the addition and retirement of GP partners from local contracts
- changes to practice reimbursement e.g. for premises costs and issuing of premises improvement grants
- procurement and commissioning decisions for Alternative Personal Medical Services (APMS) contracts and commissioning of caretaking contracts
- reviews and decisions regarding primary care network composition

- approval of the NCL Long Term Conditions Locally Commissioned Service
- approval of the NCL Primary Care Access Recovery Plan

The Committee membership includes members of the ICB Board. Quoracy requires three voting members: the Chair, an Executive Director and a clinician. The Committee is chaired by Dr Usman Khan, a non-executive member of the ICB Board, supported by Sarah McDonnell-Davies, Executive Director of Place.

The Committee has standing attendees from public health, Healthwatch, VCSE Alliance, the Local Medical Committee and two community participants. This year we said a big thank you to Reverend Kostakis Christodoulou, one of our community members and long-standing PCC member - Kostakis handed over to Lorna Reith, our new community participant. We also said thank you to Dr Dominic Roberts for his years as the Committee Independent GP, and to Emma Whitby from Healthwatch Islington who is rotating with Albie Stadtmiller from Healthwatch Enfield.

Procurement Oversight Group

The Procurement Oversight Group ('Group') is a committee of the ICB Board and meets bi-monthly. It met five times in the reporting period. All meetings were quorate and acted in accordance with its terms of reference.

The overall purpose of the Group is to:

- be a non-conflicted forum which provides oversight and scrutiny of key procurements undertaken by the ICB and ensure that the procurement regime is followed correctly, properly evidenced, is transparent, and that conflicts of interest are appropriately managed
- provide assurance to the Board and other committees and sub-committees as appropriate that conflicts of interest are properly managed throughout the development of the business case, the approval process and that the procurement routes for services are appropriate
- ensure that procurement processes are proportionate to the cost and complexity of the services to be procured
- approve service models where these have been remitted to the Procurement Oversight Group by the Board or one of its committees or sub-committees

- have oversight of any procurement where the contract value is £500,000 (five hundred thousand pounds) or greater across the life of the contract and/or any other procurement where the Board and/or any of its commissioning committees request oversight by the Procurement Oversight Group

On 7 November 2023 the Board of Members approved amendments to the Group's Terms of Reference. In addition to the above purposes, from that date the purpose of the Group included the following:

- to oversee the organisational transition to the NHS Provider Selection Regime and its implementation
- to provide approval to proceed to procurement for approved business cases
- to ensure procured contracts are being managed effectively once awarded and that lessons learned are implemented

During the reporting period, the Group undertook the following key activities:

- approval of procurement plans for the:
    - Positive Behaviour Support provider framework;
    - Camden musculoskeletal service extension;
    - Barnet Wheelchair service;
    - Lloyd George Notes digitisation;
    - Community Ophthalmology Lead Provider;
- review of the APMS core GP contract procurement, further to approval by the ICB's Primary Care Committee
- scrutiny of the transfer of the Enfield Community Services to an alternative provider, and the proposal of a long term procurement
- scrutiny of the NHS 111 service mobilisation
- noting of the ICB's adoption of the 'Atamis' software for the purposes of contract monitoring
- scrutiny of the ICB's preparation and risk management for the implementation of the Provider Selection Regime 2023, and its impact of the contracts pipeline
- approval of the ICB's Provider Representation Panel for the purposes of the Provider Selection Regime 2023

In addition to the above, the Group conducted ongoing scrutiny of the Borough Contracts review and contracting arrangements for 2023 to 2025, the Contract Register, and the Register of Procurement Decisions.

Prior to changes to the Group's Terms of Reference on 7 November 2023, the Group consisted of three voting members, which included the Chief Finance Officer, an independent non-conflicted clinician, and the Executive Director of Corporate Affairs. Subsequently, the Chief Strategy and Population Health Officer was added to the Group's membership, and the Director of Quality replaced the independent non-conflicted clinician.

Quoracy for Group meetings is three Committee members which must include the Group Chair, a clinician and an Executive Director other than the Chair. The Group is chaired by the ICB's Chief Finance Officer.

Quality and Safety Committee

The Quality and Safety Committee is a committee of the ICB Board. The Committee, which is chaired by a Non-Executive member of the ICB, consists of eleven members including the ICB Chief Medical Officer, ICB Chief Nursing Officer, Executive Director of Transformation and Performance, ICB Chief People Officer, along with ICB Non-Executive members, quality and safeguarding, system partners representing our providers, NCL Local Authorities and Healthwatch. From January 2024 two standing Community Participants joined the Committee.

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

- the quality and safety of commissioned services
- reducing inequalities in outcomes, experience and access
- the effectiveness of patient care and high-quality patient experience
- provider service quality performance and quality improvement initiatives
- continuous quality improvement and shared learning across the system
- safeguarding and complaints.

The Committee met five times during 2023/24. Three of the five meetings were quorate, with virtual decision-making undertaken where necessary, and all were carried out in

accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy.

During the year, the Committee considered and reviewed:

- the ICB quality and performance report at each meeting, including the impact of Industrial Action
- Learning Disability Death Review (LeDeR) findings and Preventable Deaths
- Haringey Stillbirth Report
- CQC refreshed approach to inspections
- maternity three-year delivery plan
- verdict of the Lucy Letby trial and implications for the ICS/ICB
- sexual safety of NHS staff
- Complex Care
- National Paediatric Audiology improvement work
- Maternity Clinical Negligence Scheme for Trusts and the Maternity Incentive Scheme
- National Cancer Patient Experience Survey Results 2022
- Martha's Rule requirements for trusts
- Proposed Liberty Protection Safeguards and the Deprivation of Liberties Standards
- summary of the findings of the Independent Review of Greater Manchester Mental Health NHS Foundation Trust
- measles increase and updates on vaccination status.

The Committee approved:

- the Child Death Oversight Panel 2022-23 Annual Report
- the ICB approach to oversight of the implementation of the NHS Patient Safety Incident Response Framework
- NCL Safeguarding Assurance Framework
- Prevent, Persons in Positions of Trust and S117 Aftercare Policies.

The Committee also undertook a 'deep dive' into Restraint and Seclusion in Mental Health providers.

In addition to the formal meetings, there were four seminars held in the months that the formal meetings did not take place. These focused on:

- changes to management of clinical complaints, incident reporting and learning from incidents
- developing good Quality Governance processes across primary care (a joint seminar with the Primary Care Committee)
- Understanding system learning in relation to quality and safety themes. (with Trust Quality Committee Chairs invited)
- Oliver McGowan training requirements for the ICB and system partners

Remuneration Committee

The Remuneration Committee is a statutory committee of the ICB Board. Its purpose is to:

- approve the remuneration and terms of service for ICB members except for the Chair
- approve the remuneration and terms of service for ICB officers, clinical leads and employees at the Very Senior Manager level
- set the pay policy outside agenda for change terms for employees below the Very Senior Manager level. For the avoidance of doubt the Remuneration Committee does not approve employee salaries below the Very Senior Manager level or the Integrated Care Board's staff on agenda for change terms and conditions because these are determined nationally by the NHS Pay Review Body

The Committee met seven times in the financial year. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy. To ensure conflicts of interest are managed appropriately no member of the Remuneration Committee is involved in decision making on their own pay.

The Committee considered the following items of business:

- an appraisal of redundancy schemes available to the ICB in the context of the reorganisation exercise following the request from the Department of Health and Social Care for all ICBs to reduce their running cost allowances in this financial year
- organisational change updates which included reviews of proposed new structures, redundancies and processes for staff engagement
- harmonising the suite of HR Policies of the former five Clinical Commissioning Groups to reflect the unification of the ICB. The policies had been benchmarked with other

parts of the NHS. These included appraisals, employee relations, health and wellbeing and the On-Call Policy for senior staff
- approval to implement a voluntary redundancy scheme, following the ICB's successful request to NHS England and the Department of Health and Social Care
- appraised and approved the potential costs of the voluntary redundancy scheme
- 2023-2024 Annual Pay Increase Recommendation for Very Senior Managers, together with the temporary uplift for some staff who undertook some interim roles at a senior level
- redundancy costs for GP Assessors, associated with the Referral Support Services scheme
- approval of a Buying and Selling Leave Policy
- 2023-2024 Pay Uplift for ICB staff on Non-Agenda for Change Terms and Conditions.

The core membership of the Committee consists of three members, all of whom are Board Members. Quoracy requires two voting members. The Committee is chaired by Liz Sayce who is a Non-Executive Member.

Strategy and Development Committee

The Strategy and Development Committee is a committee of the ICB Board. It purpose is to:

- oversee the development of the NCL system plan, the ICB's commissioning strategies and plans and ensure they:
    - improve outcomes in population health and healthcare
    - tackle inequalities in outcomes, experience and access
    - enhance productivity and value for money
    - help the NHS support broader social and economic development
- approve the commissioning of health services which deliver the NCL system plan, the ICB's commissioning strategies and plans
- provide assurance to the Board of Members that the ICB is discharging its statutory commissioning functions effectively
- ensure that all of the ICB's strategic commissioning priorities and plans are congruent and aligned across boroughs
- oversee the Primary Care Committee, the Local Care Infrastructure Delivery Board, the Individual Funding Request('IFR') Panel and the IFR Appeals Panel

- oversee the development of service improvement strategies across the range of health services commissioned by the ICB

The Committee met four times in 2023/24. All meetings were quorate.

Key decisions taken by the Committee included:

- approving the market engagement strategy and procurement of a lead ophthalmology provider with conferred discretions via a tender process for a contract length of 4+1 years; approving the decision to extend the low vision and optometrist-led pathways via VEAT for 2+1 years; approving a budget for external independent assessor and voluntary sector engagement; noting the intention to decommission six small contracts for minor eye conditions services in Haringey which provide low volumes of activity; agreeing that the Procurement Oversight Group (POG) will oversee the procurement process
- noting the outcome of the public engagement around the proposed ophthalmology surgery hub and the proposed mitigations and supporting in principle the proposal to create the ophthalmology hub, noting that final approvals would be required by the individual trust boards
- noting the further detail on the specific mitigations in place for the eye surgery hub proposal to be implemented over the next phase
- approving the request to run a further procurement for additional digitisation of Lloyd George records
- approving in principle the continuation of the homelessness out of hospital care model
- approving the proposed next steps for progressing with delivering review outputs of Section 75 agreements across NCL, noting the key considerations around deliverability, timelines and learning to date
- approving the extension of the current arrangements for Enfield community services until September 2023 when a more long-term decision would be proposed
- approving the delegation of the Strategy and Development Committee's decision-making for initiating procurements up to £5m/year to the CFO, CEO and Chair acting together
- agreeing the proposed approach to the thematic reviews of the commissioned services inherited from the five 'legacy' CCGs and the high-level timeline, and approving the enabling VEATs (Voluntary Ex-Ante Transparency Notices)

- agreeing the proposal to set up a VCSE Working Group with councils and the VCSE Alliance to continue the work on jointly shaping the approach to VCSE investment
- endorsing the proposed approach to Referral Support Services, following a strategic review and agreeing to receive reports on transition progress and risk mitigation at the end of the staff consultation
- reviewing the effectiveness of the Committee.

The Committee received and reviewed reports on the following:

- progress on delivery planning of the Population Health and Integrated Care Strategy
- developing ambitions for primary care
- Primary Care Committee and Local Infastructure Delivery Board forward planners

The Committee also receives updates on the Thematic Reviews, the Risk Report and minutes/reports from the Primary Care Contracting Committee, Local Care Infrastructure Delivery Board, IFR Panel and IFR Appeals Panel as standing items.

The Committee, which is chaired by Mike Cooke, consists of twelve voting members: the ICB Chair, a Non-Executive Member, three Partner Members, the Chief Executive, the Chief Finance Officer, the Chief Medical Officer, the Chief Nursing Officer, the Chief Strategy and Population Health Officer/Interim Deputy CEO, the Executive Director of Place and the Executive Director of Transformation and Performance. Quoracy requires at least five voting members, including the ICB Chair; the Chief Executive or Chief Finance Officer; the Chief Medical Officer or Chief Nursing Officer; a Partner Member; and the Chief Strategy and Population Health Officer or Executive Director of Place or the Executive Director of Performance and Transformation.

Standing participants include the Chief People Officer, a representative from the VCSE (Voluntary, Community and Social Enterprise) Alliance and a Community Participant.

Attendance Records

Board of Members and Committee Members	Position	Board of Members meeting	Audit Committee	Finance Committee	Integrated Medicines Optimisation Committee	Local Care Infrastructure Delivery Board	Primary Care Committee	Procurement Oversight Group	People Board	Quality & Safety Committee	Remuneration Committee	Strategy and Development Committee
Mike Cooke	ICB Chair (Chair of Strategy and Development Committee)	5/5		4/7							5/7	4/4
Frances O'Callaghan	ICB Chief Executive (until 30/11/2023)	3/3		4/5			1/2		1/3		3/4	2/2
Phill Wells	ICB Chief Finance Officer (until 30/11/2023)	2/3	4/4	6/6		2/2**		3/3			1/1	2/2
Phill Wells	ICB Chief Executive (from 01/12/2023)	2/2		1/1			1/2		1/2		2/2	2/2
Bimal Patel	ICB Chief Finance Officer(from 18/12/2023)	1/1	2/2	1/1		3/3**		1/1				1/1
Gary Sired	Director of System Financial Planning and Assurance (interim Chief Finance Officer 01/12 to 17/12/23	1/1		6/7**				1/1				1/1
Dr Jo Sauvage	ICB Chief Medical Officer	4/5			4/4		4/5			5/5		4/4
Dr Chris Caldwell	ICB Chief Nursing Officer	5/5			2/4		4/5	0/2	3/5	5/5		2/4
Kay Boycott	Non-Executive Member (Chair of Audit Committee)	5/5	6/6	7/7						5/5	8/8	3/4
Dr Usman Khan	Non-Executive Member (Chair of Finance and Primary Care Committee)	5/5	5/6	7/7			4/6				7/8	
Liz Sayce	Non-Executive Member (Chair of Remuneration and Quality and Safety Committees)	5/5	5/6		4/4		5/6		5/5	5/5	8/8	
Professor Ibrahim Abubakar	Non-Executive Member (from 07/11/2023)	3/3										
Dr Jonathan Levy	Partner Member – Primary Medical Services (Chair of Integrated Medicines	3/5			4/4					3/5		

	Optimisation Committee)											
Dr Simon Caplan	Partner Member – Primary Medical Services	5/5	5/6									4/4
Jinjer Kandola	Partner Member – NHS Trusts and Foundation Trusts	3/5							0/5			
Ben Browne	Chief People Officer for BEHMHT and C&I NHS FT								1/1*			
Baroness Julia Neuberger	Partner Member – NHS Trusts and Foundation Trusts	3/5										3/4
Cllr Kaya Comer-Schwartz	Partner Member – Local Authorities	4/5										
Mark Lam	Chair, Royal Free Hospitals and NMUH	2/5										
John Hooton	Chief Executive, Barnet Council	3/5										
Dr Alpesh Patel	Interim Chair, GP Provider Alliance	0/5							0/5			
Richard Dale	Executive Director of Performance and Transformation	5/5	2/3**	6/7						3/5		4/4
Enrico Panizzo	Director of Information and Analytics		1/1***									
Sarah Mansuralli	Chief Development and Population Health Officer	5/5	2/2**	5/7			3/5	2/2** 3/3				4/4
Ian Porter	Executive Director of Corporate Affairs	4/5	6/6					4/5			5/7	
Sarah McDonnell-Davies	Executive Director of Places	5/5		1/1***	4/4	3/4	4/6					2/4
Sarah Morgan	Chief People Officer	5/5					5/6		5/5		7/8	4/4
David Probert	Chief Executive Officer, UCLH	1/1*		7/7								
Jonathan Wilson	Chief Finance Officer, Deputy Chief Executive Officer, Moorfields			7/7								
Peter Landstrom	Group Chief Executive, RFL			6/6								
Sheila O'Shea	Deputy Chief Nursing Officer and Director of Complex Care			1/1**								
Mark Ruddy	Assistant Director Financial Management Partnerships & Transformation			1/1**								
Nicola Theron	Director of Estates	1/1**	1/1**			4/4						
Mark Eaton	Director of Strategic		4/4**	1/1**								

	Commissioning & Procurement											
Rebecca Booker	Director of Financial Management	1/1*	5/6**	7/7**								
Helena Ndlovu	Assistant Director of Financial Management		5/6**	7/7**								
Anthony Sheritis	Assistant Director of IT		1/1**									
Anthony Browne	Director of Finance Strategic Commissioning			6/7**								
Vince McCabe	Director of Transformation			3/5**								
Adrian Byrne	Director of System Financial Strategy			1/6**								
Penny Mitchell	Director of Population Health Strategy		1/1**									
Karl Thompson	Director of Business Services		2/2**									
Andrew Spicer	Assistant Director Governance and Risk	1/1**	6/6**					1/1* 4/4**				
Alex Faulkes	Programme Director, Urgent and Emergency Care	1/1**										
Darshna Pankhania	Director of People										8/8	
Raksha Merai	Head of HR										2/2	
Lucy Thorp	Teneo										1/1	
Mike Walker	Camburg										1/1	
Alex Smith	Director of Transformation											
Sarah Rothenberg	Director of Finance			1/1**	4/4		6/6					
Dr Dominic Roberts	Non – Conflicted Independent Primary Care Clinician						2/2					
Ruth Donaldson	Director of Communities		1/1**									
Sarah D'Souza	Director of Communities	1/1**										
Paul Allen	Assistant Director of Strategy, Communities and Inequalities	1/1**										
Katie Ferguson	Public Health Consultant		1/1**									
Deidre Malone	Interim Director of Quality (to 30/07/23) and Deputy Director of Quality (from 01/08/2023)				2/4*		4/4			4/5		
Jenny Goodridge	Director of Quality (from 01/08/2023)						2/2	1/1* 3/3	1/1*	3/3		1/1*
Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)						6/6					
Su Nayee	Assistant Head of Primary Care						5/6					

	(Commissioning & Contracting)											
Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)						5/6					
Honorine Focho	Senior Primary Care Commissioning Manager (Commissioning & Contracting)						2/2					
Kostakis Christodoulou	Community Participant						5/5					
Mark Agathangelou	Community Participant						5/6					
Lorna Reith	Community Participant						2/2					
Usha Banga	Commissioning Manager (Commissioning & Contracting)						2/2					
Saro D'Souza	Senior Primary Care Commissioning Manager						2/2					
Dudu Sher-Arami	Public Health Representative						1/1					
Kirsten Waters	Public Health Representative						0/1					
Jonathan O'Sullivan	Public Health Representative						1/1					
Will Maimaris	Public Health Representative						1/2					
Diane McDonald	Interim Strategic Estates Finance Lead					4/4	5/6					
Anna Stewart	Start Well Programme Director	1/1**					1/6					
Michelle Johnson	NCL ICB Deputy Chief Clinical Officer	2/2**				1/2						
Sarah Mcilwaine	Director of Primary Care						1/6					
Dr Katie Coleman	Clinical Director of Primary Care	1/1**					2/2					
Deborah McBeal	Director of Integration, Enfield					4/4	4/6***					
Riyad Karim	Interim Head of Primary Care, Enfield						2/2*					
Clare Henderson	Director of Integration, Islington				1/1	2/4	5/6***					
Simon Wheatley	Director of Integration, Camden						5/6					
Rachel Lissauer	Director of Integration, Haringey					3/4	6/6					
Colette Wood	Director of Integration, Barnet						2/6					
Carol Kumar	Deputy Director of Primary Care Transformation						2/2**					
Emma Whitby	Healthwatch Representative						6/6			5/5		

Albie Stadtmiller	Healthwatch Representative (from March 2024)						1/1			1/1		
Ken Kanu	VCSE Alliance Representative						4/6					
Donna Turnbull	VCSE Alliance Representative						4/4					4/4
Jamie Wright	LMC Representative						5/6					
David Pennington	Director of Safeguarding		1/1**							4/5		
Linzi Roberts-Egan	CEO, Islington Council									0/1		
Louise Coughlan	Deputy Chief Clinical Officer and Chief Pharmacist		1/1**	1/1**	4/4				3/4			
Tracy Luckett	Chief Nurse – Trust Provider									3/5		
Jatinder Harchowal	Interim Chief Pharmacist (until July 2023)				1/1				1/1			
Iris Samuel	Medicines Optimisation Lead Pharmacist -Royal Free Hospital				4/4							
Stuart Richardson	Chief Pharmacist, Whittington Health NHS Trust				3/4							
Lucy Reeves	Chief Pharmacist, Camden & Islington NHS Foundation Trust				3/4							
Paul Gouldstone	Head of Medicines Management (Enfield)				4/4							
Peter Magennis	Sector Member Primary Care				4/4							
Charlie Boggis	Head of Finance, Primary Care				4/4							
Dharmesh Patel	Sector Member Community Pharmacy				4/4							
Shaju Jose	Head of Procurement, London Shared Commercial Hub							4/5**				
Daniel Glasgow	Director of Vaccination Transformation											
Ahsan Haji	Deputy Head of Procurement, London Shared Commercial Hub											
Rachael Clark	Assistant Director of Medicines Optimisation				4/4							
Ed Nkrumah	Director of Performance (until 20/08/2023)									1/1*		
Sandi Drewett	Director of Workforce and OD, Moorfields Eye Hospital								1/1			

Rebecca Graham	Chief People Officer, UCL Partners								1/1			
Lucy Brook	Director of Education, UCL Partners								2/2*			
Orla Doherty	Education Lead, UCL Partners								1/1*			
Sheila Adam	Chief Nursing Officer, Moorfields								2/5			
Julie Hamilton	Chief Nurse, Royal Free London								3/5			
Gillian Smith	Chief Medical Officer, Royal Free London								1/5			
Dominique Allwood	Chief Medical Officer and AHSN Deputy, UCL Partners								1/5*			
Carmel Clancy	Academic Dean Faculty of Health, Social Care and Education, Middlesex University								3/5			
Judy Brook	Associate Dean for Partnerships and Placements, City University								2/2			
Michael Fox	Executive Lead, NCL Training Hubs								4/5			
Ruth Barton-Anderson	Deputy Head of Workforce Transformation								5/5			
Fiona Young	Divisional Manager, UCLH								3/5			
Mark Livingstone	Chair of Council, Allied Health Professionals								3/5			
Swarnjit Singh	Joint Director of Race Equality, Diversity and Inclusion and Trust Secretary, Whittington Health								0/5			
Marion Phillips	Employer Engagement Manager, Islington Borough Council								2/5			
Kate Gibbs	Head of Inclusive Economy, London Borough of Camden								1/5			
David Burns	Director of Economy, Regeneration and Investment, Camden Council								1/5			
Mike Bailey	Locality Manager (London and South East), Skills for Care								1/1			
Ben Coleman *(from 14 August 2023)*	Locality Manager (London and								3/4			

	South East), Skills for Care											
Geoffrey Ocen	Chief Executive, Bridge Renewal Trust								3/5			
India Peach	Head of Workforce Programme, NCL ICS								5/5			
Edgar Hine	Programme Manager, NCL ICS								1/5			
Dionne Allen	Programme Manager, NCL ICS								1/1			
Cei Oakley	Programme Manager, NCL ICS								1/2			
Michael Cleary	Programme Manager, NCL ICS (Work Well Lead)								1/1			
Ragini Patel	Director of People, Royal Free London								4/5			
Laura Bevan	Rotational Representation from Chief People Officers								1/1			
Liz O'Hara	Rotational Representation from Chief People Officers								1/1			
Ben Browne	Chief People Officer for BEHMHT & C&I NHS FT								1/1			
Vanessa Sweeney	Acting Chief Nurse, UCLH								3/5*			
Sanjiv Sharma	Chief Medical Officer, Great Ormond Street Hospital								1/5			
Debra Salmon	Dean, City University								1/5			
Prof Julie Attenborough	Associate Dean, City University								1/5			
Katherine Gerrans	Director of Primary Care Nursing, NCL Training Hub								3/5			
Jess McGregor	Director of Adult Social Care, Camden Council								2/5			2/4
Rachel Roberts	Primary Care Dean, Health Education England								1/5			
Helen Price	Manager, Enfield Voluntary Action								1/3			
Navinder Kaur	Chief Executive Officer, Voluntary Action								2/2			1/2
Natoya Mumby	Head of Workforce Supply								1/1			

Jess Partington	Head of Workforce Transformation								1/1			
James Avery	Clinical Director, NCL ICB (Secondment)					2/2	1/1	1/1*		3/4**		
Lee Eborall	Director, NHS London Commercial Hub							1/1***				
Lucy Anderson	IMOC Community Participant (from Nov 2023)				2/2							
Virginia Bovell	IMOC Community Participant (from Nov 2023)				1/2							
Kaltun Abdillahi	QSC Community Participant (from January 2024)									2/2		
Martha Wiseman	QSC Community Participant (from January 2024)									1/2		
Ian Davis	CEO Enfield Council	1/1*								0/3		
Paul Sinden	Managing Director, GP Provider Alliance	1/1*										
Alex Cox	Director of Performance									1/1*		
James Tyler	Digital Programme Director & Deputy Chief Information Officer					4/4						
Malcolm Cohen	Community Participant (from 7 February 2024)											1/1
Mark Grant	Head of Corporate Asset Management, London Borough of Islington					1/3						
Nick Cummings	Assistant Director, Corporate Asset Management, London Borough of Islington					1/1						
Jo Wilson	Director of Operations, CNWL					4/4						

* deputising for voting member
** non-voting member/regular attendee
*** deputising for non-voting member/regular attendee

Discharge of statutory functions

NCL ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB 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 ICB's statutory duties.

Risk management arrangements and effectiveness

During 2023/24 financial year North Central London Integrated Care Board ('ICB'), further to its establishment on 1 July 2022, successfully maintained a comprehensive and robust risk management framework to assist the ICB in dealing effectively with its key risks. 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, including North Central London Clinical Commissioning Group.

The framework includes the Risk Management Strategy, the Risk Management Policy and Process Guide and comprehensive risk registers with the most serious organisational risks being overseen by the ICB Board and/or its committees.

The introduction of Integrated Care Systems and the move to Integrated Care Boards introduced a system leadership requirement on Integrated Care Boards when compared to CCGs. Integrated Care Boards have a greater focus on system risks. Therefore, the ICB's risk management approach has needed to develop and change so that it supports both the ICB's wider system leadership role and system partners working together to manage key system risks. To support this:

- the Governance and Risk team continued work with the Audit Committee Chair on the development of a system approach to risk management
- NCL ICB's Audit Committee has a strengthened role and oversight of the development of system risk management
- new styles of risk reports have been presented to both the ICB Board and Audit Committee
- NCL ICB is a member of an NHS national working group focusing on developing system risk management
- new system risks, as well as risks to the ICB that originate from risks and issues within system stakeholders, were identified and added to the ICB's Corporate Risk Register as appropriate, and presented separately in ICB Board and ICB Board Committee risk papers
- work is ongoing to develop a bespoke in-house electronic risk management system
- work is progressing to develop a system approach to risk appetite
- a NCL Governance Leads Network was formed and met on a monthly basis and highlighted the key emerging risks facing the system. These are escalated to the relevant ICB Executive Directors as appropriate

In 2023/24 the ICB had a risk management audit which showed that the ICB achieved a 'low risk' (green) assurance rating. This was a positive achievement and maintained the 'green' assurance rating from previous financial years. The audit was an internal audit conducted by PWC.

The ICB's robust approach to risk management supports the organisation and its staff in taking risks in a measured, considered 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 ICB'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 ICB

The ICB 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 ICB Board has overall responsibility for risk management and sets the organisation's risk appetite. This risk appetite informs the ICB's decision making. The ICB Board has retained the risk appetite scores as agreed by North Central London Clinical Commissioning Group's Governing Body in September 2021, ensuring that the risk appetite levels were appropriate.

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

The ICB 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 ICB. 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 eight 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 ICB Board 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 ICB Board and the appropriate ICB Board committee to ensure that there is the highest level of oversight of these risks
- in addition to the above, every ICB Board and ICB Board 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 ICB has in place ensure that there is timely and accurate information to assess risks at all levels. This includes risks to compliance with the ICB'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 ICB Board risk reporting and provides training and advice to staff.

Risk assessment

All the ICB risks are assessed continually throughout the year and have appropriate oversight as set out above. There were two major governance, risk management and internal control risks overseen by the Board and/or its committees over the reporting period:

Risk	Mitigating actions
Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry and Pharmacy Services from April 2023 onwards (Threat). **CAUSE:** If the Integrated Care Board ('ICB') fails to manage the transfer of Dental, Optometry, and Community Pharmacy ('DOP') Services from April 2023 effectively **EFFECT:** Risks associated with the transfer (financial, ICB staffing, reputational) crystalise with negative impacts on commissioning and/or provider sector that the ICB might need to divert budgets and management effort to address **IMPACT:** Inability to realise the potential benefits of delegation of these services e.g. improve quality and transform service in line with population health vision. This may also have a negative impact on the reputation and function of the ICB, and in the worst case may result in NHS England intervention.	The ICB put a number of robust controls into place and took a number of actions to mitigate this risk. These included: • ICB engagement with the London delegation working groups, steering groups, London Primary Care Board, and Regional Commissioning Oversight Group • shared learning from the Specialist Commissioning delegation process • participation in regional stress testing and scenario assessment sessions • developing the supporting governance, including Memorandum of Understanding to support the delegation • In Financial Year 2023/24 the risk was rated at 16 and reduced to 9.

Failure of the Integrated Care Board to effectively and safely manage the specialist services devolution in 2024/25, impacting on the delivery of population health improvements (Threat) **CAUSE:** If the ICB fails to effectively manage the devolution of many specialist services to the ICB, and the opportunity to integrate pathways and tackle the underlying population health issues that are causing the growth in specialist activity and spend is lost**,** **EFFECT:** There is a risk that the expected improved health outcomes are lost and that provider services are destabilised and expertise is lost. There is also a risk that services are lost, particularly fragile services including Highly Specialised Services which, whilst not being devolved, could be destabilised if other related services experience issues. Changes to services and changes to the funding formula for specialised services could also lead to further provider and/or individual service pressures and resulting impacts on outcomes and performance. **IMPACT:** This may result in a negative impact on quality and equity of access, as well as, loss of workforce, increasing waiting times, significant cost pressures and the lost opportunity to improve outcomes.	The ICB put a number of robust controls into place and took a number of actions to mitigate this risk. These included: • a North London Governance structure (aligned to the London-wide Governance) with providers and commissioners to deal with shared issues around finances, data and service transformation. The particular focus is on contracting baselines, funding formula changes and outstanding issues with services that need to be resolved before the deadline for devolution (April 2025) is reached • establishing a Delegated Services Board to involve all our providers in updates concerning Specialised Services (and other Delegated Services such as Dental) and as both a communication route out and for escalations from providers • completing detailed service analysis, with feedback from providers, to highlight both issues and opportunities for improving services and outcomes and working through these with the NHS England London regional team • establishing local and regional clinical priorities and developing outcomes improvement plans within these areas which currently include renal, sickle cell and liver disease • a Pre-Delegation Assurance Framework (‘PDAF’) outlining readiness and highlighting the risks In addition, a London-wide Governance Structure has been established incorporating colleagues from the East of England and South East Region to aid multi-regional decision making. The key focus of the London wide work is on agreeing regional clinical priorities and coordinating work on de-risking the devolution process through the use of Standard Operating Procedures. In Financial Year 2023/24 the risk was rated at 16 and reduced to 12.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the Integrated Care Board 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 Integrated Care Board has policies, procedures and processes in place to ensure smooth, safe and sustainable business operations and to empower and support the Integrated Care Board to meet its objectives for the benefit of our patients.

Speaking up and whistleblowing

The Integrated Care Board has effective speaking up and whistleblowing arrangements in place. These include:

- a supportive culture that recognises the benefits of speaking up and whistleblowing, values and provides protection to staff who speak up or whistle blow;
- A comprehensive and clear Speaking Up (Whistleblowing) Policy: https://nclhealthandcare.org.uk/wp-content/uploads/2023/03/ICB-Speaking-Up-Whistleblowing-Policy-20.2.23-V1.1.pdf
- a Freedom to Speak Up Guardian (Guardian) who is an Executive Director. The Guardian acts as an independent source of advice to staff on speaking up and whistleblowing. The Guardian has access to everyone in the organisation (including the Chief Executive Officer) and, where necessary, outside of the organisation. Staff can contact the Guardian at any stage. The Guardian also has a wider role to help protect patient safety and the quality of care, improve the experience of workers and improve learning and improvement by ensuring that workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and

issues raised are used as opportunities for learning and improvement. For clinical matters staff are also able to raise concerns with the Chief Nursing Officer.

- two Speak Up Ambassadors (Ambassadors). Our Ambassadors are staff volunteers who have been trained to be a point of contact for any Integrated Care Board worker who wishes to speak up or find out more information about the process. They listen to concerns, help guide staff through the process, sign post to the right place and/or people and provide impartial support. They work closely with the Guardians and can escalate concerns to them where appropriate.
- the Assistant Director of Governance, Risk and Legal Services provides operational oversight of the speaking up/whistleblowing framework and support to the Ambassadors.
- comprehensive training for Freedom To Speak Up Guardians and Ambassadors.
- training for all staff across the Integrated Care Board on speaking up and whistleblowing.

Internal and external auditors

To ensure that the Integrated Care Board's internal control mechanisms are effective they are subject to regular targeted review by PWC, our internal auditors, and by KPMG, 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 Integrated Care Board has a Corporate Affairs Directorate which includes a highly-experienced team of board secretaries and a specialist corporate governance, risk and legal services 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 Integrated Care Board's Constitution is the organisation's primary governance document, which sets out how the organisation is governed. ICB Board members 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 the ICB's Constitution. The Constitution sets out its Board of Members which includes five Partner Members and five Non-Executive Members (including the independent Chair). Representatives from key stakeholders also attend ICB Board members as standing participants. This ensures that knowledge and expertise from a broad range of sectors are included in the ICB's deliberations and that colleagues from the wider system, including social care, influence Board of Members' decisions using their collective perspective, expertise and challenge.

The Integrated Care Board is regulated by NHS England and provides assurance through the NHS Oversight Framework and annual reporting.

The system of internal control has been in place in the Integrated Care Board since it became a statutory body on 1 July 2022 and to the year ending 31 March 2024, as well as up to the date of approval of the Annual Report and Accounts.

Conflicts of interest management

The ICB has a robust approach to conflicts of interest which includes comprehensive polices to deal with the management of conflicts of interest. These can be found here: https://nclhealthandcare.org.uk/icb/about/governance-handbook/

All ICB staff are required to complete the national conflicts of interest training module and are provided with additional conflicts of interest training.

Data quality

The ICB ensures the information and data quality used by Board members is of high standards. Members are satisfied with the quality of the data provided by the ICB and will continue to review this on an ongoing basis.

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

The ICB submitted a ‘Standards Met’ Data Security and Protection Toolkit in June 2023. Work is underway to submit an updated toolkit by 30 June 2024. The ICB submitted a successful baseline assessment in February 2024. The ICB expects to receive an ‘exceeding standards’ score for 2024 as the organisation has now achieved Cyber Essentials + Certification.

Business critical models

In line with best practice recommendations of the 2013 Macpherson review into the quality assurance of analytical models, an appropriate framework and environment is in place to provide quality assurance of business critical models.

The key business critical models that the Board of Members 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.

The ICB’s information and communication technology (ICT) and business intelligence functions are provided by the ICB’s in-house ICT and System Productivity teams. Business critical models in use within the services are subject to several 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 a) the identification and maintenance of a list of all business critical models and, b) a schedule for periodic review. These processes are also subject to review by internal audit, who review management information data and process owners. They are also reviewed by external audit, whose work covers the quality assurance processes of financial models.

Third party assurances

NHS Shared Business Services Limited (SBS) provides transactional finance and accounting services to the ICB. The London ICBs each host several shared services across London which are governed by a Memorandum of Understanding.

The third party services provided to the ICB are assured through a robust contracting model which includes contract review meetings, and regular effectiveness reviews and periodic audits are undertaken by PWC our internal auditors. In addition, SBS also have their own annual 'Service Auditor' audit which tests SBS's controls. Similar audits are also carried out on a number of the services undertaken by third parties as part of their internal audit plans.

Control issues

There are no significant control issues facing the ICB. However, where minor or moderate control issues have been identified management plans and actions are in place to address these.

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

The Board of Members has overarching responsibility for ensuring the ICB carries out its activities effectively, efficiently, and economically. To ensure this:

- the Board of Members receives a finance report from the Chief Finance Officer at each of its meetings
- the Board of Members 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 Strategy and Development Committee oversees the ICB's commissioning strategies and plans, ensures that they enhance productivity and value for money, and support broader social and economic development

- the Procurement Oversight Group provides oversight and scrutiny of key procurements undertaken by the ICB
- the ICB has a programme of internal audits that provides assurance to the Board of Members and Executive Management Team of the effectiveness of its internal processes
- the ICB'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 Integrated Care Board's arrangements for securing economy, efficiency and effectiveness in the use of resources
- the ICB has a Cost Improvement Plan in place to deliver cost and efficiency savings
- in terms of central management costs in 2023/24 the ICB stayed within its running cost allowance
- the ICB has a robust risk management system in place with key risks being reviewed by the Board of Members and its committees at every meeting
- the ICB has robust and appropriate policies in place

Delegation of functions

The commissioning responsibilities for dentistry, optometry and community pharmacy (known as POD or DOP services) transferred from NHS England to ICBs in England from 1 April 2023, with the scope covering:

1. Dentistry (including primary care dental, community dental and acute dental)
2. Primary care optometry (note: specialist ophthalmology services fall within the specialised commissioning delegation remit)
3. Community pharmacy
4. Complaints relating to providers within the ICS

The National Delegation Agreement and London MOU were formally approved by NCL ICB ahead of the delegation of functions on 1 April 2023.

Key points:

1. The North East London ICB hosts the POD commissioning and contracting team for London who provide the day to day management, contracting and oversight functions.

2. There is a POD Oversight Group across London with representation from each ICB that has accountability for the management of services and budgets, with individual ICBs responsible for their own transformation agendas.
3. Dental, optometry and pharmacy advisors within previous NHS England Medical Directorate continue to deliver an advisory role to the POD team, along with the central public health consultants and advisors for complaints. This arrangement will be revisited in 2024/25 to review its effectiveness.

Background to delegation

Delegation is seen nationally as key to fulfilling the ambition to give local systems responsibility for managing local population health needs, tackling inequalities and addressing fragmentation in pathways of care.

The Delegation Agreement between NHS England and NCL ICB for the POD Services enabled the ICB to take on NHS England functions for these important services. The ICB became the operational and legal owner of the function, being both responsible and liable for its delivery, with NHS England retaining accountability to Parliament.

POD services are delivered by hundreds of providers – most small, some large. The services are predominantly direct access primary care services, delivered locally, with many in high street locations. (community pharmacy services, general ophthalmic services, and for dentistry - services include primary care dental, (including urgent primary care dental services accessed via 111), dental triage service, community-based dentistry, and acute dentistry.

NCL contracts and finance

Contract management is led by the POD hub day to day with ICB support. The number of contracts has been provided by the POD hub and is a snapshot in time.

OVERVIEW OF NCL DOP SERVICES	Provider/No. of Providers	NCL ICB 23/24 DOP Budget £m
Acute Dental Services	UCLH/ RFH/ Out of Sector	35.4
Community Dental Services (CDS)	Whittington Health	4.5
General Dental Services & Orthodontics		
	167	74.6
General Ophthalmic Services		
TOTAL	219	13.9
Community Pharmacy Services		
TOTAL	304	32.9
TOTAL NCL ICB DOP BUDGET (£m)		161.4

Opportunities

Delegation has given NCL the opportunity to better understand and support the improvement of local services and therefore positively impact on population health outcomes including:

1. Improving access to primary dental services, maintaining access to urgent dental care for those in acute pain (via 111), provide a consistent offer for people experiencing homelessness and those in residential care and reduce waiting times for children and young people waiting for more intensive care.
2. Improving the application of patient choice in optometry pathways and ensuring consistency in pathways across NCL for patients referred by community optometrists.
3. Implementing the ‘Pharmacy First’ initiative in community pharmacy to increase the number of patients able to access support for minor conditions in community settings, increasing support for people discharged from hospital to better manage their on-going

needs and receive targeted advice following discharge, improving access to over the counter medicines for those who would otherwise struggle to afford them and many more.

These initial improvements and developments in services provided demonstrate the benefits of delegation to improving outcomes and further improvements are already in train, such as the focus on improving oral health for those with diabetes and promoting the independent prescribers pathway in community pharmacy.

Counter fraud arrangements

The ICB is committed to reducing fraud and bribery against the NHS to a minimum. We have appointed a team of accredited Local Counter Fraud Specialists (LCFS) through RSM. The LCFS work 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 Government Functional Standard: 013 Counter Fraud, and NHS Counter Fraud Authority's NHS Requirements designed to implement these for the NHS. Compliance with these Requirements is reported to the Audit Committee on an annual basis. In addition, a counter fraud report is presented to each meeting of the Audit Committee.

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 Integrated Care Board's Counter Fraud, Bribery and Corruption Policy is reviewed annually and updated to be fully compliant with the NHS Counter Fraud Requirements.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded that:
"Governance, risk management and control in relation to business-critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance

in the framework of governance, risk management and control which potentially put the achievement of objectives at risk."

For financial year 2023/24, Internal Audit issued the following audit reports:

Area of Audit	**Level of Assurance Given**
Key Financial Systems (Payroll)	Low Risk
IT Strategy and Governance	Medium Risk
Primary Care Commissioning (POD Delegation)	Medium Risk
Procurement	Low Risk
Data Quality: Population Health	Low Risk
Estates Strategy and Governance	Medium Risk
Safeguarding	Medium Risk
Risk Management, Governance and Assurance	Low Risk

Based on the work undertaken on the ICB's system of internal control, the ICB concluded that there were no significant control issues to be reported within the governance statement. However, where the internal audits have identified areas where our control frameworks could be strengthened, suitable plans and management actions have been agreed to address these recommendations.

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 clinicians within the ICB 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. In addition, our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

Conclusion

The ICB generally has a sound system of internal controls with ‘low risk’ (Green) ratings for risk management, governance and assurance. No significant control issues have been identified in financial year 2023/24. 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 through robust action plans. With the exception of these other less significant internal control points, the review confirms that the ICB has a generally sound system of internal control, which supports the achievements of its policies, aims and objectives.

Remuneration and staff report

The remuneration and staff report sets out the organisation's remuneration policy for directors and senior managers, reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers and where relevant the link between performance and remuneration.

Remuneration Report

Introduction

The NHS has adopted the recommendations outlined in the Greenbury Report in respect of the disclosure of senior managers' remuneration and the way 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 ICB. This means those who influence the decisions of the ICB 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 ICB in the year to 31 March 2024.

Remuneration Committee

The Remuneration Committee is a statutory committee The purpose of this committee is to:

- approve the remuneration and terms of service for ICB members except for the Chair
- approve the remuneration and terms of service for ICB officers, clinical leads and employees at the Very Senior Manager level
- set the pay policy outside agenda for change terms for employees below the Very Senior Manager level. For the avoidance of doubt the Remuneration Committee does not approve employee salaries below the Very Senior Manager level or the Integrated Care Board's staff on agenda for change terms and conditions because these are determined nationally by the NHS Pay Review Body

The Committee met eight times in the financial year. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Integrated Care Board Conflicts of Interest policy. To ensure conflicts of interest are managed appropriately no member of the Remuneration Committee is involved in decision making on their own pay.

The Committee considered the following items of business:

- an appraisal of redundancy schemes available to the ICB in the context of the organisational change programme following the requirement from NHS England for all ICBs to reduce their running cost allowance by 30% by 2025/26
- approval to implement a voluntary redundancy scheme, following the ICB's successful approval from NHS England and the Department of Health and Social Care
- appraised and approved the potential costs of the voluntary redundancy scheme
- statutory redundancy costs for GP Assessor staff, associated with the closure of the Referral Support Services
- organisational change updates which included the staffing financial impact of the new structure
- harmonisation of a suite of HR policies relating to the change programme, staff benefits and wellbeing
- 2023/24 Annual Pay Increase for staff on Very Senior Managers terms following the recommendation from the Senior Salaries Review Body (SSRB)
- temporary additional responsibility allowance for some staff on agenda for change terms who undertook additional responsibilities on a temporary basis
- 202324 Pay Uplift for ICB staff on Non-Agenda for Change Terms and Conditions.

The core membership of the Committee consists of three members, all of whom are Board Members. Quoracy requires two voting members. The Committee is chaired by Liz Sayce who is a Non-Executive Member.

Percentage change in remuneration of highest paid director – subject to audit

Reporting bodies are required to disclose pay ratio information and detail in relation to percentage change in remuneration concerning the highest paid director.

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	21%	N/A
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	48%	N/A

Pay ratio information – subject to audit

Reporting bodies are required to disclose the relationship between the total remuneration of the highest paid director/member in their organisation against the 25th percentile, median, and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director/member in NHS NCL ICB in the reporting period 1 April 2023 to 31 March 2024 was £235,000-£240,000 (2022/23 £195,000-£200,000. ICB prior year is for 9 months only (1 July 2022 to 31 March 2023).

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023/24	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	£51,938	£73,695	£99,188
Salary component of total remuneration (£)	£41,821	£59,506	£78,644
Pay ratio information	4.62	3.26	2.42
2022/23 (for the period 1 July 2022 to 31 March 2023)	**25th percentile pay ratio**	**Median pay ratio**	**75th percentile pay ratio**
Total remuneration (£)	£27,216	£48,584	£69,698
Salary component of total remuneration (£)	£22,858	£38,879	£54,899
Pay ratio information	7.29	4.08	2.84

During the reporting period 2023/24, nil employees received remuneration in excess of the highest paid director/member (2022/23: nil; previous year comparator for ICBs is 9 months). Remuneration ranged from £0-£5,000 to £235,000-£240,000 (2022/23: from £0-£5,000 to £195,000-£200,000; previous year comparator for ICBs is 9 months)

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.

Policy on remuneration of Very Senior Managers

- remuneration for Non-Executive Directors of ICB's is set by NHS England and have been approved by the Department of Health and Social Care and Ministers
- remuneration for Very Senior Managers (VSM) is set in accordance with nationally agreed ICB VSM pay framework and the recommendations set out by the Senior Salaries Review Body (SSRB) on VSM salary pay uplifts
- remuneration for Senior Managers is set in accordance with nationally agreed (Agenda for Change) terms and conditions

Our Remuneration Committee approves the remuneration of Very Senior Managers (VSM), remuneration for posts in the Clinical and Care Leadership model that have statutory employment provisions because they are filled by GPs, and the remuneration for staff that are not on nationally agreed agenda for change terms and conditions of employment because they transferred to the ICB from non-NHS terms and conditions.

NCL ICB does not operate a system of performance-related pay for staff on VSM terms of employment.

Remuneration of Very Senior Managers

During the 2023/24 financial year, six staff on VSM terms have been paid more than £150,000 (2022/23, three).

By awarding salaries above £150,000 for the six VSM staff, the ICB is still operating within the NHS England pay framework for Executive and Executive Director Pay Ranges for ICBs. All VSMs are appointed within the framework under Category C.

The ICB has also applied the 2023/2024 pay award for VSMs, in accordance with the recommendations by the Senior Salaries Review Body (SSRB). The pay award was approved by the ICB's Remuneration Committee having sought advice from NHS England.

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

Salaries and allowances of senior managers: **1 April 2023 to 31 March 2024**		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Independent Members (Voting)				
Mike Cooke	NCL Chair, Non-Executive member	65-70	0	65-70
Kay Boycott	NCL Audit Committee Chair, Non-Executive member	15-20	0	15-20
Liz Sayce	NCL Remuneration Committee Chair and North Central London ICS People Board Chair, Non-Executive member	15-20	0	15-20
Usman Khan	NCL Primary Care Contracting Committee and Finance Committee Chair, Non-Executive member	15-20	0	15-20
Professor Ibrahim Abubakar [3]	Non-Executive member	5-10	0	5-10
Executive Members (Voting)				
Frances O'Callaghan[4]	NCL Chief Executive Officer	150-155	0	150-155
Phill Wells [5]	NCL Chief Executive Officer	65-70	12.5-15	80-85
Phill Wells [5]	NCL Chief Finance Officer	105-110	30-32.5	135-140
Gary Sired [6]	NCL Chief Finance Officer	5-10	0	5-10
Bimal Patel [7]	NCL Chief Finance Officer	45-50	0	45-50
Dr Josephine Sauvage [1]	NCL Chief Medical Officer	175-180	7.5-10	185-190

Dr Christine Caldwell	NCL Chief Nursing Officer	160-165	32.5-35	195-200
Partner Members (Voting)				
Dr Jonathan Levy [1]	GP – Primary Medical Services	30-35	0	30-35
Dr Simon Caplan [1]	GP – Primary Medical Services	25-30	0	25-30
Jinjer Kandola MBE [2]	Chief Executive Officer, C&I NHS Foundation Trust and BEH Mental Health NHS Trust	0	0	0
Baroness Julia Neuberger [2]	Chair, UCLH NHS Foundation Trust and Whittington Health	0	0	0
Cllr Kaya Comer-Schwartz [2]	Leader, Islington Council	0	0	0
Standing Participants (Non-Voting)				
Sarah McDonnell-Davies	NCL Executive Director of Places	135-140	35-37.5	175-180
Ian Porter	NCL Executive Director of Corporate Affairs	140-145	37.5-40	175-180
Sarah Morgan	NCL Chief People Officer	145-150	40-42.5	190-195
Sarah Mansuralli	NCL Chief Development and Population Health Officer	160-165	0	160-165
Richard Dale	NCL Executive Director of Performance and Transformation	145-150	80-82.5	225-230
Mark Lam [2]	Chair, Royal Free Hospital NHS Foundation Trust and North Middlesex University Hospital NHS Trust	0	0	0
John Hooton [2]	Chief Executive, Barnet Council	0	0	0
Dr Alpesh Patel [2]	Interim Chair, GP Provider Alliance	0	0	0

Notes

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

[2] No remuneration received from the ICB and board member in capacity as partnership representative.

[3] Start date 06/11/2023

[4] On sabbatical from 01/12/2023

[5] Covering the role of Chief Executive Officer on sabbatical from 01/12/2023

[6] Temporarily covering the role of Chief Finance Officer 01/12/2023 to 17/12/2023

[7] On secondment from North Middlesex University Hospital NHS trust, start date 18/12/2023

The table above includes GP remuneration for non-Board member work as follows:

- Dr Josephine Sauvage: £15k-£20k

‘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. Calculations may return negative values, in which case a negative value must be substituted with a nil value. Members affected by the public service pensions remedy resulting in negative values due to rollback have been substituted with a nil value in the above table. Additional details on the pensions remedy are disclosed in the pension benefits section below.

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 estimate 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.

Senior manager remuneration (including salary and pension entitlements) – prior year comparatives (comparison is for 9 months):

Salaries and allowances of senior managers: **1 July 2022 to 31 March 2023**		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Independent Members (Voting)				
Mike Cooke	NCL Chair, Non-Executive member	45-50	0	45-50
Kay Boycott	NCL Audit Committee Chair, Non-Executive member	10-15	0	10-15
Liz Sayce	NCL Remuneration Committee Chair, Non-Executive member	10-15	0	10-15
Usman Khan (Start date 1/9/2022)	NCL Primary Care Contracting Committee Chair, Non-Executive member	10-15	0	10-15

Executive Members (Voting)				
Frances O'Callaghan	NCL Chief Executive Officer	150-155	227.5-230	380-385
Phill Wells	NCL Chief Finance Officer	125-130	27.5-30	155-160
Dr Josephine Sauvage [1]	NCL Chief Medical Officer	125-130	85-87.5	215-220
Dr Christine Caldwell	NCL Chief Nursing Officer	115-120	82.5-85	195-200
Partner Members (Voting)				
Dr Jonathan Levy [1]	GP – Primary Medical Services	35-40	0	35-40
Dr Simon Caplan [1]	GP – Primary Medical Services	20-25	0	20-25
Jinjer Kandola MBE [2]	Chief Executive Officer, C&I NHS Foundation Trust and BEH Mental Health NHS Trust	0	0	0
Baroness Julia Neuberger [2]	Chair, UCLH NHS Foundation Trust and Whittington Health	0	0	0
Cllr Kaya Comer-Schwartz [2]	Leader, Islington Council	0	0	0
Dominic Dodd [2]	UCL Health Alliance Member	0	0	0
Standing Participants (Non-Voting)				
Sarah McDonnell-Davies	NCL Executive Director of Places	95-100	25-27.5	120-125
Ian Porter	NCL Executive Director of Corporate Affairs	100-105	25-27.5	125-130
Sarah Morgan	NCL Chief People Officer	105-110	35-37.5	140-145
Sarah Mansuralli	NCL Chief Development and Population Health Officer	115-120	72.5-75	190-195
Richard Dale	NCL Executive Director of Performance and Transformation	105-110	42.5-45	145-150
Caroline Clarke [2] (End date 7.2.2023)	Group Chief Exec, Royal Free Hospital NHS Foundation Trust and Accountable Officer North Middlesex University Hospital NHS Trust	0	0	0
Mark Lam [2] (Start date 9.2.2023)	Chair, Royal Free Hospital NHS Foundation Trust	0	0	0
John Hooton [2]	Chief Executive, Barnet Council	0	0	0
Dr Alpesh Patel [2]	Interim Chair, GP Provider Alliance	0	0	0

Notes

[1]GP members with a contract for services and disclosed under payroll engagements. Salaries include employer's contribution to GP pensions.
[2]No remuneration received from the ICB and board member in capacity as partnership representative

The table above includes GP remuneration for non-Board member work as follows:

- Dr Josephine Sauvage: £10k-£15k
- Dr Jonathan Levy: £10k-£15k

Pension benefits at 31 March 2024

Pensions

Most staff, including executive senior managers, are eligible to join the NHS pension scheme. The NHS scheme's employer's contribution for the period was 20.6% of the individual's salary as per the NHS Pensions regulations.

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.

Pension entitlements of directors and senior managers – subject to audit

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.

Pension entitlements 1 April 2023 to 31 March 2024	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 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash equivalent transfer value at 1 April 2023 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2024 £'000
Frances O'Callaghan [2]	0	7.5-10	80-85	215-220	1,483	116	1,844
Phill Wells [1]	2.5-5	0	15-20	0	122	49	206
Gary Sired [2]	0	0	55-60	160-165	1,371	0	1,507
Bimal Patel [2]	0	10-12.5	50-55	130-135	731	54	1,017
Dr Josephine Sauvage [2]	0-2.5	0	25-30	60-65	531	52	658
Dr Christine Caldwell [2]	2.5-5	0	50-55	30-35	756	153	1,007
Sarah McDonnell-Davies [1]	2.5-5	0	15-20	0	108	45	182
Ian Porter [1]	2.5-5	0	15-20	0	190	59	287
Sarah Morgan	2.5-5	0	30-35	10-15	342	91	488
Sarah Mansuralli [2]	0	37.5-40	50-55	135-140	949	165	1,232
Richard Dale[1]	2.5-5	0	35-40	0	265	152	463

Notes

[1]No mandatory lump sum as advised by the NHS Pensions Agency

[2] Member is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 01 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called a 'rollback'.

Where a member is affected by rollback the benefits in respect of their rolled back pensionable service during the remedy period are valued as being in the 1995/2008 Scheme. Where this results in negative real increases in pension, lump sum or CETV to be disclosed in the remuneration report tables, the negative figures must not be shown and a zero must be submitted. This is consistent with the guidance for negative figures in the single total figure table in the GAM and the guidance for calculating components of both table 1 and 2 in NHS BSA's Greenbury Guidance

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

Prior year comparatives below:

Pension entitlements 1 July 2022 to 31 March 2023	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 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash equivalent transfer value at 1 July 2022 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2023 £'000
Frances O'Callaghan	10-12.5	25-27.5	75-80	180-185	1,222	209	1,483
Phill Wells [1]	0-2.5	0	10-15	0	88	10	122
Dr Josephine Sauvage	2.5-5	7.5-10	20-25	60-65	420	86	531
Dr Christine Caldwell	2.5-5	2.5-5	45-50	25-30	637	71	756
Sarah McDonnell-Davies [1]	0-2.5	0	10-15	0	86	6	108
Ian Porter [1]	0-2.5	0	15-20	0	159	13	190
Sarah Mansuralli	2.5-5	5-7.5	50-55	85-90	841	73	949
Richard Dale[1]	2.5-5	0	25-30	0	230	16	265
Sarah Morgan	2.5-5	0-2.5	25-30	10-15	287	20	342

Notes

[1]No mandatory lump sum as advised by the NHS Pensions Agency

The ICB was only able to obtain confirmation of the movement in the cash equivalent transfer values for the directors' pension entitlements for the period from 1 April 2022 to 31 March 2023. As a result, the ICB has apportioned the movement on a straight-line basis to estimate the cash equivalent transfer value at 31 March 2023. This is considered to be a reasonable approximation of the movement in the value of the entitlements during the year.

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.

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 because 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. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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 or for loss of office – subject to audit

No payments were made in 2023/24 (2022/23, nil)

Payments to past directors – subject to audit

No payments were made to past directors in 2023/24 (2022/23, nil)

Phill Wells

Chief Executive Officer

27 June 2024

Staff report

Number of senior managers

As of 31 March 2024, there were nine individuals on a Very Senior Manager grade in NCL ICB.

As of 31 March 2024, there were 32 Senior Managers on Band 9.

Staff numbers and costs (for staff numbers see Note 4.1 of accounts) – subject to audit

1 April 2023 to 31 March 2024	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	16,387	2,325	**18,712**	23,646	5,730	**29,376**	40,033	8,055	**48,088**
Social security costs	1,970	-	**1,970**	3,008	-	**3,008**	4,978	-	**4,978**
Employer contributions to the NHS Pension Scheme	4,682	-	**4,682**	3,905	-	**3,905**	8,587	-	**8,587**
Other pension costs	18	-	**18**	7	-	**7**	25	-	**25**
Apprenticeship Levy	213	-	**213**	-	-	**-**	213	-	**213**
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	8,972	-	**8,972**	8,972	-	**8,972**
Gross employee benefits expenditure	**23,270**	**2,325**	**25,595**	**39,538**	**5,730**	**45,268**	**62,808**	**8,055**	**70,863**

Staff numbers and costs – prior year comparatives (9 months)

1 July 2022 to 31 March 2023	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	13,841	2,027	**15,868**	16,299	4,280	**20,579**	30,140	6,307	**36,447**
Social security costs	1,551	-	**1,551**	2,162	-	**2,162**	3,713	-	**3,713**
Employer contributions to the NHS Pension Scheme	3,269	-	**3,269**	2,629	-	**2,629**	5,898	-	**5,898**
Other pension costs	5	-	**5**	5	-	**5**	10	-	**10**
Apprenticeship Levy	135	-	**135**	-	-	**-**	135	-	**135**
Other post-employment benefits		-	**0**	-	-	**-**	-	-	**-**
Other employment benefits		-	**0**	-	-	**-**	-	-	**-**
Termination benefits	387	-	**387**	-	-	**-**	387	-	**387**
Gross employee benefits expenditure	**19,188**	**2,027**	**21,215**	**21,095**	**4,280**	**25,375**	**40,283**	**6,307**	**46,590**

Staff composition

Equality and diversity workforce representation

The following summary provides an overview of the ICB workforce representation regarding each of the protected characteristics as of 31 March 2024.

- **Age:** the majority of ICB staff fall within the 41-45 age group, followed by the 51-55 and 46-50 age groups.
- **Disability:** the majority of staff within the ICB have declared that they do not have a disability (83%) and 8.5% of staff have declared a disability. Approximately 7.7% of the workforce have chosen not to declare a disability or prefer not to answer.
- **Ethnic group:** overall, the NCL ICB workforce from BAME (45%) and White backgrounds (47.6%) is broadly reflective of the NCL population demographic. A higher proportion of ICB staff in roles that are bands 3, 6, 7 and 8A are from a BAME background than a white background. In contrast, this is reversed for roles that are bands 8C to Very Senior Manager (VSM), in which there are a significantly higher proportion of staff that are from a white background than a BAME background.
- **Gender identity:** describes how a person feels about their gender and whether they identify as male, female, intersex or a member of the trans umbrella (including but not restricted to, non-binary, gender fluid or transgender). The equality data fields relating to gender identity on ESR are restricted to female and male. Feedback has been provided to the Workforce Information team and the national NHS England team together with IBM who manage the national ESR system. The majority of the workforce are female (64%).
- **Marriage and civil partnership status:** the majority of staff are married, followed by having a single status.
- **Sexual orientation:** the majority of the ICB workforce is heterosexual/state. There is a significant proportion of staff who have not stated or have declined to provide their sexual orientation status. There are much smaller numbers of staff recorded in each of the other sexual orientation categories.
- **Religious belief:** nearly a quarter of staff have chosen to not declare their religious belief. 33.6% of staff have a religious belief of Christianity, followed by 15.2% Atheism and 8.8% Islam.

The gender identity breakdown of NCL ICB Board members on 31 March 2024 is*:

	Female	Male	Total
Voting	4	6	10
Non-Voting	3	2	5
Total	7	8	15

*These figures only include those who have declared their gender, through equality, diversity and inclusion (ED&I) monitoring and those we hold ED&I data on.

The gender identity breakdown of all staff including Senior Managers and staff on Very Senior Manager terms of employment as of 31 March 2024 is:

Pay Group	Female	Male	Total
Band 2	2	3	5
Band 3	21	4	25
Band 4	4	2	6
Band 5	40	10	50
Band 6	44	28	72
Band 7	58	38	96
Band 8a	60	30	90
Band 8b	58	29	87
Band 8c	52	32	84
Band 8d	26	23	49
Personal Spot Salary*	24	13	37
Senior Managers (Band 9 and above inclusive of VSM)	24	17	41
Grand Total	413	229	642

To note:

- staff on outward secondment are included in the staffing information in the above table. Staff on a personal spot salary include staff who transferred into the ICB (former CCG) on non-Agenda for Change Pay terms in accordance with the Transfer of Undertaking (Protection of Employment) Regulations and GPs, including clinical leads/GP Assessor Leads who are engaged on statutory employment provisions.
- staff who have more than one assignment, their gender status has been counted against their primary assignment.

Sickness absence data

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

The Electronic Staff Record (ESR) system data shows the sickness figures for NCL ICB for the calendar year 1 April 2023 to 31 March 2024 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
2.39%	4,743	4,563.42	190,853.88

Staff turnover percentages

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

ESR system data shows the staff turnover figures for NCL ICB for the calendar year 1 April 2023 to 31 March 2024 as follows:

Turnover Rate (12m)	Percentage
Turnover Rate	25.3%

Staff engagement percentages

NCL ICB took part in the annual NHS staff survey. The survey ran from October to November 2023. The full 2023 Staff Survey Results for the ICB are published on the NHS Staff Survey Results Website.

Staff engagement scores are calculated for key questions from the NHS staff survey that are grouped into three categories:

Staff Engagement Category	Questions 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	5.78
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	6.66
Motivation	• Often/always look forward to going to work • Often/always enthusiastic about my job • Time often/always passes quickly when I am working	6.30
Overall Score		6.25

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 ICB in the 2023 NHS Staff Survey was 6.25. Compared to the national scores this is lower than the average of score of 6.64, but better than the lowest ICB benchmark score of 5.86 and less than the highest ICB benchmark score of 7.29

Staff policies

HR policies and procedures

The review and harmonisation of HR policies associated with the organisational change programme was undertaken during 2023/24 to ensure that they met best practice

requirements and to enable the change management process to be managed fairly, consistently, and equitably ahead of the formal consultation process that commenced in July 2023.

The ICB is continuing the programme of work to review and revise HR policies and procedures to ensure they remain in line with current legislation, HR best practice with fair and equitable provisions for all staff. A policy prioritisation plan for review and implementation will commence in 2024/25 to develop HR policies in accordance with the national NHS framework for the development of people policies that has been developed by NHS England for all NHS organisations with the aims of implementing a standard set of simplified HR policies by 2025. The programme of work to review and develop the HR policies will include engagement and input from the ICB's staff networks and trade union representatives.

All HR policies are subject to equality impact assessments to ensure due regard to the public sector equality duty and are reviewed and developed in partnership with trade union colleagues, with formal ratification via the Joint Partnership Group, People and Culture Oversight Group and Remuneration Committee.

Inclusion

A number of workforce initiatives have been implemented to lead our people and create a work environment that is safe, healthy, compassionate and inclusive for all our staff.

Equality Impact Assessments

The ICB's approach to Equality Impact Assessments (EQIA) was reviewed and refreshed in 2023/24 with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process.

Change programme EQIA

Throughout the change programme, EQIAs were completed to determine the impact of the changes to the staff structure of the ICB in accordance with the ICB's EQIA framework and principles to ensure 'due regard' to the public sector equality duty. A number of actions

were undertaken to mitigate any potential negative impact on any protected characteristic group.

One of the key programmes of work was the development of an Inclusive Recruitment (IR) Programme to support the requirement for a fair and equitable process throughout our recruitment to roles within the different stages of the organisational change programme. Over 50 Inclusive Recruitment Advisors - representing all protected characteristics - have been trained and every single interview panel has included an IR Advisor to ensure a fair process, with a particular focus on the EQIA outcomes regarding the potential for race and age discrimination.

Staff Networks

The ICB continues to strengthen staff engagement of our diverse workforce via a number of platforms. Our range of staff networks and forums (BAME, Disability, Carers and Long-Term Conditions, LGBTQ+, Greener network, Engaging our People Forum, PCOG and Joint Partnership Group) allow colleagues to discuss experiences, offer a safe space and contribute to our workforce priorities to shape a more inclusive and fairer organisational culture. The ICB also established a Women's staff network in 2023/24. Each staff network is sponsored by an Executive Director to strengthen the voice of the networks in key areas.

Public Sector Equality Duty

The ICB's equality priorities and objectives continue to be set in line with the requirements set out by the public sector equality duty, equality delivery system framework and tackle key areas of improvement identified as part of the Gender Pay Gap Report, Workforce Race Equality Standard (WRES) reporting and Workforce Disability Equality Standard reporting (WDES) data analysis.

2023 Staff Survey Results

The 2023 national staff survey results show that although the ICB has made some headway in some key areas, the results are indicative of an organisation whose staff do not consistently have a good experience. This has been amplified by, but is not fully a result of, the significant organisational change the ICB has undergone throughout the past year.

The staff survey results are analysed against nine categories – the seven elements of the People Promise which form a key part of the NHS People Plan, plus staff engagement and staff morale.

The areas of most improvement are attributed to line management support and relationships and team behaviours in dealing with disagreements constructively.
Some of the areas that the ICB has declined in the most appear as if they may be directly, or indirectly related to the change management programme. Out of the most declined scores, three questions specifically related to staff considering leaving the organisation. Following this, the next set of lowest scoring areas related to accessing the right learning and development opportunities, fair opportunities for career progression and the organisation taking positive action on health and wellbeing.

The ICB's 3-year organisational development (OD) plan (2023-2026) forms the overarching organisational level staff survey action plan. A number of work programmes commenced in 23/24 to meet the objectives of the OD plan, including:

- High performing teams
- Leadership Development Programme
- Leadership Competency Framework
- Inclusive Recruitment Programme
- Learning and Development Review

A high-level overview of some of the areas of focus for 2024/25 include:

- redesign and relaunch of ICB values and the development of a behaviours and values framework
- redesign of our wellbeing offer to staff, including the launch of wellbeing conversation toolkits
- investing in the staff networks and improving governance arrangements
- continuation of the team development and high performing teams work
- formally launching the learning and development offer to the organisation
- introduction of a restorative Just and Learning culture into HR practices and policies
- taking forward the actions associated with pledging to the National Sexual Safety Charter

Please see the ICB's staff survey report for further information regarding the 2023 staff survey results, the actions taken to date and our 2024/25 priorities in line with the ICB's 3-year OD plan. The staff survey report can be found here on page 79: https://nclhealthandcare.org.uk/wp-content/uploads/2024/04/NCL-ICB-Board-of-Members-Meeting-7.5.24.pdf

Trade union facility time reporting requirements

Reference	Question	Figures
Relevant union officials	Number of employees who were relevant union officials during the relevant period	5
	Full-time equivalent employee number	5
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	
	1-50%	5
	51%-99%	
	100%	
Percentage of pay bill spent on facility time	Total cost of facility time	£28,445
	Total pay bill	£53,836,000
	Provide the percentage of the total pay bill spent on facility time	0.05%

Other employment matters

Organisational change programme

On 1 February 2023, the ICB formally launched an organisational change programme to redesign the structure of the organisation and the way that we work better to meet the needs of our population, our system and our partners.

The organisational change programme focused on three components (organisational design, ways of working and organisational development) and involved three phases of work over that rolled into 2023/24 and will conclude in 2024/25:

Phase 1: setting the design foundations and defining the ICB's future operating model
Phase 2: engagement and consultation with staff and key stakeholders on the outputs of phase 1
Phase 3: implementation of final structures and organisational development to support new ways of working

Phases 1 and 2 were completed in 2023/24 and the organisation transitioned to the new structure on 1 April 2024. The new structure will enable the delivery of four key outcomes;

- deliver our Population Health and Integrated care Strategy
- a system that is high-performing and leverages individual and extraordinary strengths of our people, providers and partners across NCL
- an environment where everyone can thrive at work, through fulfilling roles, career progression opportunities and a supportive and effective working environment
- a streamlined and efficient organisation with resources focused on those areas that matter the most

The focus in 2024/25 will shift to the organisational development and ways of working workstreams.

Organisational development

In July 2023, the ICB Board approved a 3-year (23-26) OD plan for the ICB. The OD plan is based on the evolved Culture and Leadership Programme based on best practice, developed by Professor Michael West and sponsored by NHS England, which focuses on six key pillars: Vision and Values, Goals and Performance, Learning and Innovation,

Support, Compassion and Wellbeing, Equity and Inclusion and Team and System Working.

Work has already begun to meet some of the objectives in these six areas. It is hoped that the organisational development plan will enable the ICB to create a thriving and re-energised culture as part of the implementation of the new organisational structure. Please see the ICB Board papers for further information and details regarding the ICB's progress against the plan: https://nclhealthandcare.org.uk/icb/about/meetings/ncl-icb-board-of-members-meetings/papers-from-previous-meetings/

Leadership competency framework and development programme

The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion and support their team members to achieve their potential. In March 2024, the ICB launched a leadership development programme for the Senior Leadership and Executive Teams to support them to create the leadership conditions within the organisation to create a shift in culture. This year long programme aims to invest in our most senior leaders to upskill them with the expertise of navigating leadership in an environment that requires cultural change as well as to facilitate innovative systems leadership and thinking.

A leadership competency framework is being developed that will provide an aspirational foundation and will support all leaders from across the organisation to invest in themselves and be the best leaders they can be.

A core skills for managers programme commenced in 2022/23 and continued into early 2023/24. The programme has been designed and rolled out to enable the ICB to strengthen and enhance management capability across the organisation, ensuring staff at every level are provided with the right skills and knowledge to develop, grow, and support their staff and teams. The programme will be refreshed and relaunched in 2024/25.

High performing teams

Recognising that the high performing teams are the building block of our organisation, there has been an investment in a high performing teams programme. This will enable all teams within the new organisational structure to identify new ways of working and support

the development of a new local culture to achieve organisational objectives. This programme of work started in 2023/24 and will continue to summer 2024.

Learning and development review

A learning and development review was undertaken at the end of 2023/24 to determine what the right offer should be for staff, from onboarding to professional and personal development as well as career progression. A full training needs analysis was undertaken as part of the review to identify how staff can be best equipped with the right skills and experience to excel in the delivery of the ICB's vision for population health improvement and respond to the new challenges faced by the NCL system and increasing requirements of partners and regulators.

Ways of working

Work commenced to progress the automation of many of the ICB's processes identified during the organisational design stage in the finance, HR and complex care functions. Work will continue to streamline and improve systems and processes to support staff to have a better experience of work and reducing the need for work arounds and levels of approval.

Salary sacrifice schemes

The ICB is committed to supporting employees to achieve a healthy balance between their work and personal life, in the best interests of both service delivery and the wellbeing of individuals. To support this, a buying and selling annual leave policy was developed to enable employees to have the option to request to buy up to one additional week's annual leave or sell up to one week's annual leave. The ICB also rolled out a cycle to work and a car lease scheme during 2023/24.

The salary sacrifice approvals process ensures any employee who makes an application for a salary sacrifice scheme continues to receive a salary that does not take them below the National Minimum Wage.

Expenditure on consultancy

1 April 2023 to 31 March 2024			01 July 2022 to 31 March 2023
Admin £'000	Programme £'000	TOTAL £'000	TOTAL
198	1,011	1,209	1,230

Off-payroll engagements

Table 1: length of all highly paid off-payroll engagements

For all off-payroll engagements as at 31 March 2024 for more than £245[(1)] per day:

	Number
Number of existing engagements as of 31 March 2024	40
Of which, the number that have existed:	
for less than one year at the time of reporting	16
for between one and two years at the time of reporting	23
for between two and three years at the time of reporting	1
for between three and four years at the time of reporting	0
for four 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: off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245[1] per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	122
Of which:	
Number not subject to off-payroll legislation[2]	0
Number subject to off-payroll legislation and determined as in-scope of IR35[2]	84
Number subject to off-payroll legislation and determined as out of scope of IR35[2]	38
The number of engagements reassessed for compliance or assurance purposes during the reporting period	0
Of which: number of engagements that saw a change to IR35 status following review	0

[1] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[2] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

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

For any off-payroll engagements of board members or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

Number of off-payroll engagements of board members, or senior officers with significant financial responsibility, during the reporting period (1)	0
Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements (2)	3

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.

Exit packages, including special (non-contractual) payments – subject to audit

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	0	0	6	46,233.64	6	46,233.64	0	0
£10,000 - £25,000	0	0	18	309,285.77	18	309,285.77	0	0
£25,001 - £50,000	0	0	15	553,895.67	15	553,895.67	0	0
£50,001 - £100,000	0	0	22	1,648,194.47	22	1,648,194.47	0	0
£100,001 - £150,000	0	0	14	1,694,886.33	14	1,694,886.33	0	0
£150,001 – £200,000	0	0	8	1,280,000	8	1,280,000	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	0	0	83	5,532,495.88	83	5,532,495.88	0	0
				Agrees to Table 2 below				

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS Agenda for Change Terms and Conditions. Exit costs in this note are accounted for in full in the year of departure. Where NCL ICB has agreed early retirements, the additional costs are met by NCL ICB 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	£s
Voluntary redundancies including early retirement contractual costs	83	5,532,495.88
TOTAL	**83**	**5,532,495.88**

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 Table 1 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 0 relating to non-contractual payments in lieu of notice.

0 (number) 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 ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on losses and special payments, and fees and charges are included as notes in the Annual Accounts section. An audit certification and report is also included in this Annual Report at page 209.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS North Central London Integrated Care Board ("the ICB") for the year ended 31 March 2024 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 financial position of the ICB as at 31 March 2024 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 on 22 April 2024 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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 ICB 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 of the ICB ("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 either cease the ICB's services or dissolve the ICB 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 associated with the continuity of services provided by the ICB 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; and
- 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 ICB'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 above conclusions are not a guarantee that the ICB 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 and inspection of policy documentation as to the ICB's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the ICB's channel for "whistleblowing", 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 ICB by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the ICB'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 ICB management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. We therefore assessed that there was limited opportunity for the ICB to manipulate the income that was reported.

We also identified a fraud risk related to the existence, completeness and accuracy of expenditure in response to the pressure to achieve financial performance targets.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals impacting expenditure recognition posted during the final close down, journals posted to seldom used accounts, journals posted by seldom users, journals posted by upper management in Month 12, self-authorised journals, manual journals posted by SBS, material post close journals, and unusual cash and borrowings journals.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias
- We selected a sample of year end accruals and inspected evidence of the actual amount paid after year end and other supporting information to assess whether the accrual exists and has been accurately recorded.
- We inspected journals posted as part of the year end close procedures that decreased the level of expenditure recorded in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence.
- We performed a year on year comparison of the accruals in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity.

Identifying and responding to risks of material misstatement related to 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 Board and other management (as required by auditing standards), and from inspection of the ICB's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

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.

Firstly, the ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the ICB is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law recognising the nature of the ICB's activities and its legal form. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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 fraud 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, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. 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 by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") 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 2023/24. 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 all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 128, the Accountable Officer of the ICB 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 ICB'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 either cease the services provided by the ICB or dissolve the ICB 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

The Accountable Officer is responsible for ensuring the regularity of expenditure and income.

We are required to report on the following matters under Section 21(4) and (5) 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.

Basis for opinion on regularity

We conducted our work on regularity in accordance with Statement of Recommended Practice - Practice Note 10: Audit of financial statements and regularity of public sector bodies

in the United Kingdom (Revised 2022) issued by the FRC. We planned and performed procedures to obtain sufficient appropriate evidence to give an opinion over whether 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. The procedures selected depend on our judgement, including the assessment of the risks of material irregular transactions. We are required to obtain sufficient appropriate evidence on which to base our opinion.

Report on the ICB'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 ICB 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 128, the Accountable Officer is responsible for ensuring that the ICB 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 ICB 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 ICB's arrangements for securing economy, efficiency and effectiveness in its 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 ICB 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 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 ICB, or an officer of the ICB, 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 Board of NHS North Central London Integrated Care Board, 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 Board of the ICB, 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 Board of the ICB, 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 ICB for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Jessica Hargreaves
for and on behalf of KPMG LLP
Chartered Accountants

15 Canada Square
London
E14 5GL

27 June 2024

ANNUAL ACCOUNTS

Phill Wells

Chief Executive Officer

27 June 2024

CONTENTS

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023/24 31-Mar-24 £'000	2022/23 01-Jul-22 to 31-Mar-23 £'000
Income from sale of goods and services	2	(58,312)	(23,997)
Total Operating income		**(58,312)**	**(23,997)**
Staff costs	4	70,863	46,590
Purchase of goods and services	5	3,670,712	2,479,565
Depreciation and impairment charges	5	1,009	726
Provision expense	5	(740)	(614)
Other operating expenditure	5	2,133	299
Total Operating expenditure		**3,743,977**	**2,526,566**
Net Operating Expenditure		**3,685,665**	**2,502,569**
Finance expense	7	24	22
Net Expenditure for the period		**3,685,689**	**2,502,591**
Total Net Expenditure for the financial period		**3,685,689**	**2,502,591**
Comprehensive Expenditure for the period		**3,685,689**	**2,502,591**

The accompanying Notes forms part of these Financial Statements

Statement of Financial Position as at 31 March 2024

	Note	2023/24 31-Mar-24 £'000	2022/23 31-Mar-23 £'000
Non-current assets			
Right-of-use assets	9.1	1,794	2,803
Total non-current assets		**1,794**	**2,803**
Current assets			
Trade and other receivables	10	43,138	36,639
Cash and cash equivalents	11	585	392
Total current assets		**43,723**	**37,031**
Total assets		**45,517**	**39,834**
Current liabilities			
Trade and other payables	12	(342,249)	(345,252)
Lease liabilities	9.3	(1,016)	(1,027)
Provisions	13	(5,389)	(2,358)
Total current liabilities		**(348,654)**	**(348,637)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(303,137)**	**(308,803)**
Non-current liabilities			
Lease liabilities	9.3	(704)	(1,720)
Provisions	13	(252)	(992)
Total non-current liabilities		**(956)**	**(2,712)**
Assets less Liabilities		**(304,093)**	**(311,515)**
Financed by taxpayers' equity			
General fund		(304,093)	(311,515)
Total taxpayers' equity		**(304,093**	**(311,515)**

The accompanying Notes forms part of these Financial Statements

The financial statements were approved by the Audit Committee under delegated authority from the Board of Members on the 11th of June 2024 and signed on its behalf by:

Phill Wells
Chief Executive Officer

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Note	General Fund £'000	Total Reserves £'000
Changes in NHS ICB taxpayers' equity for 2023/24			
Balance at 01 April 2023		**(311,515)**	**(311,515)**
Changes in NHS ICB taxpayers' equity for 2023/24			
Net operating expenditure for the financial year		(3,685,689)	(3,685,689)
Net Recognised NHS ICB expenditure for the financial year		(3,685,689)	(3,685,689)
Net funding		3,693,111	3,693,111
Balance at 31 March 2024		**(304,093)**	**(304,093)**

	Note	General Fund £'000	Total Reserves £'000
Changes in NHS ICB taxpayers' equity for 2022/23			
Net operating expenditure for the financial period		(2,502,591)	(2,502,591)
Transfers by absorption to (from) other bodies	8	(301,969)	(301,969)
Net Recognised NHS ICB expenditure for the financial period		(2,804,560)	(2,804,560)
Net funding		2,493,045	2,493,045
Balance at 31 March 2023		**(311,515)**	**(311,515)**

The accompanying Notes forms part of these Financial Statements

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023-24 31-Mar-24 £'000	2022-23 01-Jul-22 to 31-Mar-23 £'000
Cash Flows from Operating Activities			
Total net expenditure for the financial period		(3,685,689)	(2,502,591)
Depreciation and amortisation	5	1,009	726
Movement due to transfer by modified absorption		-	(298,069)
(Increase)/decrease in trade & other receivables	10	(6,499)	(36,639)
Increase/(decrease) in trade & other payables	12	(3,003)	345,252
Increase/(decrease) in provisions	13	2,291	(614)
Net Cash Inflow (Outflow) from Operating Activities		**(3,691,891)**	**(2,491,935)**
Cash Flows from Investing Activities			
Interest paid		24	22
Net Cash Inflow (Outflow) from Investing Activities		**24**	**22**
Net Cash Inflow (Outflow) before Financing		**(3,691,867)**	**(2,491,913)**
Cash Flows from Financing Activities			
Net Funding Received		3,693,111	2,493,045
Repayment of lease liabilities		(1,051)	(740)
Net Cash Inflow (Outflow) from Financing Activities		**3,692,060**	**2,492,305**
Net Increase (Decrease) in Cash & Cash Equivalents	**11**	**193**	**392**
Cash & Cash Equivalents (including bank overdrafts) at the Beginning of the financial year		**392**	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the financial year		**585**	**392**

The statement of cash flows analyses the cash implication of the actions taken by the ICB during the financial period. The operating activities (total operating costs for the period adjusted for payables and receivables working balances) are netted off by the actual cash funding received from NHS England, resulting in a period end cashbook balance of £585k.

The accompanying Notes forms part of these Financial Statements

Notes to the financial statements

1 Accounting policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB 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.

As at 31 March 2024 the ICB had net liabilities of £304,093,000.

Public sector bodies are assumed to be a going concern 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.

The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

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 Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care 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 Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled budgets

The ICB has entered into a pooled budget arrangement under Section 75 of the NHS Act 2006 with the London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

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

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 ICB.

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- as per paragraph 121 of the Standard the ICB will not disclose information regarding the performance obligations part of a contract that has an original expected duration of one year or less
- the ICB 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 government financial reporting manual (FReM) has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application

The main source of funding for the ICB is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

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

1.7 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 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/pension. 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.

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 ICB 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

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.9 Property, plant and 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 ICB
- 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, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

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

At each reporting period end, the ICB 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

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 The ICB as lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise of:

- fixed payments
- variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement
- the amount expected to be payable under residual value guarantees
- the exercise price of purchase options, if it is reasonably certain the option will be exercised
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is re-measured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short-term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three 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 ICB's cash management.

1.12 Provisions
Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB 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
NHS Resolution operates a risk pooling scheme under which the ICB 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 ICB.

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

1.15 Financial assets
Financial assets are recognised when the ICB 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
- 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.

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

1.15.2 Impairment of financial assets
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 ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB 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 ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

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

1.16 Financial liabilities

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

1.16.1 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
- the amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets

1.17 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.19 Critical accounting judgements and key sources of estimation uncertainty

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

1.19.1 Critical accounting judgements in applying accounting policies

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

1.19.2 Sources of estimation uncertainty

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

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the ICB 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 ICB for prescribing contracts. These are issued approximately six to eight weeks in arrears. The ICB uses a forecast provided by the NHS Business Authority to estimate the full year expenditure.

Primary Care – Premises

The 23/24 budget for premises is based on estimates from the Estates team or the actual claims from the practices. Practices have up to 6 years to claim for any GP reimbursements so the ICB have no control over when the claims will be submitted and so the accruals are estimated based on the current rental payments until which time the claims come through and it's switched over to actuals.

Primary Care - Quality and Outcome Framework (QOF)

The Quality and Outcome Framework (QOF) achievement for 23/24 has been estimated based on the 22/23 achievement uplifted for the 23/24 QOF prices. There are no changes to QOF indicators or payment thresholds from previous years. The final figure will be paid once information has been validated the information and confirmed the calculations.

Primary Care - Investment and Impact Fund (IIF)

IIF Achievement for 23/24 has been estimated at 100% as the programme is relatively new and there are no historic trends (was first introduced in Oct 21), this is the first full reporting year as ICB.

Primary Care - Dental

NHSBSA actions monthly cash charges to the ICB for primary dental payments. The ICB is notified of the actual cash charges one month in arrears. The ICB accrues for these costs using information available on the eDen system. There are also additional accruals for Patient Charge Revenue, underperformance and general services such as administered funds, business rates etc.

Secondary Care - Dental

Accrual is based on activity agreed with the provider trusts.

Ophthalmic

PCSE post costs onto the ICB ledger. There is a one month timelag between the activity occurring and expenditure being charged to the ICB. At the year end the ICB accrues for these costs based on the highest claim in the last three months.

Pharmacy

NHSBSA actions monthly cash charges to the ICB for pharmacy payments. These are issued two months in arrears. The ICB calculates a 2.5 month timelag accrual based on the average of the last 3 months payments plus additional accruals for Pharmacy First and other pharmacy services paid outside BSA.

Continuing Healthcare (CHC) accrual
The CHC accrual is primarily driven from the CHC client database “Care Track” where patient activity and financial commitments are captured and monitored. The basis for the accrual takes into account all commitments due for payment and is adjusted for invoices already paid. In addition to this there are further accruals for income and expenditure not recorded on the CareTrack database, primarily with Local Authorities.

1.20 New and revised IFRS Standards in issue but not yet effective

- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.
- IFRS 18 Presentation and Disclosure in Financial Statements – Issued in April 2024 and applies to periods beginning on or after 1 January 2027. The standard has not yet been adopted by FRAB for inclusion within the FREM and therefore it is not yet possible to confirm how this will impact on our accounts in the future.

2. Other Operating Revenue

	2023/24 31-Mar-24 £'000	2022/23 01-Jul-22 to 31-Mar-23 £'000
Income from sale of goods and services (contracts)		
Non-patient care services to other bodies	24,027	18,957
Prescription fees and charges *	14,684	-
Dental fees and charges *	12,601	-
Other contract income	7,000	5,040
Total Income from sale of goods and services	**58,312**	**23,997**
Total Operating Income	**58,312**	**23,997**

*On the 1st of April 2023 the ICB took on delegated responsibility for commissioning pharmacy, general opthalmic and dental services from NHS England.

Income does not include cash received from NHS England, which is treated as equity

NHS NCL ICB certifies that it has complied with the HM Treasury guidance on cost allocation and the setting of charges. The following table provides details of income generation activities whose full cost exceeded £1m or was otherwise material:

2023/24	Note	Income £000s	Full Cost £000s	Surplus/ (deficit) £000's
Dental	2&5	(12,601)	84,447	71,846
Prescriptions	2&5	(14,684)	46,133	31,449
Total Fees and charges		**(27,285)**	**130,580**	**103,295**

The fees and charges information in this note is provided in accordance with section 5.120 of the Government Reporting Manual. It is provided for fees and charges purposes and not for International Financial Reporting Standard (IFRS 8) purposes. The financial objective of prescription and dental charges is to collect charges only from those patients that are eligible to pay.

Prescription charges are a contribution to the cost of pharmaceutical services including the supply of drugs. In 2023/24 the NHS prescription charge for each medicine or appliance dispensed was £9.65. However, around 95.42%(a) of prescription items are dispensed free each year where patients are exempt from charges. In addition, patients who were eligible to pay charges could purchase pre-payment certificates at £31.25 for 3 months or £110.60 for a year. Those who are eligible for exemption are required to pay NHS dental charges fall into 3 bands depending on the level and complexity of care provided. In 2023/24, the charge for Band 1 treatments was £25.80, for Band 2 was £70.70 and Band 3 was £306.80.

(a)This percentage is based on the National Tables for 2023/24 and not local to NHS NCL ICB.

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

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000
Source of Revenue				
NHS	2,399	-	-	478
Non NHS	21,628	14,684	12,601	6,522
Total	**24,027**	**14,684**	**12,601**	**7,000**

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000
Timing of Revenue				
Point in time	24,027	14,684	12,601	7,000
Total	**24,027**	**14,684**	**12,601**	**7,000**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2023/24 31-Mar-24 Total £'000
Employee Benefits			
Salaries and wages	40,033	8,055	48,088
Social security costs	4,978	-	4,978
Employer contributions to NHS Pension scheme	8,587	-	8,587
Other pension costs	25	-	25
Apprenticeship Levy	213	-	213
Termination benefits	8,972	-	8,972
Gross employee benefits expenditure	**62,808**	**8,055**	**70,863**

Termination benefits include Real Time Class 1A National Insurance employer contributions arising from termination awards.

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2022/23 01-Jul-22 to 31-Mar-23 Total £'000
Employee Benefits			
Salaries and wages	30,140	6,307	36,447
Social security costs	3,713	-	3,713
Employer contributions to NHS Pension scheme	5,898	-	5,898
Other pension costs	10	-	10
Apprenticeship Levy	135	-	135
Termination benefits	387	-	387
Gross employee benefits expenditure	**40,283**	**6,307**	**46,590**

4.2 Average number of people employed

	2023/24			2022/23		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	653.85	77.86	**731.71**	672.27	76.06	**748.33**

4.3 Exit packages agreed in the financial year

	2023/24 31-Mar-24 Compulsory Redundancies		2023/24 31-Mar-24 Other agreed departures		2023/24 31-Mar-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	6	46,234	6	46,234
£10,001 to £25,000	-	-	18	309,286	18	309,286
£25,001 to £50,000	-	-	15	553,896	15	553,896
£50,001 to £100,000	-	-	22	1,648,194	22	1,648,194
£100,001 to £150,000	-	-	14	1,694,886	14	1,694,886
£150,001 to £200,000	-	-	8	1,280,000	8	1,280,000
Total	**-**	**-**	**83**	**5,532,496**	**83**	**5,532,496**

	2022/23 01-Jul-22 to 31-Mar-23 Compulsory Redundancies		2022/23 01-Jul-22 to 31-Mar-23 Other agreed departures		2022/23 01-Jul-22 to 31-Mar-23 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	2,974	1	2,974
£50,001 to £100,000	1	66,667	-	-	1	66,667
£150,001 to £200,000	2	320,000	-	-	2	320,000
Total	**3**	**386,667**	**1**	**2,974**	**4**	**389,641**

Analysis of other agreed departures

	2023/24 31-Mar-24 Other agreed departures		2022/23 01-Jul-22 to 31-Mar-23 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	83	5,532,496	-	-
Contractual payments in lieu of notice	-	-	1	2,974
Total	**83**	**5,532,496**	**1**	**2,974**

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 and 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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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:

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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	2023/24 31-Mar-24 Total £'000	2022/23 01-Jul-22 to 31-Mar-23 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	132	55
Services from foundation trusts	1,378,493	946,446
Services from other NHS trusts	1,173,340	817,952
Purchase of healthcare from non-NHS bodies	409,897	295,345
Purchase of social care	8,225	5,131
General Dental services and personal dental services	84,447	-
Prescribing costs	206,931	156,184
Pharmaceutical services	46,133	-
General Opthalmic services	14,731	-
GPMS/APMS and PCTMS	319,747	225,407
Supplies and services – clinical	1,958	1,194
Supplies and services – general	12,935	19,995
Consultancy services	1,209	1,230
Establishment	4,552	3,493
Transport	2	3
Premises	4,188	2,846
Audit fees	216	224
Other non-statutory audit expenditure		
• Internal audit services	256	129
• Other services	26	26
Other professional fees	1,920	2,098
Legal fees	669	190
Education, training and conferences	705	1,617
Total Purchase of goods and services	**3,670,712**	**2,479,565**
Depreciation and impairment charges		
Depreciation	1,009	726
Total Depreciation and impairment charges	**1,009**	**726**
Provision expense		
Provisions	(740)	(614)
Total Provision expense	**(740)**	**(614)**
Other operating expenditure		
Chair and Non-Executive Members	314	276
Expected credit loss on receivables	1,819	-
Other expenditure	-	23
Total other operating expenditure	**2,133**	**299**
Total operating expenditure	**3,673,114**	**2,479,976**

The 2023/24 fee to the ICB's external auditors, KPMG LLP, is £180,050 excluding VAT £36,010.
In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, the ICB 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 ICB will be required to obtain assurance from the external auditors over reported compliance with the requirements of the Mental Health Investment Standard. The fee for Mental Health Investment Standard 2023/24 is £21,445 excluding VAT.

6. Better Payment Practice Code

Measure of compliance	2023/24 31-Mar-24 Number	2023/24 31-Mar-24 £'000	2022/23 01-Jul-22 to 31-Mar-23 Number	2022/23 01-Jul-22 to 31-Mar-23 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the period	47,157	836,423	32,005	566,229
Total Non-NHS Trade Invoices paid within target	45,905	751,024	30,120	509,656
Percentage of Non-NHS Trade invoices paid within target	**97.35%**	**89.79%**	**94.11%**	**90.01%**
NHS Payables				
Total NHS Trade invoices paid in the period	1,613	2,551,525	1,104	1,786,677
Total NHS Trade Invoices paid within target	1,507	2,549,446	970	**1,783,736**
Percentage of NHS Trade invoices paid within target	**93.43%**	**99.92%**	**87.86%**	**99.84%**

The BPPC requires the ICB 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 period in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998.

7. Finance costs

	2023/24 31-Mar 24 £'000	2022/23 01-Jul-22 to 31-Mar 23 £'000
Interest		
Interest on lease liabilities	24	22

8. Net gain/(loss) on transfer by modified absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. 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. Transfers occurred via a modified absorption approach, where assets and liabilities transfer, the gain or loss resulting is recognised directly in Reserves.

The below table provides a breakdown of the assets and liabilities transferred in 2022/23 to the ICB via absorption. There are no values for 2023/24.

	2023/24 Total £'000	2022/23 Total £'000
Transfer of Right of Use assets	-	3,406
Transfer of receivables	-	35,551
Transfer of payables	-	(327,868)
Transfer of provisions	-	(3,350)
Transfer of Right Of Use liabilities	-	(3,342)
Transfer of borrowings	-	(5,752)
Transfer of PUPOC provision	-	(614)
Net loss on transfers by absorption	**-**	**(301,969)**

9. Leases

9.1 Right-of-use assets

	2023/24 Buildings excluding dwellings £'000	Total £'000
Cost or valuation at 01 April 2023	**3,769**	**3,769**
Depreciation at 01 April 2023	966	966
Charged during the year	1,009	1,009
Depreciation at 31 March 2024	**1,975**	**1,975**
Net Book Value at 31 March 2024	**1,794**	**1,794**

Carrying value of Right-of-use assets split by counterparty

	2023/24 £'000	2022/23 £'000
Leased from other DHSC Group bodies	762	1,197
Leased from other bodies externally	1,032	1,606
Total	**1,794**	**2,803**

9.2 Lease liabilities

	2023/24 £'000	2022/23 £'000
Lease liabilities at 01 April 2023	**(2,747)**	**-**
Additions purchased	-	(123)
Interest expense relating to lease liabilities	(24)	(22)
Repayment of lease liabilities (including interest)	1,051	740
Transfer (to) from other public sector body	-	(3,342)
Lease liabilities at 31 March 2024	**(1,720)**	**(2,747)**

Carrying value of lease liabilities split by counterparty

	2023/24 £'000	2022/23 £'000
Leased from other DHSC Group bodies	(769)	(1,203)
Leased from other bodies externally	(951)	(1,544)
Total	**(1,720)**	**(2,747)**

9.3 Lease liabilities – Maturity analysis of undiscounted future lease payments

	2023-24 Total £'000	2023-24 Of which: Leased from other DHSC Group bodies £'000	2022/23 Total £'000	2022/23 Of which: Leased from other DHSC Group bodies £'000
Within one year	(1,029)	(443)	(1,051)	(443)
Between one and five years	(708)	(332)	(1,737)	(775)
After five years	-	-	-	-
Balance at 31 March	**(1,737)**	**(775)**	**(2,788)**	**(1,218)**

	2023-24 £'000	2022/23 £'000
Balance by counterparty		
Leased from other DHSC bodies	(775)	(1,218)
Leased from other group bodies externally	(962)	(1,570)
Balance at 31 March	**(1,737)**	**(2,788)**
Effect of discounting	**17**	**41**
Included in:		
Current lease liabilities	(1,016)	(1,027)
Non-current lease liabilities	(704)	(1,720)
Balance at 31 March	**(1,720)**	**(2,747)**

The Right-of-use asset and Lease liability from other DHSC Group bodies consist of office accommodation in Euston Road, London, leased from University College London NHS Foundation Trust.

9.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2023/24 31-Mar-24 £'000	2022/23 01-Jul-22 to 31-Mar-23 £'000
Depreciation expense on right-of-use assets	1,009	726
Interest expense on lease liabilities	24	22
Expense relating to short-term leases	-	20

9.5 Amounts recognised in Statement of Cash Flows

	2023/24 31-Mar-24 £'000	2022/23 01-Jul-22 to 31-Mar-23 £'000
Total cash outflow on leases under IFRS 16	1,051	740

10. Trade and other receivables

	Current 2023/24 £'000	Current 2022/23 £'000
NHS receivables: Revenue	5,190	8,786
NHS accrued income	2,045	9,239
Non-NHS and Other WGA receivables: Revenue	24,668	9,929
Non-NHS and Other WGA prepayments	1,492	321
Non-NHS and Other WGA accrued income	8,787	8,871
Non-NHS and Other WGA Contract Receivables not yet invoiced/non-invoice	3,679	-
Expected credit loss allowance-receivables	(3,839)	(2,025)
VAT	1,113	1,512
Other receivables and accruals	3	6
Total Trade and other receivables	**43,138**	**36,639**
Total current and non-current	**43,138**	**36,639**

10.2 Receivables past their due date but not impaired

	2023/24 DHSC Group Bodies £'000	2023/24 Non DHSC Group Bodies £'000	2022/23 DHSC Group Bodies £'000	2022/23 Non DHSC Group Bodies £'000
By up to three months	461	2,088	2,490	2,884
By three to six months	-	13,290	449	1,250
By more than six months	1,841	4,628	4,949	4,169
Total	**2,302**	**20,006**	**7,888**	**8,303**

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Balance at 01 April 2023	(2,025)	(2,025)
Lifetime expected credit losses on trade and other receivables-Stage 2	(1,814)	(1,814)
Lifetime expected credit losses on trade and other receivables-Stage 3	(5)	(5)
Amounts written off	5	5
Allowance for credit losses at 31 March 2024	**(3,839)**	**(3,839)**

11. Cash and cash equivalents

	2023/24 £'000	2022/23 £'000
Balance at 01 April 2023	392	-
Net change in period	193	392
Balance at 31 March 2024	**585**	**392**
Made up of:		
Cash with the Government Banking Service	585	392
Cash and cash equivalents as in statement of financial position	**585**	**392**
Balance at 31 March 2024	**585**	**392**

12. Trade and other payables

	Current 2023/24 £'000	Current 2022/23 £'000
NHS payables: Revenue	5,365	13,837
NHS accruals	35,862	17,536
Non-NHS and other WGA payables: Revenue	85,878	85,128
Non-NHS and other WGA accruals	203,490	221,646
Social security costs	729	658
Tax	990	673
Other payables and accruals	9,935	5,774
Total Trade and Other Payables	**342,249**	**345,252**
Total current and non-current	**342,249**	**345,252**
Other payables include outstanding pension contributions	2,595	2,703

13. Provisions

	Current 2023/24 £'000	Non-current 2023/24 £'000	Current 2022/23 £'000	Non-current 2022/23 £'000
Redundancy	3,031	-	-	-
Legal claims	-	-	-	740
Other	2,358	252	2,358	252
Total	**5,389**	**252**	**2,358**	**992**
Total current and non-current	**5,641**		**3,350**	

	Redundancy £'000	Legal Claims £'000	Other £'000	Total £'000
Balance at 01 April 2023	**-**	**740**	**2,610**	**3,350**
Arising during the year	3,031	-	-	3,031
Reverse unused	-	(740)	-	(740)
Balance at 31 March 2024	**3,031**	**-**	**2,610**	**5,641**
Expected timing of cash flows:				
Within one year	3,031	-	2,358	5,389
Between one and five years	-	-	252	252
Balance at 31 March 2024	**3,031**	**-**	**2,610**	**5,641**

Redundancy
The ICB has recognised the sum of £3,031,000 Contractual redundancy provision in respect of staff at risk following restructuring.

Other
These provisions consist of dilapidation costs provided for the ICB's office accommodation currently under lease agreements, as disclosed in Note 9 Leases. The ICB also inherited from London Shared Services a dilapidation provision for vacated premises due.

NHS Resolution
A provision for £91,302 in respect of CNST claims are held in the accounts of NHS Resolution as at 31 March 2024; this is held on behalf of the ICB.

14. Financial instruments

14.1 Financial risk management

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

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

14.1.1 Currency risk

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

14.1.2 Interest rate risk

The ICB 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 ICB therefore has low exposure to interest rate fluctuations.

14.1.3 Credit risk

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

14.1.4 Liquidity risk

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

14.1.5 Financial Instruments

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

14.2 Financial assets

	Financial Assets measured at amortised cost 2023/24 £'000	Total 2023/24 £'000
Trade and other receivables with NHSE bodies	4,683	4,683
Trade and other receivables with other DHSC group bodies	12,105	12,105
Trade and other receivables with external bodies	27,583	27,583
Cash and cash equivalents	585	585
Total at 31 March 2024	**44,956**	**44,956**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2023/24 £'000	Total 2023/24 £'000
Trade and other payables with NHSE bodies	696	696
Trade and other payables with other DHSC group bodies	41,495	41,495
Trade and other payables with external bodies	300,059	300,059
Total at 31 March 2024	**342,250**	**342,250**

15. Operating segments

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

16. Joint arrangements - interests in joint operations

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

16.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2023/24		Amounts recognised in Entities books ONLY 2022-23 01-Jul-22 to 31-Mar-23	
			Income £'000	Expenditure £'000	Income £'000	Expenditure £'000
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Barnet	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(828)	40,898	(469)	29,848
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Camden	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(11,465)	60,090	(9,142)	45,326
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Enfield	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	30,467	-	23,232
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Haringey	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(7,865)	86,475	(6,020)	64,702
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Islington	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	35,874	-	26,916

17. Related party transactions

Employees of NHS North Central London ICB 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 during the reporting period 2023/24 to the related parties declared by NHS North Central London ICB's Board of Members (other than payments to practices, other NHS bodies, and other government departments):
Details of related party transactions with individuals are as follows.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Islington GP Federation	4,779	0	1,421	0
South Islington PCN	2,622	0	278	0
PWC	111	0	93	0
University College London	0	0	57	0
Middlesex University	0	0	35	0
South Kentish Town Primary Care Network	1,206	0	383	0
Camden Health Partners (06584530)	656	0	0	0
Jewish Care (National charity)	2,258	0	0	0
Welbourne PCN	1,878	0	213	0
Enfield Healthcare Cooperative	3,504	0	2,795	0
Enfield One Ltd	1,067	0	574	0
Enfield Healthcare Alliance	164	0	0	0
Enfield Health Partnership Limited (Federation)	780	0	254	0
Enfield Care Network	2,763	0	0	0
Kaleidoscope Health and Care (not for profit Social Enterprise)	0	0	60	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 ICB's Board of Members during the reporting period in 2023/24. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments as follows.

City Road Medical Centre	1,506	0	57	0
James Wigg Practice	4,417	0	327	0
Queens Crescent Practice	928	0	73	0
White Lodge Medical Practice	1,749	0	61	0
Fernlea Surgery	1,553	0	138	0
Evergreen Surgery	2,675	0	407	0

The Department of Health is regarded as a related party. During the reporting period 2023/24 NHS North Central London ICB has had a significant number of material transactions (expenditure more than £1 million) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including the following.

Barking, Havering & Redbridge University Hospitals NHS Trust	1,330	0	96	0
Barnet, Enfield & Haringey Mental Health NHS Trust	190,855	(193)	1,175	(27)
Barts Health NHS Trust	33,235	0	586	0
Camden & Islington NHS Foundation Trust	144,090	0	1,778	(28)
Central & North West London NHS Foundation Trust	50,687	0	0	(284)
Central London Community Healthcare NHS Trust	60,483	0	0	(13)
Chelsea And Westminster Hospital NHS Foundation Trust	4,615	0	50	0
Community Health Partnerships	2,067	0	399	0
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	1,020	0	295	0
East & North Hertfordshire NHS Trust	1,623	0	97	0
East London NHS Foundation Trust	1,123	0	0	0
Great Ormond Street Hospital for Children NHS Foundation Trust	22,099	0	26	(36)
Guy's & St Thomas' NHS Foundation Trust	23,060	0	0	(141)
Homerton Healthcare NHS Foundation Trust	19,683	0	0	(172)
Imperial College Healthcare NHS Trust	23,896	0	329	0
King's College Hospital NHS Foundation Trust	4,231	0	14	0

London Ambulance Service NHS Trust	94,964	0	14	0
London North West University Healthcare NHS Trust	19,733	0	210	0
Moorfields Eye Hospital NHS Foundation Trust	32,217	0	0	(386)
NHS England - London Regional Office	0	(1,249)	0	(3,956)
NHS Property Services	1,085	0	592	(5)
North Middlesex University Hospital NHS Trust	354,776	(158)	3,594	(26)
Royal Free London NHS Foundation Trust	634,862	0	15,791	(47)
Royal National Orthopaedic Hospital NHS Trust	32,126	0	1,740	0
South London & Maudsley NHS Foundation Trust	1,811	0	0	0
St George's University Hospitals NHS Foundation Trust	1,956	0	205	0
Tavistock & Portman NHS Foundation Trust	15,498	0	72	(37)
The Princess Alexandra Hospital NHS Trust	1,564	0	26	0
The Whittington Health NHS Trust	354,281	0	13,692	0
University College London Hospitals NHS Foundation Trust	413,348	(868)	0	(954)
West Hertfordshire Teaching Hospitals NHS Trust	1,904	0	0	(108)

During the reporting period 2023/24 NHS North Central London ICB has had several material transactions with other government departments and other central and local government bodies. The material transactions have been with the following.

Barnet London Borough Council	32,416	(828)	42,303	(13,077)
Camden London Borough Council	39,683	(12,769)	13,128	(2,352)
Enfield London Borough Council	31,923	33	9,079	(187)
Haringey London Borough Council	16,383	(7,865)	23,177	(16,691)
Islington London Borough Council	33,302	(200)	15,238	(37)

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties are also deemed to be related parties of the ICB. Below are the transactions from the related parties within NCL ICB declared by DHSC Ministers and Senior Officials.

Milton Keynes University Hospital NHS Trust	116	0	3	0
NHS Confederation	38	0	0	0
Accurx Ltd	181	0	666	0
Alzheimer’s Society	35	0	0	0

17.1 Related party transactions 2022/23

Employees of NHS North Central London ICB 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 during the reporting period 2022/23 to the related parties declared by NHS North Central London ICB's Board of Members (other than payments to practices, other NHS bodies, and other government departments):
Details of related party transactions with individuals are as follows.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Camden Health Partners	340	0	340	0
Enfield Health Partnership Limited	543	0	0	0
Enfield Healthcare Alliance	334	0	160	0
Enfield Healthcare Cooperative	2,632	0	3,247	0
Enfield One Ltd	799	0	161	0
Federated4Health	2,152	0	2,241	0
Welbourne PCN	313	0	3	0
Health Financial Management Association (HFMA)	9	0	42	0
Islington GP Federation	6,548	0	875	0
Jewish Care	1,420	0	85	0
Kentish Town South Primary Care Network	172	0	0	0
Kings Fund	1	0	0	0
NCL Training Hub	0	3	0	0
South Islington PCN	0	0	333	0
UCL Partners Ltd	14	0	2,277	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 ICB's Board of Members during the reporting period in 2022/23. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments as follows.

City Road Medical Centre	0	0	120	0
Evergreen Surgery	3,189	(398)	619	0
James Wigg Practice	0	0	237	0
White Lodge Medical Practice	0	0	126	0

The Department of Health is regarded as a related party. During the reporting period 2022/23 NHS North Central London ICB has had a significant number of material transactions (expenditure more than £1 million) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including the following.

Barnet, Enfield & Haringey Mental Health NHS Trust	166,410	(467)	700	(168)
Barts Health NHS Trust	21,986	0	264	0
Camden & Islington NHS Foundation Trust	98,052	(60)	3,580	0
Central & North West London NHS Foundation Trust	35,480	0	392	0
Central London Community Healthcare NHS Trust	43,416	0	11	(13)
Chelsea And Westminster Hospital NHS Foundation Trust	3,116	0	0	(41)
Community Health Partnerships	1,784	0	735	0
East & North Hertfordshire NHS Trust	1,074	0	0	0
Great Ormond Street Hospital for Children NHS Foundation Trust	18,800	(100)	1,658	(136)
Guy's & St Thomas' NHS Foundation Trust	13,449	0	30	(752)
Health Education England	0	(1,816)	0	0
Homerton Healthcare NHS Foundation Trust	13,977	0	0	(26)
Imperial College Healthcare NHS Trust	17,180	0	0	0
King's College Hospital NHS Foundation Trust	2,474	0	491	0
London Ambulance Service NHS Trust	58,357	0	16	0
London North West University Healthcare NHS Trust	13,137	0	138	0
Moorfields Eye Hospital NHS Foundation Trust	18,190	(60)	352	(60)
NHS England - London Regional Office	(8)	(1,370)	177	(5,365)
NHS North East London ICB	0	(8)	1,346	(91)
NHS Property Services	511	0	1,525	(4)

NHS South West London ICB	0	0	1,125	0
North Middlesex University Hospital NHS Trust	229,177	(100)	482	(113)
Royal Free London NHS Foundation Trust	457,758	(100)	16,550	(100)
Royal National Orthopaedic Hospital NHS Trust	24,829	(60)	257	0
South London & Maudsley NHS Foundation Trust	1,316	0	0	0
St George's University Hospitals NHS Foundation Trust	1,217	0	122	0
Tavistock & Portman NHS Foundation Trust	12,259	(60)	0	(341)
The Princess Alexandra Hospital NHS Trust	1,102	0	0	0
The Whittington Health NHS Trust	237,421	(100)	2,034	(101)
University College London Hospitals NHS Foundation Trust	265,938	(100)	0	(10,275)
West Hertfordshire Teaching Hospitals NHS Trust	1,530	0	0	0

During the reporting period 2022/23 NHS North Central London ICB has had several material transactions with other government departments and other central and local government bodies. The material transactions have been with the following.

Barnet London Borough Council	23,011	(1,141)	20,190	(3,998)
Camden London Borough Council	28,548	(9,602)	22,257	(3,700)
Enfield London Borough Council	21,777	(697)	16,404	(909)
Haringey London Borough Council	16,699	(6,096)	16,023	(9,457)
Islington London Borough Council	33,580	(151)	23,985	(58)

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties are also deemed to be related parties of the ICB. Below are the transactions from the related parties within NCL ICB declared by DHSC Ministers and Senior Officials.

Leeds Teaching Hospitals NHS Trust	59	0	0	0

18. Events after the end of the reporting period

No events to report.

19. Financial performance targets

NHS North Central London ICB have a number of financial duties under the NHS Act 2006 (as amended).
The ICB performance against those duties were as follows:

	2023/24				2022/23			
	31-Mar-24	31-Mar-24			01-Jul-22 to 31-Mar-23	01-Jul-22 to 31-Mar-23		
	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	Duty Achieved	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	Duty Achieved
Expenditure do not exceed income	3,754,913	3,744,001	10,912	Yes	2,552,398	2,526,588	25,810	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	-	n/a	131	123	8	Yes
Revenue resource use does not exceed the amount specified in Directions	3,696,601	3,685,689	10,912	Yes	2,528,401	2,502,591	25,810	Yes
Revenue administration resource use does not exceed the amount specified in Directions	33,646	30,466	3,180	Yes	25,572	25,530	42	Yes

20. Losses and special payments

The total number of NCL ICB losses and special payments cases, and their total value, were as follows:

	Total Number of Cases 2023/24 Number	Total Value of Cases 2023/24 Amount	Total Number of Cases 2022/23 Number	Total Value of Cases 2022/23 Amount
Losses				
Administrative write-offs	5	5	-	-
Total	**5**	**5**	**-**	**-**

	Total Number of Cases 2023/24 Number	Total Value of Cases 2023/24 Amount	Total Number of Cases 2022/23 Number	Total Value of Cases 2022/23 Amount
Special Payments				
Compensation payments	-	-	1	23
Total	**-**	**-**	**1**	**23**