North Central London
Clinical Commissioning Group

Annual Report and Accounts 2021/22

Contents

PERFORMANCE REPORT

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Accountable Officer

20th June 2022

Accountable Officer's Introduction

In writing this introduction, I have taken time to reflect on the past 12 months and the significant challenges we have faced in North Central London, and also, importantly, our successes.

When the pandemic began in early 2020, none of us really knew how things would change around us and we could not have imagined we would still be so significantly impacted two years on. In 2021/22, the CCG's role co-ordinated a whole-system health and care response to the pandemic. Throughout the year, collaborative relationships across partner organisations in our boroughs deepened, allowing us to respond quickly as issues arose. It has been this collaborative spirit that has enabled the successfully delivery of over three million COVID-19 vaccine doses so far in North Central London.

I have been consistently inspired by the resilience and determination shown by CCG staff, member practice colleagues, partner councils and trusts, and our communities throughout the pandemic. I would like to thank everyone involved in our North Central London response, including those volunteering and supporting local communities. I also want to offer my sincere condolences to the families, friends and colleagues of those we lost to COVID-19.

While the pandemic remained a significant focus, we also commenced a number of important programmes in 2021/22. These included our North Central London Community Services Review and Mental Health Services Review. Both will play a critical role in delivering our ambitions of offering residents high-quality integrated care that is close to home and equitable across our boroughs.

We also commenced the Start Well programme – a long-term piece of work looking at elective and emergency services for children and young people, maternity, and neonatal services in North Central London. Importantly, we continue to work closely with our trusts to ensure learnings from the Ockenden Report and to make sure all those using our maternity services receive safe, responsive care.

Another critical CCG focus in 2021/22 was tackling waiting times for elective care, diagnostic tests and outpatient appointments. With partners, we have developed plans that focus on growing and supporting our workforce, making best use of digital technology, expanding community diagnostic services, introducing surgical hubs to increase capacity, and providing better information and support to patients. Across the year we also sought to support general practices to remain open and accessible, as the 'front door' to the NHS.

Although there are significant challenges ahead, I am optimistic as I look to the future. The formation of the NHS North Central London Integrated Care Board (NCL ICB) on 1 July 2022 (replacing NCL CCG) represents an evolution in how local services will be commissioned. The statutory duties of the CCG will transition to NCL ICB, and we will continue to have a central role in priority setting and making decisions about local service delivery. By championing a population health approach to commissioning, we will have greater opportunity to reduce health inequalities and support residents to start, live and age well. The ICB will convene partners and support collaboration, to make faster progress on tackling inequity and bring greater collective focus to the wider determinants of good health and wellbeing.

In North Central London, we will look to build on our shared experience of how we have operated throughout the COVID-19 pandemic, both as an organisation and as a system. Building on good practice and fostering relationships will be crucial to our success, as we work to integrate and localise services where doing so will offer residents improved outcomes and better quality care. Given the challenging financial landscape, we must also ensure we deliver cost efficiency and value for money to make the best use of NHS resources.

The five borough partnerships – where NHS, local authority, VCSE partners and patient representatives come together to address local priorities – will be key to delivering integrated care, improved health outcomes and tackling inequalities. Our voluntary sector partners will play a critical role in the building of relationships with communities, to innovate and to establish new ways of working with more traditional services.

This is the last full Annual Report and Accounts of NHS North Central London CCG, and I would like to take this opportunity to thank Governing Body members, clinical leads, member practice colleagues and all our staff, past and present, for everything they have done – both in our previous borough form and as a merged organisation. The collective dedication to serving our communities, and unswerving commitment to helping residents and patients to live well and thrive in our boroughs, has been truly remarkable. We have an incredibly strong foundation to build on as we look to the future.

Performance Overview

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

North Central London Clinical Commissioning Group (NCL CCG) was formally established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington. NCL CCG is clinically led and member driven, with GP practices across Barnet, Camden, Enfield, Haringey and Islington making up the membership. The statutory commissioning responsibilities involve assessing the health needs of the local population, deciding priorities and strategies, and then buying services from healthcare service providers. This includes primary care services, mental health and learning disability services, community health services, planned hospital care, and urgent and emergency care (including out-of-hours). The aim for NCL CCG is to commission safe, effective and responsive services that meet population health needs, promote wellbeing and reduce inequalities, and deliver the maximum positive impact within the resources available.

2021/22 was a challenging year for the entire health and care system, due to the ongoing effects of COVID-19 and the continual adaptation required to meet the population's needs. NCL CCG's performance continued to be impacted by COVID-19 during the year, and this was reflected in performance outcomes in terms of patient flow through urgent and emergency care. This remained a focus, with increasing emergency department presentations and the work to manage ambulance handover delays. The reduction of long-waiting patients in elective surgery and cancer pathways remained a key objective, with the need to continue the recovery of services, all the while mindful of the fluctuating impact of COVID-19. The vaccination programme continued at pace, coping well with the booster roll-out just before the new year period, following the updated government guidance.

The management of COVID-19 remained a key issue and risk for NCL as a system. Maintaining infection prevention control measures remained a constraint, but flow to emergency departments was streamlined using approximately £1 million of the Winter Access Fund. Front door initiatives were put in place to assess patients as they arrived at an emergency department, in order to stream them to the most appropriate setting, within or outside of the department. A range of models were implemented across NCL providers, with a suite of key performance indicators

(KPIs), both NCL-wide and provider-specific, developed to support monitoring the impact of these initiatives.

NCL also increased NHS 111 direct booking capacity into extended access hubs during the winter period and into the new year, via the Winter Access Fund. This reduced the need to refer patients to urgent treatment centres, and to a lesser degree emergency departments. Additional priority areas to support the system included strengthening NHS 111 call handling capacity, the development of alternative care pathways to emergency departments, including same day emergency care (SDEC) and Rapid Response (with direct referral pathways from NHS 111 and London Ambulance Service (LAS)), and giving extensive consideration to how patients can be moved out of emergency departments at short notice when bed occupancy levels are severely challenged, including the “Full Capacity Protocol” and “Boarding”.

Risks around managing long elective waiting times were a key theme for NCL during 2021/22, due to the ongoing impact of COVID-19. NCL continued to focus on eliminating 104+ week waits and worked collaboratively with providers to ensure that the longest waiting patients were treated, whilst balancing treating the most clinically urgent patients. NCL saw a reduction in 52 week waits, and from the start of 2021/22 the number of patients waiting longer than 52 weeks halved, before declining steadily from January 2022 onwards.

NCL has a strong governance structure in place around long waits, with the weekly system-led RTT Delivery Group assisting progress to reduce variation across providers and monitoring the numbers of long-waiting patients. As a system, NCL worked to reduce the impact of COVID-19 on long-waiting patients by supporting mutual aid between providers, to optimise existing treatment capacity and ensure equity of access. This involved diverting demand for some services between providers to even out waiting times across the sector. NCL also sought to maximise the use of independent sector providers for high volume low complexity procedures, and the use of surgical hubs.

Providers across NCL prioritised the treatment of urgent patients first; the focus beyond this was to treat patients in chronological order, concentrating resources on the longest waiting patients. NCL developed a demand smoothing approach, aimed at reducing variation between providers in the system, within which 52-week waits were a key driver for initiating measures. All providers committed to the continuation of regular waiting list validation to assess the clinical urgency of patients waiting for treatment. Clinically urgent cases were prioritised to reduce harm and

improve outcomes, and clinical harm review processes were in place for long waiting patients at all providers.

Performance Analysis

Financial performance: 2021/22 financial review

Introduction

This section of the Annual Report sets out a summary of the CCG's financial performance during the final full year of operation as NHS North Central London Clinical Commissioning Group (NCL CCG), before becoming the NHS North Central London Integrated Care Board (NCL ICB) on 1 July 2022.

The annual accounts have been prepared under directions issued by NHS England and in accordance with guidance set out in the National Health Service Act 2006. Further detail on the CCG's financial performance can be found in the CCG's 2021/22 accounts at the end of this Annual Report.

Financial duties

During the 2021/22 financial year, the CCG received a £3,342.1m funding allocation from the Department of Health and Social Care, via NHS England, to commission care services for the local population. The CCG's Control Total, the targeted amount of spending NHS England sets for the CCG, was to breakeven in 2021/22.

NCL CCG continued to operate under the unprecedented impact of the COVID-19 pandemic in 2021/22. The CCG's funding was set by NHS England to enable the CCG to implement additional measures to respond to COVID-19. The CCG worked within the financial allocations set by NHS England and spent £3,338.8m, finishing 2021/22 with a surplus of £3.3m.

The CCG's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2021/22 the CCG spent £30.6m in this area, which is within the planned spending target.

Financial performance

The CCG continued to experience significant financial challenges in 2021/22 to deliver against the agreed targets. The continuation of block contracts with our NHS providers and the additional

funding made available for community and primary care services to meet the demands of the pandemic, enabled the CCG to deliver a surplus of £3.3m in 2021/22, which represents an improvement of £3.3m against the CCG's target of breakeven. In addition, the CCG has a requirement to meet important performance and spending targets in areas such as mental health and primary care, and has continued to work with partner organisations across the health, local authority and third sector to ensure care is provided in the most appropriate setting.

Of the CCG's total £3,338.8m expenditure in 2021/22, £1,872.4m, or 56%, was spent on acute (hospital-based) and integrated care (community-based) services. The vast majority of this spend was on the provision of care services at the CCG's four main acute hospitals: Royal Free London NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, North Middlesex University Hospital NHS Trust and Whittington Health NHS Trust. The CCG's main providers of mental health services, Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust, accounted for 66% of the £430.5m spend on mental health services during 2021/22. Smaller contracts were in place with other NHS, community and voluntary sector providers. The CCG continued to pool resources and work collaboratively with colleagues at the local councils to better align patient health and social care needs.

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

Overall spending during 2021/22

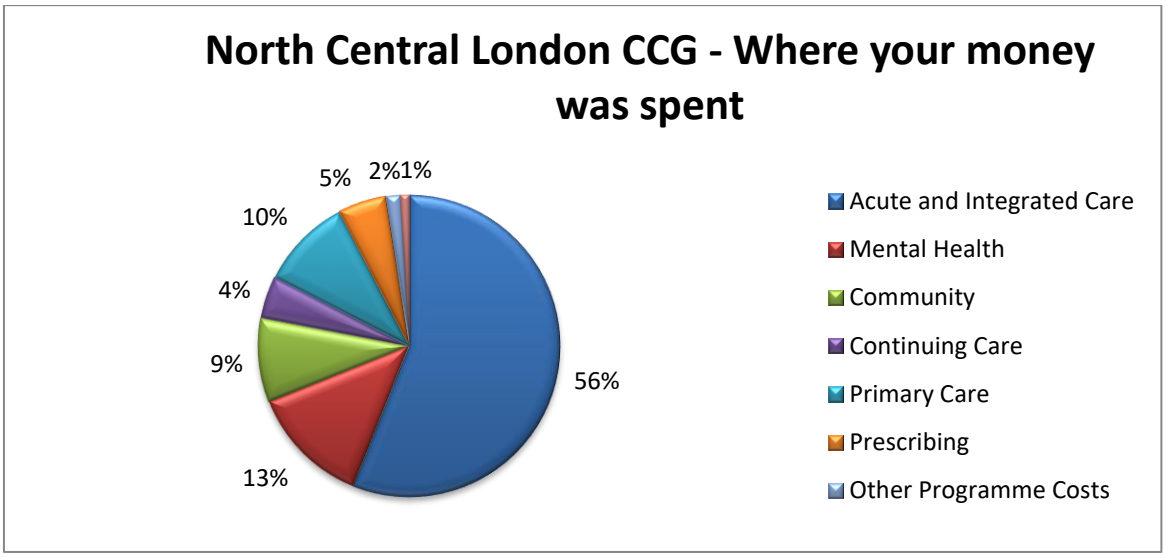

Figure 1: overall spending during 2021/22

By achieving the 2021/22 Mental Health Investment Standard, the CCG continued its commitment to ensuring that spending on mental health services is in line with physical health services.

Non-acute spending includes the CCG's £114.3m investment in the Better Care Fund. This programme has supported collaborative working in health and social care to support timely discharge from hospital, and the joint management of patient health and social care needs in the community.

North Central London CCG has delegated responsibility from NHS England to commission primary care services for general practice. During 2021/22 NCL CCG spent £262.5m in this area, which included payment of GP contracts, quality and outcomes framework (QOF) payments and general practice overheads, such as premises-related costs.

Delivering savings and efficiencies through our Cost Improvement Programme (CIP)

In order to meet financial planning requirements and improve the quality and efficiency of services, the CCG agreed a £15.2m cost improvement programme for 2021/22. The savings were largely delivered via efficiencies against the acute, mental health and community contracts. In addition, the CCG delivered further savings by applying efficiencies in Continuing Healthcare and other programme costs in 2021/22.

The CCG will work with system partners in the post-COVID-19 recovery period to identify and deliver savings and efficiency opportunities going forward.

2022/23 planning guidance and financial outlook

The CCG has produced a financial plan for 2022/23, which reports a planned surplus of £25.6m against the funding allocation. The wider NCL ICS is also experiencing significant pressure in delivering a balanced plan, with a backlog of elective activity adding to the already stretched financial position. Further collaborative working across all partner organisations to mitigate these pressures is ongoing, with the aim of delivering a balanced position by the end of 2022/23. The CCG's planned surplus of £25.6m will contribute towards the delivery of the NCL ICS balanced position.

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The block contract arrangements with the providers of acute, mental health and community healthcare services are continuing in 2022/23 in order to reduce transactions and allow cash to flow to front-line services as quickly as possible.

NCL CCG will be in operation for the first quarter of the financial year, until 30 June 2022. NHS North Central London Integrated Care Board (NCL ICB) will be the new commissioning body with effect from 1 July 2022 and will be responsible for allocating NHS budgets and commissioning services. NHS England have allocated funding for the full financial year to cover the combined spend across both the CCG and ICB in 2022/23.

The CCG and ICB will continue to be required to meet important performance and spending targets in mental health, community services and primary care during 2022/23.

NHS System Oversight Framework

NHS England has a statutory duty to conduct an annual performance assessment of CCGs. The 2021/22 System Oversight Framework (SOF) guidance gave ICSs, trusts and commissioners clarity on how performance was to be monitored, and also set out how identified support needs to improve standards and outcomes would be co-ordinated and delivered at a system level.

The SOF was built around five national themes, and one local one, that reflect the ambitions of the NHS Long Term Plan. CCGs were placed in one of four segments that identified 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. North Central London Clinical Commissioning Group (NCL CCG), as part of the North Central London Integrated Care System (NCL ICS), was placed in segment two in November 2021.

For the overall system oversight, NCL CCG played a key role in the collaborative recovery for NCL providers who were placed in segment three (Royal Free London NHS Foundation Trust and North Middlesex University Hospital NHS Trust). An initial NCL ICS joint oversight meeting for segment three organisations in NCL took place mid-January 2022, and focused on the collaborative actions required to deliver sustainable performance improvements, and the development of criteria for exiting segment three. This was supported by NCL CCG-led monthly individual provider performance review meetings that looked to ensure credible plans were in

place to address performance challenges and associated risks. Similar oversight and support arrangements have been put in place for Tavistock and Portman NHS Foundation Trust who moved to segment three of the framework in March 2022.

NHS Constitution targets – performance reporting

The NHS Constitution sets out the rights that patients, the public and staff have from their health service, underpinned by a series of pledges. NCL CCG's ability to deliver against these pledges and other operational performance standards during 2021/22 was adversely impacted by COVID-19 in general, and then further due to the emergence of the Omicron variant towards the end of the year. Resources were aligned to treating COVID-19 patients, and along with the impact on staff health and wellbeing, this adversely effected recovery plans and associated trajectories as cases and admissions increased. Patient safety and management of clinically urgent cases were prioritised over access targets, to reduce the risk of harm during this time.

The NCL system worked to reduce the impact of COVID-19 on long-waiting patients by supporting mutual aid between providers to optimise existing treatment capacity and ensure equity of access. The use of independent sector providers was maximised for high volume low complexity procedures, as well as the use of surgical hubs.

NCL system performance and recovery during COVID-19

The system experienced material bed and workforce pressures during 2021/22 and responded by creating additional capacity, and temporarily reconfiguring services. The NCL Operational Implementation Group oversaw the system's response, which included arrangements for mutual aid and the enacting of clear escalation processes for each hospital in NCL.

Attendances at accident and emergency (A&E) departments were consistently higher than levels seen in 2020/21, even during the emergence of the Omicron variant towards the end of 2021. Throughout 2021, there was a high number of low-acuity presentations to NCL departments, likely due to capacity pressures within primary care and to general increasing demand, and this trend continued into 2022. Approximately £1m of the Winter Access Fund allocated to North Central London was spent on enhancements to front door models: initiatives to assess patients as they arrive, and then stream them to the most appropriate setting, within or outside of the department.

With a high number of COVID-19 presentations to A&E across NCL, there remained a need for the system to continue to comply with infection prevention control (IPC) guidance. Testing and pathway management remained in place at all sites, which contributed to delays in patient flow. In order to ease the pressure on A&E, a number of priority areas of focus were identified. These included strengthening NHS 111 call handling capacity throughout the winter period, the development of alternative care pathways to A&E (including same day emergency care (SDEC) and Rapid Response, with direct referral pathways from NHS 111 and London Ambulance Service (LAS)), and the implementation of an LAS patient flow London catchment alignment pilot for winter, to support the reduction of ambulance handover times.

Ambulance response times in NCL generally struggled against operational standards for most categories during the year, although Category 1 (life-threatening illnesses or injuries) 90th centile performance was achieved in all months bar January 2022 at the time of writing. Ambulance handover waits were higher than in 2020/21, as complexities continued around moving patients along the pathway, as well as turnaround times being constrained by IPC regulations in place.

Reducing ambulance handover delays was a key priority for the NCL system. This was approached using various initiatives, such as flexible staffing models, increased capacity in discharge lounges, and the LAS hospital handovers “Rapid Release” protocol (where the most appropriate ambulance is released from hospital to respond to urgent community waits). LAS also utilised the “Patient Flow Escalation Ladder”, detailing five levels of escalation - the system looked to identify the needs and issues at sites under extreme pressure and review the benefits of proposed actions to improve flow, and subsequently enable step-down in escalation levels. This was supported by the LAS tactical operations centre.

Primary care saw increases in demand throughout 2021/22, and continued to operate a hybrid model, using remote access where appropriate. The promotion of virtual clinics looked to increase capacity, whilst delivering a safe service for all. Extended access hubs offered appointments during evenings and weekends, with temporary additional capacity from NHS 111 and extended access services.

GP referrals for suspected cancer were consistently above 2020/21 levels, only suffering an in-year dip coinciding with the initial effects of Omicron. The 62-day backlog levels remained challenging for North Central London and increased during the year. Actions to improve treatment volumes, and to reduce the backlog, were largely focused on mutual aid, the use of

independent sector capacity, and patient engagement with the cancer pathway. Plans to increase workforce were also reviewed, alongside the redesign of pathways to maximise resources and improve patient experience. NCL CCG worked in collaboration with the NCL Cancer Alliance to improve performance across all cancer measures for NCL providers, including a focus on the Faster Diagnosis Standard 28-day target, where monitoring commenced in October 2021.

The NCL system has actively worked to reduce the levels of elective long waiters, in the context of increases to the overall Referral to Treatment (RTT) waiting list. The waiting list was higher than 2020/21, mainly due to the inclusion of Royal Free London patients that were not previously reported on whilst system errors were resolved. However, within this cohort, the levels of patients waiting over 52 weeks and 104 weeks, reduced materially in Q3 and into Q4. Since the start of 2021/22, the number of patients waiting longer than 52 weeks has halved.

NCL CCG continued to focus on eliminating occurrences of patients waiting over 104 weeks and worked collaboratively with providers to ensure that the longest waiting patients were treated, while still balancing the need to treat the most clinically urgent patients. Plastic surgery and specialist urogynaecology were the most challenged areas, with work being undertaken to identify additional NHS and independent sector capacity to further reduce long waits.

Imaging activity ran consistently above 2020/21 levels by maintaining the required capacity across all modules. The total waiting list remained steady despite increased demand in year; prioritisation exercises were undertaken to align with national guidance, giving extra focus to the treatment of long-waiting patients through validation and diagnostic prioritisation in partnership with acute providers. Most patients waited fewer than six weeks for diagnostics and the number of patients waiting more than 13 weeks was consistently at low levels. Endoscopy activity remained relatively stable in-year, as did the waiting list and those waiting over six weeks. The NCL Diagnostics Board continued to support backlog reduction by facilitating mutual aid arrangements between providers.

Mental health services in NCL continued to be impacted by the effects of COVID-19 in respect of access and staffing levels available. CCG programme funding and service development funding was provided in-year in order to enable the delivery of the Mental Health Investment Standard and Long Term Plan priorities. Additional funding was secured through the Spending Review to aid recovery of services from COVID-19. Digital technology continued to be utilised

alongside virtual appointments, and NCL continued the use of mental health and wellbeing staff resilience hubs to increase support, all in the context of the ongoing difficulties presented by COVID-19.

Sustainable development

Our purpose in NCL is to improve outcomes and wellbeing, through delivering equality in health and care services for local people. Our Green Plan helps us to do this. Widening inequalities and growing pressures on the health and care system have prompted questions about the role and responsibility of large public sector organisations in tackling the wider determinants of health. The populations most impacted by health inequalities are often those most impacted by climate crisis and poor air quality.

ICSs were required to sign off Green Plans by the end of March 2022, to detail how they will meet the national NHS net zero target by 2040, using trust plans which were signed off by trust executive boards in January 2022. Our NCL green programme has strong clinical leadership. We have established an inclusive, ambitious programme board, which has overseen the development of this plan. An equality impact assessment (EQIA) and a quality impact assessment (QIA) have been completed, with overall positive impacts for patients.

Local authorities, primary care and trusts across NCL have already made progress in this space; our success in meeting our collective net zero goals relies on strong system commitment, resource to deliver and good partnership working. We have coproduced the ICS Green Plan with trusts, using their plans to inform our plans, and working with their sustainability leads. We have worked closely with voluntary, community and social enterprise (VCSE) partners and will hold community panels with residents in Edmonton to further inform our action plans.

Our initial focus is on the work the NHS needs to do to deliver on these commitments. However, the intention is to develop and align wider working across NCL, to deliver maximum benefits for our population and our climate.

NCL's carbon footprint, as calculated by Greener NHS (current 2019/20), is shown in the table below. All values are in tonnes of CO2 equivalent (tCO2e) and are rounded to nearest 10 tCO2e.

Carbon Footprint / Plus	Section	Area	Emissions Scope	Emissions (tCO_2e)
Carbon footprint	Medicines	Anaesthetic gases	Scope 1	10,760
		Metered Dose Inhalers	Scope 3	18,300
	Estates and facilities	Coal	Scope 1	0
		Coal	Scope 3	0
		Electricity	Scope 2	34,970
		Electricity	Scope 3	6,060
		Gas	Scope 1	56,780
		Gas	Scope 3	7,090
		Heat and steam	Scope 2	470
		Oil	Scope 1	1,710
		Oil	Scope 3	320
		Waste	Scope 3	6,010
		Water	Scope 3	1,650
	Travel & transport	Business Travel	Scope 3	27,270
		NHS Fleet	Scope 1	7,360
Carbon Footprint Total				**178,750**
Carbon footprint plus	Supply chain	Business services	Scope 3	98,810
		Food and catering	Scope 3	46,980
		Medicines and chemicals	Scope 3	158,120
		Medical equipment	Scope 3	70,620
		Construction and freight	Scope 3	65,800
		Non-medical equipment	Scope 3	94,920
	Travel & transport	Patient travel	Scope 3	32,930
		Visitor travel	Scope 3	9,620
		Staff commuting	Scope 3	35,110
	Commissioned health services outside NHS	Commissioned health services outside NHS	Scope 3	28,490
Carbon Footprint Plus Total				**820,150**

Figure 2: NCL's carbon footprint

- *Greenhouse Gas Protocol (GHGP) scope 1: Direct emissions from owned or directly controlled sources, on site*
- *GHGP scope 2: Indirect emissions from the generation of purchased energy, mostly electricity*
- *GHGP scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.*

In our first year of delivery, we will focus on the areas we know produce the most carbon:

- Medicines – overseen by the Medicines Oversight Committee and the Green and Sustainable Inhalers group;
- Travel – overseen by the Safe and Active Travel work stream;
- Facilities (waste and energy) – overseen by the Non-Pay Programme, working with Estates and other key partners; and
- Supply chain (which includes business services, food, medical equipment) – overseen by the Procurement Anchor Group.

The Greener NCL Programme Board will track overall progress against our Green Plan and will be a space for building a social movement to impact greater change in NCL. Post 1 July, there will need to be consideration about where the Green Plan sits within the Integrated Care Board's (ICB) portfolio.

Throughout 2021, we gathered understanding and built momentum amongst primary and secondary care and in partnership with local authorities and communities. The Green Plan details the actions that will be taken in 2022 and beyond to deliver against our targets.

In an ever-stretched healthcare system, sustainable healthcare aims to achieve ‘win wins’ for the health of our populations, whilst reducing damage to the environment. We are able to focus on reducing harmful carbon emissions, whilst also creating leaner systems with more effective use of our collective resources.

Across London, air pollution has huge consequences for the health of our patients and staff, causing preventable deaths and impacting those living with long-term conditions such as chronic obstructive pulmonary disease (COPD) and asthma. In addressing and taking action towards cleaner air, we can improve health outcomes for these patients.

We know that for better patient care (with lower carbon emissions), prevention should be prioritised. Focusing on creating healthier environments for our communities, by addressing wider determinants of health, could be beneficial in the long term in reducing admissions. In the long term, focusing on preventative healthcare may also improve the length of stay and period of rehabilitation, reducing dependency on social care and welfare services.

If we do not act now, our failure to intervene will add to the emissions which are destroying safe environments, and increased demand and dependency will see continued year-on-year growth in non-elective care.

The Green Plan was approved by NCL’s Strategic Management Board in March 2022, and will run through everything we do. We will continue to look at the Green Plan systematically and ensure we are measuring impact.

Improve Quality

Introduction

The Quality, Continuing Healthcare (CHC) and Safeguarding teams led, delivered and contributed to a number of improvement programmes of work during 2021/22, in addition to our continuing regular programmes of work to assure the quality and safety of services provided to our patients. These are explored further in the next sections, however a summary of highlights over the past year includes the following;

- Leadership and delivery of the COVID-19 Vaccination Deployment Programme, which continues to support operational delivery and administration of COVID-19 vaccines, as well

as the introduction of a number of measures to increase the uptake of the seasonal flu programme;

- Introduction of Whzan Blue Boxes, a digital telehealth system that measures vital signs and performs assessments, including the use of NEWS2, to help early identification of signs of deterioration or illness and allow for a timely clinical and carer response;
- Targeted support to our providers following unannounced service inspections by the CQC, and those identified as requiring extra support via the NHS System Oversight Framework (SOF);
- Collaboration with the London Shared Service (LSS) Performance Team to develop a Quality Dashboard that reports the quality indicators in the Oversight Framework;
- Development of a risk stratification approach and tool for the management of our out-of-hospital community health contracts across NCL, which in turn allowed the team to apply a comprehensive risk-based picture of the contracts portfolio;
- Worked in leadership, coordination and collaboration with our NCL providers in response to the Ockendon review of maternity services, via the Local Maternity and Neonatal System (LMNS);
- Supported our providers in their ongoing response to the pandemic, including development of a primary care outbreak reporting template, developing a suite of risk assessment tools to support primary care to safely assess staff, undertaking quality assurance visits to vaccination sites and providing accessible weekly infection prevention and control (IPC) webinars for all health and social care staff;
- Safeguarding teams continued to work collaboratively and dynamically with healthcare providers, our local statutory Safeguarding Children and Adult Partnership Boards and non-statutory partners, on the development and delivery of the safeguarding business plans across the five NCL boroughs;
- Funding secured to recruit a full time project lead and an independent chair for the Child Death Overview Panel (CDOP); and
- Adapted our LeDeR programme in line with the launch of a new programme policy, reporting system and training package.

Part 1 - flu vaccination programme

To support the NHS through the winter period, and lessen the demand on the NHS, NCL CCG undertook a concerted effort to maintain and increase influenza vaccination coverage across all eligible groups. In order to achieve this, the CCG introduced a number of measures, including:

- Working as a system to achieve ambitious targets, with all providers playing a role in “Making Every Contact Count”;
- Introducing an inequalities fund in Barnet, Camden, Enfield, Haringey and Islington borough primary care directorates;
- Further developing the HealtheIntent dashboard, to support delivery and address inequalities in our boroughs, specifically targeting those population groups who do not traditionally receive vaccinations, as well as those at greatest risk as a result of flu and COVID-19;
- A communications and engagement plan designed to support North Central London residents to ‘Stay well and seek help during winter’; and
- A vaccination programme that vaccinates NCL CCG staff who are not eligible for a vaccine under the NHS England and NHS Improvement (NHSE/I) health and care workers scheme.

Final flu vaccine uptake rate in NCL 2021/22:

Eligible Cohort	Over 65	Under 65 (at risk)	Pregnant	2&3 year olds
% Uptake (NCL)	70%	40%	27%	39%

Table 1: Final flu vaccine uptake rate in NCL 2021/22

Preparation for 2022/23

In order to prepare for the 2022/23 flu season, NCL has taken the step to support providers (such as GP practices and primary care networks) to order more vaccinations, by offering to underwrite orders above those delivered in 2021/22. This is an important step in enabling the potential co-administration of flu vaccinations alongside COVID-19 vaccination, pending the confirmation of an autumn COVID-19 booster dose.

COVID-19 vaccination programme

The COVID-19 vaccination deployment programme continues to support operational delivery and administration of COVID-19 vaccines in England. The vaccination programme is now into its second year, having been expanded to include the following:

- 1st and 2nd doses for people aged five years old and over;
- Boosters for people aged 16 years old and over, plus at-risk children aged 12 to 15 years old;
- Spring boosters for people aged 75 years old and over, plus people aged 12 years old and over with a weakened immune system; and

- Additional primary doses for people with a severely weakened immune system aged 12 years old and over.

Delivery model and current performance

The NHS continues to deliver vaccinations in line with the recommendations and prioritisation as advised by the Joint Committee on Vaccination and Immunisation (JCVI). In NCL we continue to deliver vaccinations from a variety of settings, strategically located to ensure that there is adequate provision for our population. The main pillars of delivery continue to be local vaccination sites (primary care networks and community pharmacy), vaccination centres, hospital hubs and community roving and outreach.

For people who may need additional support, NCL is working with local communities. This has included working innovatively to tailor COVID-19 vaccination information, and access to specific groups where needed. Local examples have included:

- Specialist community outreach to people who are homeless, rough sleepers and vulnerable migrants through the Find and Treat service;
- Targeted podcasts to share information and real life stories for people who are pregnant 'Just a Little Prick? The truth about COVID-19 vaccination and pregnancy'; and
- Collaboration with community groups to provide information about vaccinations alongside other health and care information. This has included workshops and community briefings, translated flyers and community led outreach. It has included faith groups such as the Islington Faith Forum, as well as groups such as Umoja to reach out to people from BAME backgrounds.

The figure below details the priority groups, total population within NCL and percentage uptake of first, second and booster doses:

Priority	Cohort	NCL Population	First Dose Uptake	Second Dose Uptake	Booster Dose Uptake
1	Care Home Residents & Residential Care Workers	3,805	95.8%	90.9%	78.1%
2	80+ & Health and Social Care Workers	128,855	93.6%	97.0%	83.6%
3	75-79	34,356	88.9%	97.6%	91.8%
4	70-74 & CEV	73,270	86.6%	97.4%	86.4%
5	65-69	50,757	84.1%	97.6%	90.1%
6	At-Risk	217,237	74.6%	95.1%	75.3%
7	60-64	39,140	79.0%	97.2%	87.6%
8	55-59	55,802	77.2%	97.1%	83.9%
9	50-54	69,643	74.3%	96.8%	80.2%
10	40-49	187,551	65.9%	96.1%	73.5%
11	30-39	274,329	57.0%	94.4%	67.2%
12	18-29	269,993	57.6%	90.3%	59.2%
13	12-15 (at-risk)	3,582	46.4%	62.7%	19.9%
14	12-17 (household contacts of immunosuppressed)	4,267	42.7%	65.1%	27.5%
15	16-17	30,869	51.9%	76.1%	36.4%
16	12-15	68,493	41.3%	62.6%	n/a
17	05-11 (at-risk)	10,739	3.6%	11.2%	n/a
18	05-11	119,828	2.7%	27.4%	n/a
Total		1,642,516	63.1%	93.6%	75.1%

Figure 3: Uptake by cohort (source – Foundry 08/04/2022)

Uptake in NCL continues to follow the national and regional trends, with higher uptake rates in our older and clinically at-risk populations in comparison to younger individuals. In order to maintain momentum and engage our younger population, we continue to offer vaccinations through our community outreach teams, specifically targeted to areas with lower uptake and with a higher density of our younger population.

As of September 2021, the NHS launched an in-school vaccination offer to all 12-15 year olds. To deliver this, NCL mobilised dedicated vaccination teams to work in partnership with local authorities and head teachers, visiting over 160 secondary schools and administering in excess of 20,000 vaccinations. Aside from the in-reach offer within schools, our existing vaccination sites undertook further assurance to support the vaccination of children, offering vaccination appointments via the national booking system, local booking systems and increasing walk-in capacity.

Future delivery

Aside from the continued delivery of first, second, third and booster doses, the JCVI has recently advised that older adults are at higher risk of severe COVID-19. With the lapse of time following their previous booster vaccination, their immunity derived from vaccination may wane substantially before autumn. Therefore, as a precautionary strategy for 2022, the JCVI advises that a spring dose, around six months after the last vaccine dose, should be offered to:

- adults aged 75 years and over;
- residents in a care home for older adults; and
- individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book

Despite the known uncertainties in the year ahead, the threat from COVID-19 is greatest both for individuals and for health communities during the winter. It is the JCVI's interim view that:

- an autumn 2022 programme of vaccinations will be indicated for persons who are at higher risk of severe COVID-19; such as those of older age and in clinical risk groups;
- precise details of an autumn programme cannot be laid down at this time; and
- this advice should be considered as interim and for the purposes of operational planning.

Remote monitoring in care homes across North Central London

The COVID-19 pandemic created a number of significant challenges for our residents, especially those cared for in our care homes. In order to address the care needs for these residents, staff

developed new ways of working to put in place remote monitoring systems to identify the “soft signs” of deterioration and ensure these are communicated confidently across the health and care system.

The innovative project was a collaboration between NCL CCG, London Boroughs of Barnet, Enfield, Camden, Islington and Haringey, NCL training hub, Solcom Ltd, NEL Commissioning Support Unit (now London Shared Service) and NHSX.

The team used Whzan Blue Boxes, a digital telehealth system that measures vital signs and performs assessments, including the use of NEWS2[1] (>41,000 taken on care home residents). These all help early identification of signs of deterioration or illness and allow for a timely clinical and carer response. Over 4,300 care home residents have now undergone remote monitoring.

Over 800 staff in 148 care homes across the five boroughs have been provided with remote monitoring equipment and a training program led by a Nurse Education team. The team ensure that each home has the capability and knowledge in place to support the use of remote monitoring and provide additional training to a number of super users within the home to further enhance sustainability. Care homes also have access to several groups and forums as a further support offering.

Staff and resident feedback has been uplifting, with increased staff morale and job satisfaction. The evaluation of its impact is ongoing, however, an early audit of ten care homes with the system in place identified;

- 28% reduction in ambulance call outs when compared to the same period in 2019;
- 8% reduction in accident and emergency (A&E) attendances; and
- Improved care plans better tailored to individuals’ circumstances, based on accurate information and reflecting the residents’ wishes.

The project continues and is expanding further to a wider number of care providers over the next year. The great work the team have undertaken has been recognised, with one nomination for a Nursing Times award and a recent win at the Health Service Journal (HSJ) Partnership Awards 2022, for the HealthTech Partnership of the Year.

[1] NEWS2 is a well validated track-and-trigger early warning score system that is used to identify and respond to patients at risk of deteriorating. It is based on a simple scoring system in which a score is allocated to physiological measurements already undertaken when patients present to, or are being monitored in health care settings.

NCL Partners have also created a direct link for London Ambulance Service paramedics working in North Central London to contact a consultant geriatrician (from Central and North West London NHS Foundation Trust (CNWL)). They can discuss the onward care of patients in care homes and explore the best options available. To date, initial outcomes show that of the 85 calls managed by the CNWL team, 75% of patients stayed at their community location and 25% were transferred to acute settings (historically 70% conveyance rate).

Quality data NHS System Oversight Framework

The NHS System Oversight Framework (SOF) identifies where ICS and NHS organisations may benefit or require support to meet the published standards and ensure sustained improvement across all themes. Below are the reported positions for the providers in NCL:

Oversight Theme	Planning Area	Headline Area	Metric		GOSH		MEH		RNOH	
				Reporting Period	Performance	Ranking	Performance	Ranking	Performance	Ranking
Quality, access and outcomes	Restoration of elective and cancer services	Elective	Overall size of RTT waiting list - % change since March 2021 (values are impacted by mutual aid between providers)	w/e 27 Mar 22	3.2%	1/7	23.1%	4/7	14.5%	2/7
			RTT 52 week waiters - % of Total RTT Waiting List	w/e 27 Mar 22	2.3%	5/7	0.1%	1/7	2.1%	3/7
		Cancer	Cancer - people waiting longer than 62 days as % of cancer PTL (6.4% target)	Feb-22	N/A	n/a	N/A	n/a	8.5%	4/5
			Cancer - % meeting faster diagnosis standard of 75%	Jan-22	N/A	n/a	100.0%	1/6	51.8%	5/6
	Implementation of agreed waiting times	UEC	A&E 4-hour wait	Feb-22	N/A	n/a	100.0%	1/5	N/A	n/a
			Ambulance handover delays greater than 30 minutes as % of all conveyances	Dec-21	N/A	n/a	N/A	n/a	N/A	n/a
	Maternal and children's health	Maternity	Maternity - % women on continuity of care pathway	Oct-21	N/A	n/a	N/A	n/a	N/A	n/a
	Delivering safe, high quality care overall	Quality & Safety	Summary hospital-level mortality indicator [Ratio: Observed:Expected]	Oct-21	N/A	n/a	N/A	n/a	N/A	n/a
			Overall CQC rating (provision of high-quality care)	Feb-22	3 - Good	Best quartile	3 - Good	Best quartile	3 - Good	Best quartile
			NHS Staff Survey Safety culture theme - score out of 10 [6.8 National avg.]	2020	6.9	Mid quartile	7.0	Best quartile	7.0	Best quartile
			Potential under-reporting of patient safety incidents	Jan-22	17%	4/7	17%	4/7	17%	4/7
			National Patient Safety Alerts not completed by deadline	Feb-22	0	1/7	0	1/7	0	1/7
			Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Jan-22	0	Best quartile	0	Best quartile	0	Best quartile
			Clostridium difficile infections	Jan-22	0	Best quartile	0	Best quartile	0	Best quartile
			E. coli blood stream infections	Jan-22	0	Best quartile	0	Best quartile	0	Best quartile
			Venous thromboembolism (VTE) risk assessment	Dec-19	N/A	n/a	98%	1/6	95%	3/6
			Proportions of patient activities with an ethnicity code	w/e 27 Mar 22	100%	1/7	100%	1/7	58%	7/7
Leadership	Leadership	Leadership	CQC well-led rating	Feb-22	Good	Best quartile	Good	Best quartile	Good	Best quartile

Oversight Theme	Planning Area	Headline Area	Metric		RFL		NMUH	
				Reporting Period	Performance	Ranking	Performance	Ranking
Quality, access and outcomes	Restoration of elective and cancer services	Elective	Overall size of RTT waiting list - % change since March 2021 (values are impacted by mutual aid between providers)	w/e 27 Mar 22	16.5%	3/7	36.5%	5/7
			RTT 52 week waiters - % of Total RTT Waiting List	w/e 27 Mar 22	7.6%	7/7	0.4%	2/7
		Cancer	Cancer - people waiting longer than 62 days as % of cancer PTL (6.4% target)	Feb-22	6.8%	1/5	20.5%	5/5
			Cancer - % meeting faster diagnosis standard of 75%	Jan-22	65.1%	3/6	42.9%	6/6
	Implementation of agreed waiting times	UEC	A&E 4-hour wait	Feb-22	68.1%	4/5	66.8%	5/5
			Ambulance handover delays greater than 30 minutes as % of all conveyances	Dec-21	24.4%	2/4	43.6%	4/4
	Maternal and children's health	Maternity	Maternity - % women on continuity of care pathway	Oct-21	TBC	n/a	17.1%	Mid quartile
	Delivering safe, high quality care overall	Quality & Safety	Summary hospital-level mortality indicator [Ratio: Observed:Expected]	Oct-21	0.8	Best quartile	0.9	Best quartile
			Overall CQC rating (provision of high-quality care)	Feb-22	2 - Requires Improvement	Mid quartile	2 - Requires Improvement	Mid quartile
			NHS Staff Survey Safety culture theme - score out of 10 [6.8 National avg.]	2020	6.7	Mid quartile	6.6	Mid quartile
			Potential under-reporting of patient safety incidents	Jan-22	0%	1/7	17%	4/7
			National Patient Safety Alerts not completed by deadline	Feb-22	0	1/7	0	1/7
			Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Jan-22	0	Best quartile	0	Best quartile
			Clostridium difficile infections	Jan-22	0	Best quartile	0	Best quartile
			E. coli blood stream infections	Jan-22	0	Best quartile	1	Best quartile
			Venous thromboembolism (VTE) risk assessment	Dec-19	97%	2/6	92%	5/6
			Proportions of patient activities with an ethnicity code	w/e 27 Mar 22	95%	5/7	100%	1/7
Leadership	Leadership	Leadership	CQC well-led rating	Feb-22	Good	Best quartile	Good	Best quartile

Oversight Theme	Planning Area	Headline Area	Metric		UCLH		WH	
				Reporting Period	Performance	Ranking	Performance	Ranking
Quality, access and outcomes	Restoration of elective and cancer services	Elective	Overall size of RTT waiting list - % change since March 2021 (values are impacted by mutual aid between providers)	w/e 27 Mar 22	51.7%	7/7	37.5%	6/7
			RTT 52 week waiters - % of Total RTT Waiting List	w/e 27 Mar 22	2.7%	6/7	2.2%	4/7
		Cancer	Cancer - people waiting longer than 62 days as % of cancer PTL (6.4% target)	Feb-22	7.1%	2/5	7.3%	3/5
			Cancer - % meeting faster diagnosis standard of 75%	Jan-22	54.0%	4/6	74.1%	2/6
	Implementation of agreed waiting times	UEC	A&E 4-hour wait	Feb-22	73.5%	3/5	75.1%	2/5
			Ambulance handover delays greater than 30 minutes as % of all conveyances	Dec-21	7.0%	1/4	23.5%	3/4
	Maternal and children's health	Maternity	Maternity - % women on continuity of care pathway	Oct-21	3.2%	Lowest quartile	80.3%	Best quartile
	Delivering safe, high quality care overall	Quality & Safety	Summary hospital-level mortality indicator [Ratio: Observed:Expected]	Oct-21	0.8	Best quartile	0.9	Best quartile
			Overall CQC rating (provision of high-quality care)	Feb-22	3 - Good	Best quartile	3 - Good	Best quartile
			NHS Staff Survey Safety culture theme - score out of 10 [6.8 National avg.]	2020	7.0	Best quartile	6.8	Mid quartile
			Potential under-reporting of patient safety incidents	Jan-22	0%	1/7	0%	1/7
			National Patient Safety Alerts not completed by deadline	Feb-22	3	7/7	1	6/7
			Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Jan-22	1	Lowest quartile	0	Best quartile
			Clostridium difficile infections	Jan-22	2	Best quartile	2	Best quartile
			E. coli blood stream infections	Jan-22	9	Mid quartile	3	Best quartile
			Venous thromboembolism (VTE) risk assessment	Dec-19	78%	6/6	95%	3/6
			Proportions of patient activities with an ethnicity code	w/e 27 Mar 22	68%	6/7	97%	4/7
Leadership	Leadership	Leadership	CQC well-led rating	Feb-22	Good	Best quartile	Good	Best quartile

Figures 4 – 6: NHS SOF reported positions for NCL providers

NHSE/I published their segmentation decisions for all Integrated Care Systems and NHS trusts (including foundation trusts) in November 2021. Organisations were allocated to one of four segments to indicate the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). Segmentation of NCL organisations is as below:

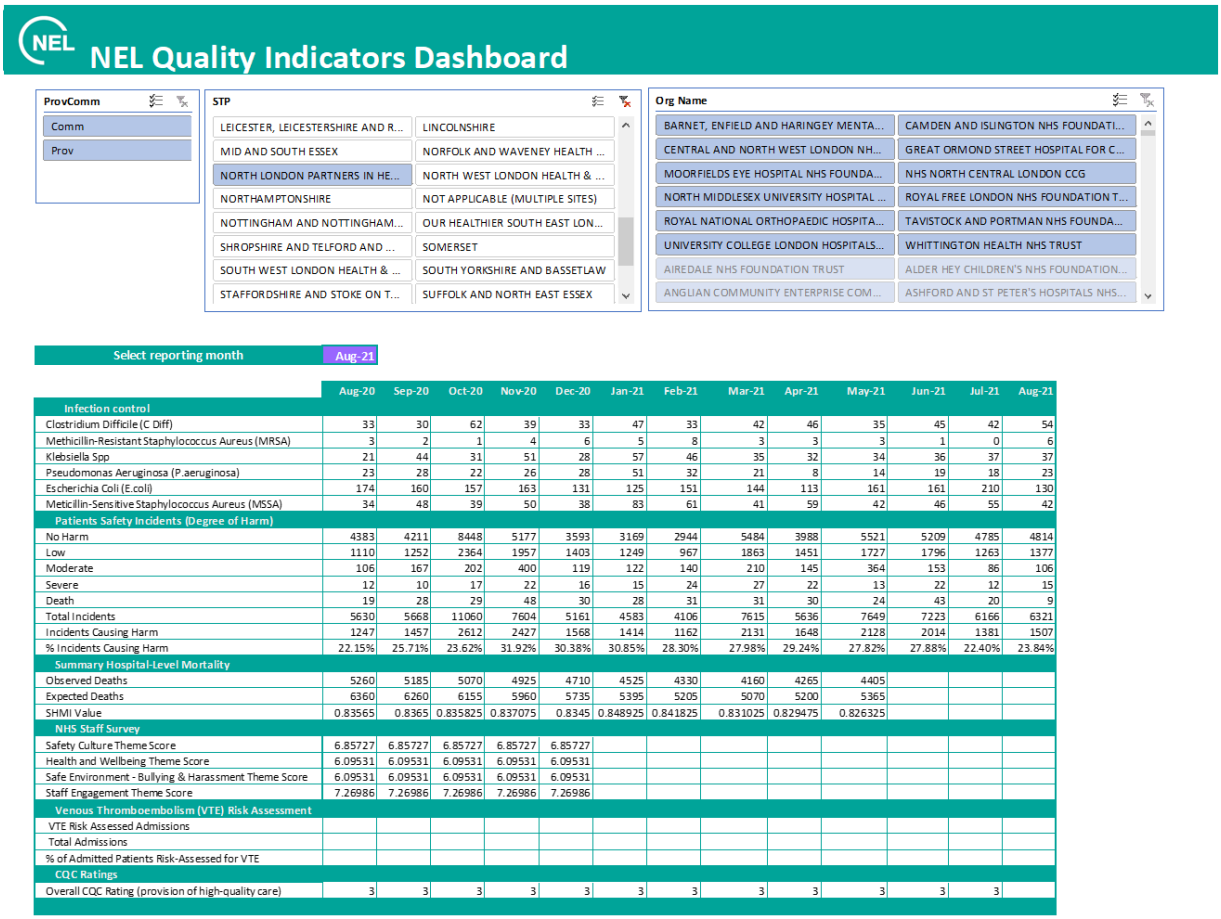
Segment 1: No specific support needs	**Segment 2**: Limited, targeted support requested/ needed	**Segment 3**: Co-ordinated support package and enhanced oversight required	**Segment 4**: Dedicated recovery support package mandated
Moorfields Eye Hospital;	Barnet, Enfield & Haringey; Camden & Islington; Great Ormond Street; Royal National Orthopaedic Hospital; University College London Hospital; Whittington Health; NCL ICS	Royal Free London; North Middlesex; Tavistock & Portman	None

Table 2: Segmentation of NCL organisations

Quality dashboard

During the past year the Quality and London Shared Service (LSS) Performance Teams have been working together to develop a quality dashboard that reports the quality indicators in the Oversight Framework.

The dashboard is another source of quality intelligence that supports the oversight and assurance of the quality, safety and experience our residents are receiving.



	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Infection control													
Clostridium Difficile (C Diff)	33	30	62	39	33	47	33	42	46	35	45	42	54
Methicillin-Resistant Staphylococcus Aureus (MRSA)	3	2	1	4	6	5	8	3	3	3	1	0	6
Klebsiella Spp	21	44	31	51	28	57	46	35	32	34	36	37	37
Pseudomonas Aeruginosa (P.aeruginosa)	23	28	22	26	28	51	32	21	8	14	19	18	23
Escherichia Coli (E.coli)	174	160	157	163	131	125	151	144	113	161	161	210	130
Meticillin-Sensitive Staphylococcus Aureus (MSSA)	34	48	39	50	38	83	61	41	59	42	46	55	42
Patients Safety Incidents (Degree of Harm)													
No Harm	4383	4211	8448	5177	3593	3169	2944	5484	3988	5521	5209	4785	4814
Low	1110	1252	2364	1957	1403	1249	967	1863	1451	1727	1796	1263	1377
Moderate	106	167	202	400	119	122	140	210	145	364	153	86	106
Severe	12	10	17	22	16	15	24	27	22	13	22	12	15
Death	19	28	29	48	30	28	31	31	30	24	43	20	9
Total Incidents	5630	5668	11060	7604	5161	4583	4106	7615	5636	7649	7223	6166	6321
Incidents Causing Harm	1247	1457	2612	2427	1568	1414	1162	2131	1648	2128	2014	1381	1507
% Incidents Causing Harm	22.15%	25.71%	23.62%	31.92%	30.38%	30.85%	28.30%	27.98%	29.24%	27.82%	27.88%	22.40%	23.84%
Summary Hospital-Level Mortality													
Observed Deaths	5260	5185	5070	4925	4710	4525	4330	4160	4265	4405			
Expected Deaths	6360	6260	6155	5960	5735	5395	5205	5070	5200	5365			
SHMI Value	0.83565	0.8365	0.835825	0.837075	0.8345	0.848925	0.841825	0.831025	0.829475	0.826325			
NHS Staff Survey													
Safety Culture Theme Score	6.85727	6.85727	6.85727	6.85727	6.85727								
Health and Wellbeing Theme Score	6.09531	6.09531	6.09531	6.09531	6.09531								
Safe Environment - Bullying & Harassment Theme Score	6.09531	6.09531	6.09531	6.09531	6.09531								
Staff Engagement Theme Score	7.26986	7.26986	7.26986	7.26986	7.26986								
Venous Thromboembolism (VTE) Risk Assessment													
VTE Risk Assessed Admissions													
Total Admissions													
% of Admitted Patients Risk-Assessed for VTE													
CQC Ratings													
Overall CQC Rating (provision of high-quality care)	3	3	3	3	3	3	3	3	3	3	3	3	

Figure 7: NCL Quality Indicators Dashboard

The dashboard reports on nationally-validated data and provides oversight of the NCL system, NCL CCG and provider level, both in table and graph formats.

Figure 8: NCL Quality Indicators Dashboard

The feedback from the Quality team is positive and the dashboard provides useful data that drives further review and discussion with our provider organisations.

Small contract risk stratification

The five separate North Central London CCGs were consolidated into one NCL CCG in April 2020. At that time, there were more than 500 contracts sitting outside our main providers across the five legacy CCGs. These are small contracts, often delivered from community hubs.

In 2021/22, the Quality team developed a risk stratification approach to the management of out-of-hospital community health contracts across NCL, giving the team a tool they could apply consistently to focus on the contracts requiring the most quality scrutiny and support. This tool provided a full and comprehensive risk-based picture of the contracts portfolio, which supported a systematic quality approach to contracts management.

The approach allocated a risk stratification score against the four factors detailed below to determine an overall risk rating:

- Financial value;
- Clinical complexity and inherent risk;
- Number of patients – actual patient numbers or clinical contacts; and
- Vulnerability of patients and their dependence on the service e.g. care homes for elderly are high-priority.

The risk rating is allocated to one of four stratification levels to determine the level and nature of quality oversight and support to be applied, from level 1 - full contract monitoring, with monthly face-to-face contract meetings, to level 4 - monitoring of contract reporting, with a minimum of three quality-focused face-to-face meetings per year.

Stratification levels are periodically reviewed and amended, as necessary, to reflect any change in stratification status. Issues that trigger a status review include: serious incidents, safeguarding alerts, quality concerns, and significant financial irregularities.

The proposed approach provided the CCG with contracting a quality, safety and risk assurance based on a robust and systematic risk assessment, and allowed the Quality team to utilise its expert resource in line with level of contract risk.

Part 2: Quality governance in NCL CCG in 2021/22

NCL CCG quality assurance model and oversight framework

One of NCL CCG's core aims is to ensure that every resident and patient in NCL receives high-quality, safe care and an outstanding experience wherever they are cared for in NHS-funded services. We are committed to ensuring that the services we commission are evidence-based and follow best practice. At the heart of our work is our ambition to work with providers of services, and our local population, to continually improve the quality of services we commission for the people of North Central London.

During 2021/22, significant work was undertaken to ensure that our assurance, oversight, escalation and improvement model delivers a shared commitment to quality, in line with the National Quality Board's Shared Commitment to Quality.

Domain	Purpose
Safe	Minimise errors, maximise doing it right, reduce risk
Effective	Consistent, relevant, address inequalities
Positive Experience	Empowerment, self design, inclusive and equitable
Caring	Compassion, dignity and mutual respect
Well Led	Collective compassionate leadership
Sustainably resource	Optimum outcome, value for money
Equitable	Reducing variation and inequalities

Figure 9: National Quality Board - A shared commitment to quality April 2021

Underpinning our framework is the need to ensure we deliver excellent health value. Poor care can lead to high cost and our focus is on improving quality, safety, effectiveness and experience to provide value for money, demonstrated with the quadruple aim as shown below.

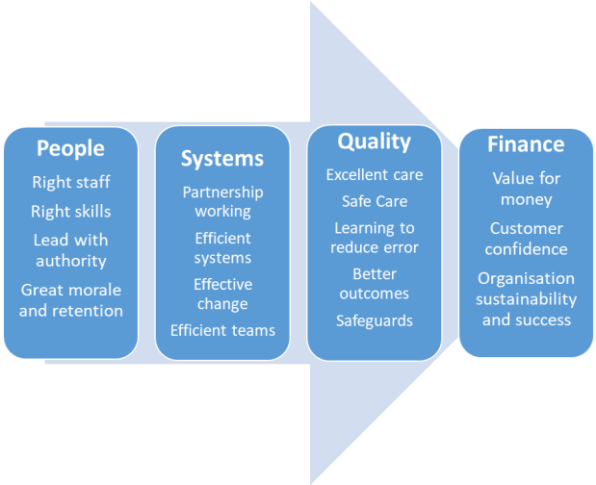


Figure 10: Quality and the quadruple aim for delivering excellent health value

The roles and responsibilities of the Quality and Safeguarding Teams within the Quality Directorate are to ensure that there are systems and processes in place to provide assurance to the Quality and Safety Committee, and the CCG's Governing Body, regarding the standards of care in NCL CCG's commissioned services. This year, the Quality team transitioned fully from seeking assurance via the model of Clinical Quality Review Group meetings, to being a partner at providers' internal Quality Committees. Where risks are identified, these are reported and mitigation is put in place to optimise quality and patient safety.

System-wide escalation and assurance was achieved, with the CCG leading the multi-agency partner Quality Surveillance Group, where NCL system concerns are discussed and escalated to the Regional Joint Strategic Oversight Group, led by NHS England and NHS Improvement.

The figure below indicates the quality oversight framework in place during 2021/22.

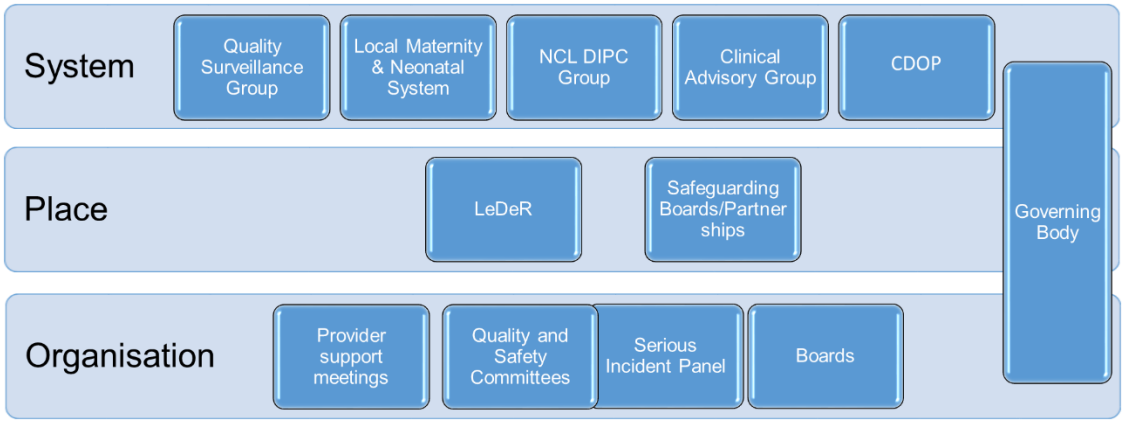


Figure 11: NCL CCG's Quality Framework

In 2022/23, the Quality team will continue to build on the solid foundations in place and will further develop the Quality vision, strategy and framework to ensure a smooth transition to the Integrated Care Board.

Care Quality Commission (CQC)

The tables below indicates the current CQC overall ratings for the main providers where care is commissioned by NCL CCG. The tables denote acute, mental health and community providers.

Acute providers

Trust	CQC inspection date	Overall rating
University College London Hospital	December 2018	Good
Royal Free London	May 2019	Requires Improvement
North Middlesex University Hospital	October 2019	Requires Improvement
Whittington Health	March 2020	Good
Moorfields	March 2019	Good
Great Ormond Street Hospital	January 2020	Good
Royal National Orthopaedic Hospital	March 2019	Good

Table 3

For our acute providers, all (with the exception of Moorfields) received a rating of 'Requires Improvement' for the 'Safe' domain, and all were rated 'Good' or 'Outstanding' for the 'Caring' domain.

Mental health providers

Trust	CQC inspection date	Overall rating
Barnet, Enfield and Haringey Mental Health Trust (BEH MHT)	October to December 2021	Good
Camden and Islington Foundation Trust	June 2020	Good
Tavistock and Portman NHS Foundation Trust	November 2018	Good

Table 4

All three providers retained a CQC rating of 'Good', however, focused inspections were undertaken at BEH MHT and Tavistock and Portman that resulted in intensive support from commissioners.

Community providers

Trust	CQC inspection date	Overall rating
Central London Community Healthcare NHS Trust	June 2020	Good
Central North West and London NHS Foundation Trust	June 2019	Good
Whittington Health NHS Trust	March 2020	Outstanding

Table 5

All community providers commissioned by NCL CCG were inspected by the CQC over the last two years and rated 'Good', with the exception of Whittington Health, which was rated 'Outstanding'.

Targeted support

In 2021/22, NCL CCG provided targeted support to four of our providers, following unannounced service inspections by the CQC.

Royal Free Maternity Services were inspected on the domains of 'Well Led' and 'Safe' in October 2020 and were rated 'Inadequate'. Targeted support was provided and the Trust developed a large scale improvement plan. A further inspection in June 2021 demonstrated improvement and that the trust had comprehensively responded to the regulatory breaches. The support remains in place to ensure that improvements are sustained.

North Middlesex University Hospital had an inspection of their sickle cell services in August 2021. The Trust was informed that it must take action to improve the service. The Trust developed an action plan to make improvements, and the plan is being monitored with quarterly updates provided at the CQC/Trust relationship meetings.

The Beacon Unit at Barnet, Enfield and Haringey Mental Health Trust was inspected by the CQC in October 2020, due to ongoing safety concerns. The inspection outcome resulted in the overall rating for the Child and Adolescent Mental Health Services (CAMHS) moving from 'Good' to 'Requires Improvement' and the safety of services being rated as 'Inadequate'. An improvement plan was put in place and, following a further inspection in May 2021, significant improvements were noted and the overall rating and the 'Safe' domain were both rated as 'Good'.

The Tavistock and Portman had an announced, focused inspection of the Gender Identity Development Service (GIDS) in October and November 2020. The report was published in January 2021, rating the service as 'Inadequate' overall. The GIDS is commissioned by NHS England. The CQC hosted two Quality Summits, one in May 2021 and the second in October 2021, with the Trust and other key stakeholders, including the specialised commissioning team at NHSE/I, NCL CCG colleagues and the nursing directorate responsible for oversight of quality and patient safety within specialised commissioning. The CQC was satisfied with the work and progress made by the Trust to date and a further quality summit planned for April 2022.

Primary care

There are 197 GP practices across NCL. The table below outlines the number per borough and the latest CQC ratings.

CQC ratings					
Borough	**Practice No**	**Outstanding**	**Good**	**Requires improvement**	**Inadequate**
Barnet	51	0	49	2	0
Camden	33	0	31	2	0
Enfield	46	0	44	2	0
Haringey	35	1	29	2	3
Islington	32	0	30	2	0

Source: February 2022 Primary Care Commissioning Committee report

Table 6

The majority of practices in NCL have been rated as 'Good'. There is one practice rated as 'Outstanding', the first to achieve this in NCL. Each borough has two practices that 'Require Improvement' (ten in total across NCL) and Haringey has three that are rated 'Inadequate'.

Practices with a 'Requires Improvement' or 'Inadequate' rating from the CQC are subject to both CQC action and remedial action by the CCG, through the primary care medical services contract. For 'Requires Improvement' practices the CCG undertakes an assessment and determines whether an improvement plan is required or whether to issue a contractual Remedial Notice. For 'Inadequate' practices a Remedial Notice is automatically issued. Once a Remedial Notice has been issued the practice is required to produce, within 28 days, a list of remedial actions it will or has taken. The practices will be held to account for delivery of the plans and actions by the CCG. The CQC will separately hold the practice to account for delivery of regulated activity.

Hospices

Trust	CQC inspection date	Overall rating
Marie Curie Hampstead	March 2017	Good
North London Hospice	December 2016	Good
St Joseph's	October 2016	Good
Haven House	April 2020	Good
Richard House	September 2016 October 2021 (focus visit)	Good

Noah's Ark	January 2017	Good

Table 7

All of the hospices are currently rated overall as 'Good' and, with the exception of a focused re-inspection to Richard House, there have not been any recent inspections.

Termination of pregnancy services (ToPS)

Organisation	CQC inspection date	Overall CQC rating
Marie Stopes	December 2018	Good
British Pregnancy Advisory Service	March 2020	Good
National Unplanned Pregnancy Advisory Service (NUPAS)	Registered December 2018 at Kingston site,	Not yet inspected

Table 8

Care homes

Borough	Number	Outstanding	Good	Requires improvement	Inadequate
Barnet	78	1	67	9	1
Camden	10	0	6	4	0
Enfield	78	2	63	13	0
Haringey	31	0	29	2	0
Islington	16	1	12	3	0
NCL Total	213	4	177	32	1

CQC website latest ratings 30 March 2022: [Using CQC data | Care Quality Commission]

Table 9

Table 9 above shows the current CQC ratings for all care homes in North Central London. The local authorities and NCL CCG work collaboratively to ensure ongoing monitoring and support improvements in poorly performing care homes. This information is available on the CQC website and reflects the latest published ratings as at 30 March 2022. Any provider where there are significant concerns or there is a risk to the health and wellbeing of residents is managed via the local authority's provider concerns processes which the CCG has safeguarding and quality input into.

Quality and safeguarding team priorities in 2021/22

With the continuance of the COVID-19 pandemic, the Quality team revised its priorities in line with the need to support the system to maintain quality and patient safety during the pandemic, as well as the need to move to the recovery of services, being cognisant of the proposed changes to the oversight and assurance model.

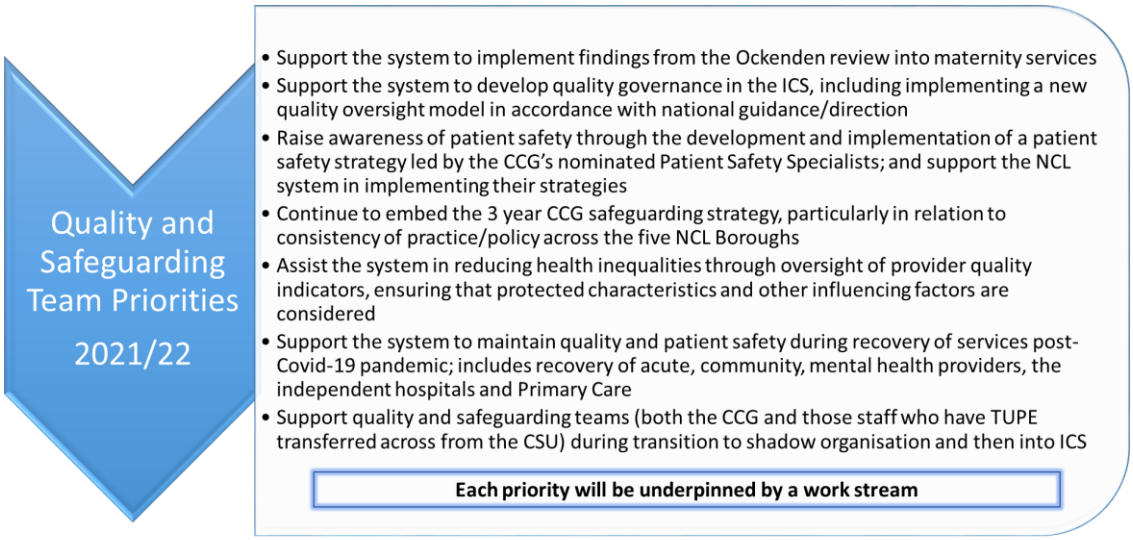


Figure 12: Quality team priorities 2021/22

The Quality team objectives support the delivery of the wider NCL CCG corporate priorities; figure 13 below shows how they align.

Corporate Priority: COVID-19	Corporate Priority Corporate Support	Corporate Priority Strategic Commissioning	Corporate Priority Future Transition
• Lead on the vaccination programme and quality improvement • Quality Improvement and learning from COVID-19 • Redeployment of staff in support of vaccinations • CHC/CIC recovery	• Team priority to support staff through the transition to the Integrated Care System • Staff survey action plans in place to ensure that we have a talented, diverse and committed workforce • Committed to ensuring all our services provide the quadruple aim	• Quality support to the mental health and community reviews • Tackle health inequalities and strengthen the system approach to population / place-based health and care management • Embed robust approach to complex individualised commissioning and deliver the continuing healthcare recovery programme	• Ensure all of the quality directorate functions are fully prepared for transition to an Integrated Care System • Ensure that staff are supported through the transition process and they are engaged throughout the process

Figure 13: Link to corporate objectives

Priority achievements

Below are key updates for the Quality and Safeguarding team priorities for 2021/22; details relating to supporting the system to develop quality governance in the Integrated Care System (ICS) are included in Part 2: Quality governance in NCL CCG in 2021/22 (from page 28). The Safeguarding Strategy update is provided in the main safeguarding section (from page 46).

Maternity – Ockenden review

The Secretary of State for Health commissioned an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust in 2016. This review followed a number of serious clinical incidents, which were not managed, investigated or acknowledged appropriately by the Trust at the time.

The independent review was led by Donna Ockenden and set out to establish the quality of investigations and implementation of their recommendations, relating to a number of alleged avoidable neonatal and maternal deaths, and cases of avoidable maternity and newborn harm at Shrewsbury and Telford Hospitals.

The interim findings of the review were published in December 2020 and set out seven immediate and essential actions (IEA's) which needed to be taken by maternity providers. NHS England and NHS Improvement invested money to support the system to address the key areas and to bring sustained improvement.

The seven key areas being:

1. Safety in maternity units across England must be strengthened by increasing partnerships between trusts and within local networks;
2. Maternity services must ensure that women and their families are listened to, with their voices heard;
3. Staff training and working together;
4. There must be robust pathways in place for managing women with complex pregnancies;
5. Risk assessment throughout pregnancy: staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway;
6. Monitoring foetal wellbeing: all maternity must appoint a dedicated lead midwife and lead obstetrician, both with demonstrable expertise, to focus on and champion best practice in foetal monitoring; and

7. Informed consent: all Trusts must ensure that women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.

NHS England and NHS Improvement (NHSE/I) invested an additional £95.9m in 2021/22 to support systems to address all seven IEAs consistently and to bring sustained improvements in maternity services. Three key areas for investment were identified: midwifery workforce, obstetric workforce and multidisciplinary team training. Providers were required to set out their plan for implementation and for these to be signed off by the Local Maternity and Neonatal System (LMNS).

The LMNS reviewed providers' evidence of compliance related to the IEAs in February 2021 and, during June and July 2021, an extensive quality assurance process of the evidence submitted was undertaken by the regional team. Further review was undertaken in December 2021 and quality and commissioning leads convened with the heads of midwifery in February 2022 to discuss progress and seek assurance of compliance and presentation to provider trust boards.

Within NCL, three of the four maternity providers demonstrated assurance of compliance with all actions and Whittington Health was at 70% compliance. The LMNS and Quality team carried out further local assurance visits in March 2022, again to review progress and compliance. The Integrated Care System will sign off the NCL LMNS Ockenden compliance in April 2022, prior to submission to the regional NHSE/I team.

The final Ockenden Report was published on 30 March 2022, with 15 IEAs that complement and expand on the seven in the first report. The LMNS will support each of our maternity providers to ensure that they are compliant with the extended IAEs in the final report.

Patient safety specialists

The National Patient Safety Specialist Priorities were launched in April 2021 and patient safety specialists have been asked to prioritise the local implementation of the key areas from the NHS Patient Safety Strategy. A number of these are focused on acute care but, as the NCL Patient Safety Specialists, we have been working on the following priorities;

- Just culture. We have reviewed the NCL CCG survey results regarding the safety culture and met with the Organisational Development team to discuss how we can be involved as

patient safety specialists, for example inputting into the questions in the interim Pulse Surveys. Key to positive responses to the patient safety questions in the staff survey is ensuring staff have the opportunity to understand what patient safety is and how they can be involved, so that these questions can be answered with a solid foundation of knowledge. We will be running a patient safety learning event in May 2022, as well as continuing to encourage staff to undertake Patient Safety Syllabus training and make this available on workforce.

- Supporting NCL Primary Care teams' transition from the National Reporting and Learning System (NRLS) to the new 'Learn From Patient Safety Events' (LFPSE) service for recording patient safety events, following the launch in July 2021. We have attended primary care and general practice meetings and provided regular updates and information via the GP website and newsletters. Several GP practices have also reached out to us for advice and support in using and promoting the new system.
- The Patient Safety Incident Response Framework (PSIRF), which will replace the current Serious Incident framework, is expected to be published in June 2022. This will be a significant piece of work for system partners. In preparation for this, and other patient safety activities in 2022, we initiated an NCL Patient Safety Network Forum, which meets six-weekly. All providers have been invited and attendance has been good, with robust discussions taking place. As agreed by all attendees in February 2022, this forum is led by the CCG and acts as a conduit to disseminate information from the national and regional patient safety teams, as well as to discuss current challenges, concerns and successes.
- Implementation of the Framework for Involving Patients in Patient Safety was to have been completed by February 2022, but has been a challenge in the face of COVID-19 and organisational change. A recent poll across the London region found that no organisations have patient safety partners in place at the necessary level, although preparations and plan are in progress.
- Patient safety education and training - Patient Safety Syllabus training levels 1 and 2 went live in December 2021 and we have encouraged the Quality team and primary care to take up the training via the GP website news and updates.
- National patient safety improvement programmes - we are working with UCL Partners' patient safety collaborative team to support their work with providers on the national patient safety improvement programmes. The recent announcement that the Patient Safety Collaborative will be providing key support to providers and CCGs in the implementation of PSIRF should also raise the profile of the collaborative role and the support they can offer to trusts.

Infection prevention and control

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

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

Most strains of *S. aureus* are sensitive to the more commonly used antibiotics and infections can be effectively treated. Some *S. aureus* bacteria are more resistant to commonly used antibiotics and, in particular, the antibiotic methicillin. These bacteria are classified as Methicillin Resistant *Staphylococcus Aureus* (MRSA) and often require different types of antibiotic to treat them. NHS England and NHS Improvement (NHSE/I) set out a national ambition to achieve zero cases of MRSA bacteraemia (blood stream infection) for all CCGs and hospitals. For each case of MRSA bacteraemia, hospitals are required to complete a Post Infection Review (PIR) to identify the possible causes of the infection and associated learning to prevent a recurrence. We continue to work with the infection prevention and control (IPC) teams and system partners to achieve zero cases of MRSA bacteraemia across North Central London to implement the learning from these reviews.

The numbers below have been reported (data to March 2022):

Organisation Name	Total number of cases 2021/22	Total number of cases 2020/21
NHS NORTH CENTRAL LONDON CCG	18	24

Table 10: MRSA bacteraemia attributed to NCL CCG 2021/22 and 2020/21

Organisation Name	Total No
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	1
ROYAL FREE LONDON NHS FOUNDATION TRUST	3
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	3
WHITTINGTON HEALTH NHS TRUST	1

Table 11: MRSA bacteraemia attributed to acute trusts within NCL 2021/22

Clostridium Difficile (C. diff)

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

The NHS Standard Contract 2022/23 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of both Clostridium difficile and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. Table 13 below therefore includes thresholds set for our acute providers in NCL. These are for healthcare-associated cases only.

In 2021/22, the numbers below have been reported (data to March 2022):

Organisation Name	Total no of cases 2021/22	Total no of cases 2020/21
NHS NORTH CENTRAL LONDON CCG	218	281

Table 12: *Clostridium difficile* attributed to NCL CCG 2021/22 and 2020/21

Organisation Name	Threshold for 2021/22	Total no of cases 2021/22
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	37	17
ROYAL FREE LONDON NHS FOUNDATION TRUST	79	56
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	78	71
WHITTINGTON HEALTH NHS TRUST	10	14

Table 13: *Clostridium difficile* attributed to acute trusts within NCL 2021/22

COVID-19 infection prevention and control (IPC)

A number of staff from NCL CCG's Quality Directorate with clinical expertise were mobilised at the beginning of the pandemic, to provide IPC support across the system. This support continued

throughout 2021/22, in conjunction with the IPC team at NEL Commissioning Support Unit. It included accessible weekly IPC webinars for all health and social care staff, including staff working within care homes and domiciliary care.

The NCL CCG IPC COVID-19 website, set up in March 2020, was maintained, providing the latest IPC guidance issued by the UK Health Security Agency (formally Public Health England), as well as links to educational resources.

A dedicated IPC email address, established in March 2020, provided a mechanism for staff to seek advice and guidance on specific issues. The volume of emails received reduced during the second half of 2021, as staff became more confident in applying the IPC guidance, as a result of the continued support provided in relation to IPC.

The CCG's Deputy Director of Quality is a member of NHSE/I's London Enhanced Health in Care Homes group. The group developed an extensive care home resource pack throughout 2020/21 and 2021/22. This pack is refreshed monthly, with the latest information for staff working in care homes, domiciliary care and other care providers, including those providing care to people with mental health illness, learning disabilities and autism on IPC guidance and vaccinations and advice on winter preparedness. The pack can be accessed here: https://www.healthylondon.org/resource/accelerated-improvement-resources/enhanced-health-in-care-homes/covid-19-support/

COVID-19 infection prevention and control (IPC) support to primary care

An outbreak reporting template, supported by a clear process for primary care to follow for reporting outbreaks of COVID-19, was developed by the Quality Directorate and the NCL Incident Coordination Centre (ICC) in the early stages of the pandemic. This outbreak template was helpful in identifying those practices which may require additional support or mutual aid from within the primary care network to function, especially those practices with a smaller number of staff.

National guidance for staff who were fully vaccinated against COVID-19 was relaxed in August 2021, as the second wave of COVID-19 was dissipating and the focus had shifted to recovery across the NHS.

The NCL CCG GP Clinical Lead for IPC and Deputy Director for Quality developed a suite of risk assessment tools to support primary care to safely assess staff who had tested positive for COVID-19, or had been identified as a close contact by the test and trace team. The risk assessment tool was launched by the GP Clinical Lead for IPC, using the weekly GP webinar and was welcomed by primary care colleagues along with borough leads.

NCL Director of Infection Prevention and Control (DIPC) Forum

The DIPC forum was established in May 2020 and consists of DIPCs from acute, community mental health, independent sector, primary care and directors of Public Health across NCL. It is chaired by the Chief Nurse of North Middlesex University Hospital, who is the lead for IPC in the NCL Integrated Care System (ICS).

The remit of the group is to keep our local approach under constant review, aligned with the latest national IPC and other guidance, such as visiting guidance in health and social care settings, isolation guidance for patients and staff who have tested positive for COVID-19.

The forum provides an opportunity for members of the group to share good practice on the implementation of the various guidance documents regarding IPC, examples include innovative ways of supporting visiting within our trusts.

Reporting outbreaks of COVID-19 to NHSE England and United Kingdom Health Security Agency (UKHSA)

In April 2020, the national team for IPC within NHSE/I introduced an online portal, mandating all organisations providing NHS services to report all COVID-19 outbreaks. The national IPC team took a decision to close the portal in March 2021 and asked that ICSs develop their own local processes.

The Quality Directorate, supported by the DIPC forum and the ICC, developed a process to assist our acute, community and mental health providers to report outbreaks of COVID-19 within their organisations. These outbreaks are managed from an operational perspective by their IPC teams, who have worked tirelessly with site managers and operational teams to support the recovery of services, adhering to the latest IPC guidance.

Commissioning teams within each of the five boroughs across NCL are responsible for supporting care homes experiencing outbreaks of COVID-19 and work collaboratively with the

UKHSA. The Quality team has provided targeted IPC training and support and, where requested, reviewed IPC audit data and provided feedback.

GP Clinical Lead IPC

Islington GP Federation were commissioned to provide IPC experiential training for primary care in October/November 2020, providing GPs with the core principles of IPC.

The NCL GP Clinical Lead for IPC has continued to be influential in supporting the implementation for IPC guidance, through the development of bespoke webinars, regular updates communicated via the primary care newsletter, providing advice and guidance.

COVID-19 vaccination sites quality assurance visits

As the COVID-19 vaccination programme gathered pace through 2021, it became necessary to open additional sites across NCL to deliver the programme. A number of these sites were public spaces, such as libraries, sports halls and council buildings. The Quality team supported colleagues working within the Medicines Management and Estates teams to undertake assurance visits to these sites, ensuring that they were set up in line with the IPC guidance issued at that time.

Patient safety

Serious incidents and Never Events

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

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

Never Events (NEs) are defined as serious, largely preventable patient safety incidents that should not occur if available preventative measures and protective barriers have been implemented. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

The number of serious incidents (SIs) and Never Events declared by providers in the NCL footprint in the past year *(data correct as of 21 March 2022)* is set out in Table 14 below.

	2021/2022		**2020/2021**		**2019/2021**	
Provider	**SI**	**NE**	**SI**	**NE**	**SI**	**NE**
University College London	24	3	33	3	22	3
Royal Free London	96	1	82	4	86	6
North Middlesex	47	4	37	1	37	4
Whittington Health[2]	26	2	18	1	26	6
Moorfields Eye Hospital	6	1	3	2	5	2
Barnet Enfield Haringey	30	0	38	0	46	2
Camden and Islington	18	0	28	0	30	0
Tavistock & Portman	4	0	4	0	9	0
Total	**251**	**11**	**243**	**11**	**261**	**23**

Table 14: Number of serious incidents (SI) and Never Events (NE) over the past 3 years

There was a small increase in serious incidents and the same number of Never Events reported in 2021/22 compared with 2020/21. The total number of Never Events and serious incidents reported in the last 12 months is lower than the year prior to the pandemic (2019/20). It is important to note that providers should not be compared against each other on this raw data, as their number of serious incidents and Never Events relate to factors such as the size of the organisation, bed numbers, the nature of health conditions treated and internal incident governance processes, all of which have a bearing on the numbers declared.

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

[2] Includes community services.

Whilst the traditional route of quality assurance, via Clinical Quality Review Groups (CQRGs), has been superseded by a new model of quality oversight, the commissioner assurance process around reviewing serious incidents and Never Event reports has continued. London Shared Service (LSS), formerly NEL Commissioning Support Unit (NEL CSU), Patient Safety Team are commissioned to provide the quality assurance and oversight of serious incidents and Never Events. The CCG Quality team also contributes to this governance process and raises any additional questions or areas of assurance required from the provider. Thematic patient safety reviews provided by the LSS Patient Safety Team during 2021/22 included:

- Quarterly trend reports on serious incidents, as well as bespoke maternity and mental health serious incident trend reports;
- A review of all serious incidents reported by NCL providers April 2020 to March 2021, that referenced COVID-19 within the reporting incident description;
- A review of incidents relating to venous thromboembolism and pulmonary embolus (VTE/PE) between August 2019 and August 2021; and
- An NCL falls data review.

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

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

Quality alerts

Quality alerts are a method of monitoring the quality of provider services and are issued by GPs directly to providers who, in turn, investigate and put remedial actions in place where appropriate.

The number of quality alerts issued in 2021/22 reduced from a total of 225 in 2020/21 to 170. There is no target or benchmarking data available for quality alerts for a number of reasons, including no nationally mandated method for collecting quality alerts, varying thresholds for reporting by clinician and some circumventing of the agreed local process.

Borough	Q1	Q2	Q3	Q4*	Total
Barnet	13	9	15	16	53
Camden	12	8	14	10	44
Enfield	10	9	11	5	35
Haringey	6	3	7	4	20
Islington	10	4	0	4	18
Grand Total	**51**	**33**	**47**	**39**	**170**

Table 15: Number of GP alerts submitted per borough 2021/22

Table 16 below details the alerts per main provider across NCL. Where alerts are attributed to "other", these are for providers outside NCL or for smaller community providers where there have only been a very small number of alerts submitted.

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

Table 16: Quality Alerts submitted by provider 2021/22

There have been two newer themes over the last 12 months;

- An increase in the inappropriate transfer of care from secondary to primary care e.g. units asking GPs to re-refer rather than making consultant to consultant referrals, being asked to prescribe medication inappropriately and organise diagnostics following outpatient appointments; and
- Ongoing delays to timely advice and guidance from secondary care.

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

Safeguarding

In line with the NHSE/I Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019), NCL CCG has robust governance and accountability arrangements in place, which ensure that safeguarding is core business and that the CCG continues to meet its statutory duties.

The NCL CCG Chief Nurse, responsible for safeguarding, and the NCL CCG Named and Designated Professionals, continue to actively engage in, and provide, system leadership to support and influence the delivery of the Safeguarding Children and Adults Partnerships Boards' business plan and priorities.

NCL CCG, as the lead commissioner of local health services across North Central London, is responsible for safeguarding quality assurance through contractual arrangements with provider organisations. The NCL CCG Safeguarding team has a key role in supporting this quality assurance function. Local health providers have submitted assurance information regarding their safeguarding arrangements and activity to NCL CCG, including:

- Monthly data regarding the uptake of safeguarding training levels 1 – 4;
- Reports regarding any safeguarding audit activity ;
- Safeguarding supervision compliance data;
- Safeguarding structure measures; and
- Progress of any recommended actions from safeguarding learning reviews.

The safeguarding internal assurance committees of health providers are attended by the NCL CCG Designated Professionals. These committees considered areas of strength and areas requiring further development and assurance. Through this quality assurance role, the NCL CCG

Governing Body has assured itself that both the CCG and the organisations it commissions have met their safeguarding responsibilities, including delivery of the partnership priorities.

The CCG's Safeguarding team has continued to help drive improvements in the quality of primary care safeguarding services, largely achieved through the safeguarding practice support and advice provided by the named Safeguarding General Practitioner (GP) to GPs, the bi-monthly GP Safeguarding Leads Forum and NCL webinars regarding, for example, domestic abuse and other 'hidden harms' throughout the year.

Safeguarding strategy

To address the key safeguarding challenges, NCL safeguarding strategic objectives have been identified where the CCG has a key role to play in providing leadership and positively influencing continuous improvements in safeguarding practice. The NCL CCG Safeguarding Strategy sets out the organisation's strategic focus and core priority areas, which are being addressed through the NCL CCG Safeguarding Work Plan. This plan has been developed to include additional activity identified through safeguarding review processes and changes to local or national guidance and requirements. It is further informed by, and delivered in partnership with, our Local Corporate Parenting, Safeguarding Children and Adult Partnership Boards and other key stakeholders, and is a live document which guides the key deliverables. It is robustly implemented and monitored by the NCL Designated Safeguarding Professionals group to ensure the development of all strategic objectives, which this year included:

- Training initiatives, including the adoption of the '7 minute briefing' approach, ad-hoc specialist training relating to Modern Slavery, Female Genital Mutilation (FGM) and Violence Against Women and Girls (VAWG);
- Input into the Integrated Care Board development, including participation in relevant work streams. Consistent input into all multi-agency partnership arrangements;
- Refresh of the Children Looked After (CLA) work plan, including partnership work with health providers and local authorities, relating to the increase of needs of unaccompanied asylum-seeking children across NCL, continued partnership working with the Corporate Parenting Boards to improve health, wellbeing and mental health of CLA and care leavers and participation in the NCL-wide CLA task and finish group;
- Completion of relevant safeguarding policy alignment;
- Ongoing involvement in each of the five boroughs by the designated professionals to the local planning for the implementation of the Liberty Protection Safeguards, following the

launch of the national consultation in March 2022 on the Draft Mental Capacity Act (MCA) Code of Practice and implementation of the Liberty Protection Safeguards (LPS);
- Commissioning of specialist safeguarding supervision training for health colleagues and the provision of specialist safeguarding supervision to NCL Designated Professionals; and
- Development of an NCL Named GP forum due to 'go live' in May 2022.

Partnership work

Throughout 2021/22, the CCG Safeguarding team has worked collaboratively and dynamically with healthcare providers, our local statutory Safeguarding Children and Adult Partnership Boards and non-statutory partners on the development and delivery of the safeguarding business plans across the five NCL boroughs; this is in line with the complex and changing landscape of safeguarding arrangements of children and adults at risk.

COVID-19 pandemic

The COVID-19 pandemic has had a disproportionate impact on the most vulnerable in our communities, including children and adults at risk. Throughout the pandemic, the CCG Safeguarding team continued to ensure that the statutory duties of the organisation were fulfilled with the aligned commissioned services and system partners.

For NCL CCG, the highest safeguarding risk on the risk register related to the impact of COVID-19 on safeguarding, which included concerns that safeguarding issues and incidents were not identified during the 'lockdown' periods as children and adults at risk were not accessing the usual services. Mitigation was put in place to provide extra support to those high-risk children and to increase staff awareness of the need for professional curiosity and the identification of hidden harm, for example, by delivery of NCL-wide webinars on domestic abuse and hidden harm. In addition, the NCL CCG Safeguarding team quality assured the NCL health providers' safeguarding business continuity plans and subsequent recovery and restoration plans.

NCL Child Death Overview Panel (CDOP)

NCL CCG continued to support the implementation of the statutory Child Death Review guidance across NCL. During the year, a business case for joint funding with the local authorities and the CCG as Child Death Review Partners was agreed. The funding included the recruitment of a full time project lead and an independent chair for the Child Death Overview Panel. The business case also agreed continued funding for eCDOP, the electronic system providing one platform for all child death related information.

In February 2022, the five borough eCDOP systems merged to form one NCL reporting system for child deaths across the footprint. This merged system allows for improved oversight of cases across NCL to allow for themed panels.

Learning from Lives and Deaths - People with a Learning Disability and Autistic People programme (LeDeR)

The LeDeR programme underwent change in 2021/22, with the launch of a new programme policy, reporting system and training package. These changes were timed with the ending of the five year partnership with the University of Bristol and a switch to South, Central and West Commissioning Support Unit (SCW). The new policy sets out, for the first time for the NHS, the core aims and values of the LeDeR programme and the expectations placed on different parts of the health and social care system in delivering the programme.

Other key changes include:

- Those with a diagnosis of autism, without a learning disability, are included in the process from January 2022;
- Introduction of a two stage LeDeR review system, where most cases will receive a basic review, with only a proportion of cases moving to a full review where required or where families request this;
- LeDeR reviews will be the responsibility of health and social care services/ICSs;
- LeDeR reviewer capacity will be commissioned across ICS areas or on a regional footprint; and
- LeDeR review recommendations will be agreed by a local governance panel, not the reviewer.

NCL saw a decrease in the number of deaths reported in 2021/22 in comparison to previous years. This is being closely monitored, with local intelligence mechanisms in place to share information on deaths as they occur to ensure they are notified.

There have been a number of issues with the introduction of the new LeDeR system, for example, access to system data. NCL has ensured these have been fed back to both NHSE/I and SCW at a regional and national level.

Work continues to build on learning from LeDeR reviews across NCL, including:

- Early warning signs of deterioration, with the provision of pulse oximeters to residents with a learning disability in response to the risk of silent hypoxia resulting from COVID-19;
- Clear and accessible information sharing for people with learning disabilities, with increased use of hospital passports and formulation of health action plans;
- Improvements in communication and information sharing;
- Application and recording of Mental Capacity Act decisions;
- Thorough scrutiny of all COVID-19 related learning disability deaths;
- Continued support to GPs, to prioritise annual health checks for people with learning disabilities; and
- Increased support for people with a learning disability who lack capacity regarding decisions on COVID-19 vaccination, through briefing to primary care and partnership working with LD services across NCL.

Continued focus on uptake of annual health checks, and the additional support needed to take part in these, remains a priority. Increased support for people with a learning disability to receive the COVID-19 vaccination booster, through briefings to primary care and partnership working with learning disability services across NCL, was successful.

An annual LeDeR 2020/21 report was presented to the CCG Quality and Safety Committee and published on the CCG public-facing website. In addition, an easy read version accompanied the report.

Continuing Healthcare (CHC)

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

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

However**,** in 2020/21, CHC functions were nationally stood down between March and August 2020. The centralisation processes were paused and NCL CCG re-deployed CHC resources to support the wider health system. The key focus was to enable patients to be cared for in the

most appropriate setting, facilitate timely discharges from hospital and avoid people going to hospital unnecessarily.

The Continuing Healthcare service was stood back up nationally in September 2020. However, the suspension of the service has led to backlogs for new assessments, reviews for those already in receipt of CHC funding, and appeals. We are currently working hard to address these backlogs with the aim of completing these this year.

Building a stronger CHC service

Since recommencing the full CHC service locally, there has been a renewed focus on stabilising, strengthening and centralising the service. This has included:

- Establishing a new single leadership team;
- Focus on recruiting permanent staff, with the aim of reducing reliance on interim staffing arrangements;
- Centralisation of the brokerage and invoice functions, to ensure a single robust process is in place; and
- Development of single operating policies to reduce variation.

In February 2021, an internal audit of the CHC functions was undertaken as part of the NCL CCG audit cycle. This audit confirmed the challenges the management team were aware of. The audit outcome recorded nil assurance and highlighted key areas of development for CHC around the model of delivery, policies, payment processes and data. The audit also identified a number of key areas of good practice and a robust action plan was put into place to address the recommendations of the audit.

During 2021/22 the CHC team focused on addressing the areas for development and completing the action plan. An advisory audit of the service was conducted in December 2021 with the results being published in February 2022. The audit confirmed that ‘good progress’ had been made with the majority of challenges having been addressed. Subsequently, all remaining recommendations and actions have been completed.

Engaging People and Communities

Introduction and overview

North Central London CCG is committed to listening to and acting upon the voice of our local communities, to ensure residents and patients are the heart of what we do.

Across 2021/22, our engagement and involvement activity focused on supporting residents and patients through the ongoing COVID-19 pandemic, working closely with partners across health, care and the voluntary and community sector. This included helping residents to access information, advice and support on staying well and preventing COVID-19, and navigating and accessing appropriate health and care support. The NCL COVID-19 and Flu Vaccination Programme was also a high priority, and we worked closely with partners, community groups and networks across our boroughs to share accurate information on vaccines and support local people to make informed choices about say yes to vaccination. Detailed information on pandemic engagement work is included below.

Alongside this, we engaged with residents and patients on a range of other CCG programmes. We know that the services we commission are more effective when they are designed around the needs of the people we serve and we are committed to ensuring there is equitable access for our diverse population. We recognise that certain communities face specific barriers to accessing health and social care services. Involving patients and the wider public helps to identify and address health inequalities, ensuring that services are accessible to all, thereby delivering value-for-money, as well as better outcomes. This work is summarised below and includes:

- Engaging on NCL-wide programmes and reviews;
- Engaging on service changes during the pandemic;
- Borough-specific activity;
- NCL Integrated Care System; AND
- Looking ahead to 2022/23.

NHS England assessment of NCL CCG engagement

In 2021/22, the NHS England annual approach to assessing the CCG's engagement and involvement annual performance (for 2020/21) was simplified, due to the ongoing impact of the pandemic. However, NCL CCG's submission to NHS England received positive feedback on the five key thematic areas assessed:

- Improve the quality of services;
- Reduce health inequalities;
- Involve and consult the public;
- Comply with financial duties; and
- Leadership and Governance.

To support our assessment, the CCG provided a written summary to show how we identify and engage with the full diversity of our local population; many examples of how we do this are included in this section of our Annual Report.

Close partnership working across health and care organisations, and with local VCSE partners, on community engagement and involvement has been accelerated and strengthened through the pandemic. We have very strong foundations that will be built on as the North Central London Integrated Care System, with a focus on tackling the inequalities still experienced by some communities and helping everyone living in North Central London to start, live and age well.

Embedding patient and resident voice in our planning and decision making

Key ways in which we ensured resident and patient voice was embedded at the centre of our planning and decision making during 2021/22 included:

NCL Residents' Health Panel

Our Residents' Health Panel comprises more than 1,000 residents of Barnet, Camden, Enfield, Haringey and Islington. These volunteers are involved in a range of ways, to help shape plans and decisions on local health and care services. In 2021/22, panel members shared views on our COVID-19 and flu vaccination programme, development of a new NCL fertility policy, NHS service access and our Start Well programme (more information on all of these is included below). We also began a process to strengthen this by establishing a core group, representative of the diversity of our boroughs, to ensure topics for the panel are chosen by local people.

The CCG successfully obtained funding from NHSE/I to develop the Residents Health Panel in 2022/23. We will increase demographic representation of the panel and develop how the Panel can support building communities' priorities into our planning and involve the Panel in a range of activities at a local and system level. This would include work such as digital inclusion and health inequalities. We will host biannual members meetings and seek member feedback on how we are working with them.

Our Public and Patient Engagement and Equalities Committee

This is chaired by our Governing Body Lay Member for patient and public engagement and includes Healthwatch representation and two Community Members (further information on this role is included below). The Committee is responsible for assuring our Governing Body that the CCG is meeting our statutory duties to engage effectively with patients and the public, oversees CCG compliance with the Public Sector Equality Duty (PSED) and adherence to Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System requirements. The Committee met six times in 2021/22, with some of the key patient and public engagement reports including:

Meeting	Topic
April 2021	2020/21 flu communications and engagement programme
June 2021	Developing a new CCG Fertility Policy development
	Mental Health Review and Community Services Review
August 2021	COVID-19 vaccine communications and engagement programme
	Community Involvement Programme: Health Inequalities Fund
	Developing NCL ICB – Working with VCSE strategy
October 2021	Winter Resilience communications and engagement plan
	Primary Care: Tackling abuse in General Practice
December 2021	Development of future strategies for the NCL ICB – Working with VCSE and Working with People and Communities
February 2022	Update on the winter resilience campaign

Community Members

We have 13 Community Members, appointed to sit on a number of CCG committees who bring a diverse range of lived experiences, professional expertise and perspectives as residents and service users. In 2021/22, Community Members also participated in a range of other CCG programmes, including development of a new single NCL Fertility Policy and our Flu and COVID-19 vaccine engagement programmes.

Mark Wardman, NCL CCG Community Member:

"2021/22 was another challenging year for NCL, tasked with promoting better health outcomes amid the on-going impact of COVID-19 and with preparing for the new ICS. Reports to the Audit Committee show that NCL has measures in place to ensure financial resilience and effective governance in the transition. I am pleased to have played a part in this Committee and appreciate the way in which NCL has consulted and involved Community Members in different initiatives throughout the year".

Kaltun Abdillahi, NCL CCG Community Member:

"I like to say I have participated quite a lot of programmes during this year and I am proud to say that my contribution was acknowledged publicly. I took part in mental health group and voiced my concerns about the lack of services for the Communities with language barriers such as Somali speakers. I was proud to take part in the development of the Working with VCSE Strategy in particular, with the ICS changes and the disparity between community organisations. I would like to thank the community members and CCG colleagues for always listening to conversations about equality and fair share of resources".

Enabling public and resident access to meetings

Although we were not able to hold meetings in person due to pandemic guidance, we continued to ensure our Governing Body and Primary Care Commissioning Committee meetings were accessible; we provided opportunities for the public to access papers and submit questions in advance of each meeting, and to join the virtual meetings and ask questions through the chat function of MS Teams.

CCG Annual General Meeting

This was held online due to COVID-19 and was attended by over 120 people. Our Governing Body and Senior Leadership Team presented on our work with partners to improve residents' health and wellbeing and tackle health inequalities across 2020/2021. Attendees could submit questions in advance and during the meeting, and the presentations and a summary of questions answered are available on our website.

Ian Bretman, Governing Body Lay Member – Public and Patient Engagement.

"The value of the work the CCG has done in previous years in building relationships with community groups and networks as well as the vibrant voluntary and community sector, has been visibly demonstrated during 2021/22 as we have been able to maintain and develop dialogue on several issues, despite the restrictions imposed by the pandemic.

The support of the Healthwatches in each of our five boroughs, from local authority partners and from patient groups has been invaluable and many of those partners have commended the CCG for its work in reaching out to all parts of the community, engaging pro-actively and earlier in programmes, and listening and responding better to residents and service users.

More importantly, the experience of the past couple of years has laid solid foundations for engagement and involvement to be further strengthened in the new Integrated Care System and

borough-based partnerships, as our stakeholders feel that their voices are being heard and that they have real influence in designing the health and care services of the future."

Engaging on service changes during the pandemic

As part of the North Central London system response to the pandemic, the system leadership established a Clinical Advisory Group (CAG) to ensure temporary service changes arising from COVID-19 pressures are appropriately considered, implications anticipated and mitigated, and decisions are enacted and communicated. Throughout the period, NCL's CAG has provided robust assurance about clinical service change decisions. The group has had a role providing a formal clinical review of the temporary service changes made, and also ensured clinical oversight of elective recovery and emergency and urgent care work streams.

The CAG is made up of senior medical and nursing representatives, from primary, community, acute and mental health care and includes a London Ambulance Service representative. Topics that have been reviewed by CAG, range from changes to 111 call protocols to a discussion of how system stroke pathways are managed.

One of the larger changes made in response to the pandemic, was temporary changes to children and young people's services. These temporary changes, which ran from October 2020 to March 2021, saw a 'Southern hub' for children and young people's services created at Whittington Health and other changes to how services were delivered at local hospitals, and in the community. All services at the Royal Free Hospital and University College London Hospitals have now reopened.

When implementing these changes, healthcare leaders committed to carrying out an evaluation to ensure we capture any learning for the future. An Evaluation report was published in 2021:
Executive summary
Full report

COVID-19 vaccination programme

The COVID-19 vaccination programme commenced in December 2020, and to date has delivered 3 million vaccinations in NCL. The CCG, working closely with partners, ensured all communications and engagement opportunities were harnessed to drive uptake and promote equality of access for all.

We worked collaboratively with our partners to foster confidence in the safety and efficacy of the vaccines, and to dispel misinformation. We built on existing relationships, and forged new ones, to create an approach that was truly system-based. Wherever possible we used locally-based voices to reach of our communities, leveraging the diversity of faith, ethnicity, age and sexuality within our five boroughs. We took the 'get vaccinated' message to people using both languages and channels that spoke directly to them.

A significant part of our engagement on the COVID-19 vaccine was listening to our diverse communities and responding to requests to engage in a way that was culturally appropriate. This meant sourcing healthcare professionals who were from the communities we would meet. In July we arranged for a GP to lead a programme on the safety of the vaccine on Universal TV, a station for Somali speakers. Viewers phoned in with their questions to this interactive show. In April, we held a vaccine information event for the Black British Caribbean community in Islington and arranged for a colleague from that community who works at Whittington health, to lead the session. The Barnet Director of Public Health also appeared on a Romanian radio station to answer questions and an insightful webinar for the Romanian Community was held in the borough as well. Pop-up vaccinations clinics have been held in mosques in Islington and Enfield, in response to feedback that these less clinical settings have helped to drive uptake in our Muslim communities.

Across NCL, we used a mixture of traditional word of mouth and the very latest locally-targeted social media promotion, to drive footfall to our mix of appointment-based and walk-in vaccination clinics. A few highlights from an incredibly rich and locally-tailored programme of work include:

- In **Barnet**, Saracens Rugby Club turned over StoneX stadium to be the borough's main vaccination hub. Players from the club's men's and women's teams promoted vaccination through video communications to both their fans and wider communities. Tens of thousands were vaccinated as the result of a partnership involving the Royal Free Hospital Trust and Barnet Council.
- In **Camden** the promotion of NCL's first vaccination bus drew people to locations across the borough. The tour schedule, organised by Camden Council, was shared daily through both NHS and local authority channels, taking vaccination to the places people lived, worked, shopped and socialised.
- In **Haringey** a 'sprint' vaccination programme focused on one of the capital's areas of highest vaccination hesitancy. Healthcare workers went door-to-door, holding culturally-competent conversations with residents, and providing information on how and why to get vaccinated.

- In **Enfield** the GP partnership Medicus has carried out more than 200,000 vaccinations. This has included community-specific vaccination clinics, promoted in appropriate languages in places of worship across the borough.
- In **Islington** a series of vaccination clinics at Arsenal's Emirates Stadium engaged with local communities, and used the football club's channels to get thousands vaccinated. This was a partnership project between University College Hospital, Islington Council and others.

Flu vaccination programme

This year's national flu campaign was the biggest ever undertaken in England and ran alongside promotion of the COVID-19 Booster vaccines. There is more information about the background to the campaign in an extended report on the CCG website. Flu-specific communications and engagement activity was delivered at both a borough and an NCL level.

NCL-level campaign highlights

Our campaign launched with an online insights survey, aimed at understanding reasons behind any vaccine hesitancy. 350 people responded and we presented the findings to a senior primary care manager for response, with these responses published online. Themes from the survey included concerns around vaccine ingredients, side effects and co-administration with the COVID-19 vaccine and these helped shape the key messages in our communications. Respondents, although mainly over the age of 50 were representative of multiple ethnic backgrounds. An 'end of season' comparative survey was launched in March 2022 and findings from both surveys will be used to inform the development of next season's campaign.

The flu vaccination campaign was supported by extensive information featured on both our public and GP websites, to which audiences were signposted. All locally and nationally produced flu communications materials were shared daily through CCG social media channels and shared for wider dissemination with our system partners to use via their channels. To boost uptake we produced information videos tailored for different groups, such as social care staff, and a widely-viewed film of Imam Ajmal Masroor having his flu vaccine at a Hornsey practice.

In January we held a system-wide winter vaccinations briefing session for staff and voluntary and community organisations, aimed at providing the information necessary for attendees to have confident conversations about the vaccines with their colleagues and clients. There was a broad range of attendees at the event, helping to support vaccine uptake where age, ethnic background, faith, or disability has proven to be a barrier. Although COVID-19 vaccinations were

the prominent topic, key messages about flu were also relayed and included in the follow-up report.

Activity across our boroughs

Local flu campaigns were delivered collaboratively across all five boroughs; initially through multidisciplinary teams comprising council, voluntary and community sector colleagues, and also with a nominated organisation through a contractual arrangement. Activity highlights included:

- Barnet: 2,500 leaflets distributed to childcare centres, targeting pregnant women and reminding them about the importance and safety of the vaccine;
- Camden: Patient Participation Group forum for 50 representatives with a dedicated section on flu;
- Enfield: Monthly presentations to the Enfield Voluntary and Community Stakeholder Network on the programme and updates on vaccine uptake;
- Haringey: Flu messaging printed on 44,000 bags distributed across 44 pharmacies in the borough; and
- Islington: SMS messages on flu sent to all Islington patients during the third week in December.

In addition to targeted local communications and engagement, all five boroughs received key messages and a range of centrally-produced social media posts to support regional and national campaigns.

In a year when flu circulation was very low, we saw uptake consistent with that of our neighbouring boroughs and national regions. All data collected and lessons learned will be used to help shape next year's campaign.

North Central London CCG would like to thank all our partners, voluntary and community organisations, volunteers and other individuals who have given such tremendous support to our vaccination programme.

Winter resilience programme

Throughout 2021/22, the ongoing pandemic meant that local NHS services experienced significant and sustained pressure. As such, a key priority for the CCG was to help residents and patients to remain confident that the NHS was still 'open' and here to help. To support this, we

ran an integrated, system-wide programme of communications and engagement across the second half of the year.

The campaign had multiple objectives, including:

- Raising awareness and driving use of NHS 111, extended access hubs, and walk-in centres for non-emergency health needs;
- Raising awareness and driving use of local services that enable residents to self-manage their health;
- Contributing to the uptake of COVID-19 and flu vaccination;
- Reducing inappropriate Emergency Department attendances; and
- Encouraging GP registration and building understanding of the way primary care is working (including things like the range of other healthcare professionals in addition to GPs).

A wide range of activity was undertaken, incorporating both digital and print channels. Materials were made available in a wide range of formats, including community languages and easy read. Our approach was informed through targeted outreach with local communities in each of our five boroughs, led by trusted voluntary and community sector partners. Examples of this outreach work include:

- Driving over 40,000 people in NCL who were searching for information online for help with an urgent health need to NHS 111 Online, through a Google Adwords campaign;
- Reaching over 280,000 people in NCL with information on how NHS 111 Online can help, through Facebook and Instagram adverts;
- Featuring high-profile adverts on 50 large-scale poster sites across NCL. This included posters at bus stops to promote NHS 111 and to introduce different staff roles in the general practice team;
- Distributing thousands of winter wellness leaflets, with information on local services in 15 languages and easy read formats, to food banks and VCS organisations across NCL;
- Creating video content to help residents choose the right health service for their needs, including films on GP Hubs (evening and weekend appointments), community pharmacies, and respiratory illness in children; and
- Placing over one thousand plays of an interview with a local GP explaining how NHS 111 can help, across 24 London radio stations.

We also commissioned a lead voluntary and community sector organisation in each borough to support targeted conversations and activities with specific groups and communities who we

know experience the most barriers to accessing services. Each lead provider worked with and sub-contracted other voluntary and community sector groups to help deliver this work collaboratively, including all five NCL Healthwatch organisations. Examples of some of the activities undertaken included:

- In Camden, Working with Lifeafterhummus, a local community benefit society, carried out doorstep surveys, interviews and conversations with around for 40 low-income families (predominantly Somali, Asian and BAME families);
- In Islington, a number of winter wellness workshop events were held with VCSE organisations, Eritrean and Somali students at City and Islington College, and with Somali and Tigrayan, and Arabic communities;
- In Enfield winter wellness messages were translated into multiple languages and disseminated via community groups and VCS organisations across the borough, and winter wellness conversations were held at coffee and chat and bereavement support groups;
- In Haringey, 1:1 conversations were held through borough-wide Community Connectors and VCSE organisations, and through Call and Recall service; and
- In Barnet, community outreach via Barnet mobile library across the borough, having conversations with and sharing messages (in multiple languages) on winter wellness and support.

Each organisation collected a range of data to support the evaluation, including the number of people directly engaged with, the number of people successfully supported to get vaccinated, and the number of people signposted to further information and health and wellbeing support or care. Demographic information of those engaged with was also shared, as well as insight about any barriers that communities are experiencing in accessing health care. A full end of campaign evaluation report will be published on our website.

Working with Healthwatch colleagues on primary care access

Through the NHS England Winter Access Fund, we identified a scheme to develop interventions to improve access to general practice, based on insight from our local communities. Our starting point was to analyse key insight and recommendations from a number of Healthwatch reports, and then work with Healthwatch colleagues regularly to hear more verbal feedback from residents. We are now working with Healthwatches to assess where we are already taking positive action, to prioritise areas for further work and co-develop solutions. This insight also informed the CCG's wider operating plan priorities for primary care, and will continue into 2022/23.

Borough engagement activity in 2021/22

This section provides a summary of other key borough-specific activity undertaken during 2021/22, focused on engaging local communities:

Barnet

Throughout 2021/22 the Barnet team continued to actively engage with patients, carers and the public on health and health services. We met regularly with residents and patients at meetings such as the Barnet Health Champions Network, the Involvement Board, Voluntary and Community Sector Forum, Barnet Patient Participation Network, and the Primary Care Engagement Group. These groups represent residents and patients across a wide range of pathways and their contribution is invaluable to our work as we strive to improve patient care and outcomes within our communities.

The pandemic focused much of our engagement activity on encouraging uptake of the flu and COVID-19 vaccines. However, other work did take place in Barnet, including the following highlights:

Advancing Mental Health Equality (AMHE) is a resource to support commissioners and providers to tackle inequality in access to mental health in their local areas. Evidence shows there are inequalities in receiving good mental health support for people from different ethnic and religious communities and different genders. Barnet's Mental Health Commissioners are committed to co-producing action plans to reduce inequalities in access, experience and outcomes for local mental health service users and work has been done to engage and collect feedback from community partners and resident groups. A combination of focus groups and meetings with people who were either carers for someone with mental health difficulties or people who used mental health services at the time were held.

Themes that emerged from the engagement included the need for consistency, not only in the care provided but also in the information about local services and support available, the need for mental health practitioners to be culturally aware, better education of the police and mental health services, a lack of specific services for autistic people, appointments and limited treatments. Participants felt positive about support from the Barnet Wellbeing Hub, other VCS groups and the Council, as well as caring staff. Intelligence gathered from this programme of

work went towards helping to shape priorities and an action plan. This work will continue into the new financial year.

Barnet's Children and Young People commissioners worked with the Barnet Parent Carer Forum throughout the year to ensure that the parent voice influenced commissioning decisions and enabled support tailored to theirs and young people's needs. In summer 2021, parents and carers were involved in the procurement of a new provider for speech and language, occupational therapies and physiotherapy. Two members of the Forum were part of the procurement panel who assessed the submissions for the service. In June 2021, the Parent Carer Forum took part in a health conference for parent carers on "Understanding and Supporting Children and Young People's Mental Health Care in Barnet". The workshop was developed in conjunction with members of the Forum and was designed to provide information to parents/carers and was an opportunity for providers to hear the lived experience of Barnet services.

Looking ahead, the Barnet Place-Based Partnership is committed to embedding co-production and engagement in delivering its priorities. This is a work stream in its own right and aims to build on existing good practice and make sure that co-production is effective and inclusive, to ensure that everyone working across the Partnership is aware of the different levels of involvement that can be utilised to hear resident and patient voices to shape services, and to build general awareness.

Nitish Lakhman, Manager of Barnet Healthwatch:
"Working with NCL CCG on the NHS Winter Campaign has been immensely beneficial to Healthwatch Barnet and the CCG. They are a supportive and responsive partner, open to ideas, quick to respond and we know they will always deliver what has been promised. With their help, we have been able to extend outreach work to the widest possible range of Barnet residents to promote the message of community health and wellbeing. Meetings are collaborative and productive and we have appreciated the opportunities for additional joint activity over the last year."

Camden

Throughout 2021/22 we worked collaboratively with our system partners (local authority, local NHS and VCSE organisations) and residents to assist health and social care recovery, and promote the roll-out of the flu and COVID-19 vaccines. In collaboration with Voluntary Action

Camden, we successfully promoted community health and wellbeing messaging to Camden residents. Highlights included:

- Over 40 1:1 conversations with vaccine hesitant residents referred to social prescribing;
- Umoja survey and insight gathering, with over 50 1:1 conversations in BAME communities on vaccine hesitancy and long-term health conditions and/or disabilities;
- Henna facilitated peer group conversations with Asian women aged 50 - 80+ from low-income families living in the Kilburn area; and
- Guided conversation with Calthorpe Community Garden and Cultural Advocacy Project, a Latin American Group peer support group composed of older Latin American women from across Camden on vaccine hesitancy and health conditions.

We supported the Camden Patient and Public Engagement Group (CPPEG) to help strengthen the voice of local people and to ensure patients, residents, carers, and VCSE groups played a role in the planning, decision-making and delivery of the CCG's work. CPPEG comprises representatives from local general practice Patient Participation Group members and local VCSE groups, including Healthwatch Camden, Voluntary Action Camden, Camden Disability Action, Camden Carers Service and Age UK Camden. Topics the group covered this year include: development of the Camden Place-Based Partnership; the transition to an NCL Integrated Care System (ICS); strategic service reviews; the winter resilience campaign (in collaboration with Voluntary Action Camden); and the COVID-19 and flu vaccination campaigns.

The Camden Disproportionality Communications BAME Working Group was formed in 2020/21 and continued to meet and continue its work in 2021/22 to encourage a high take-up of the flu and COVID-19 vaccines. In collaboration with local authority, public health and local community leaders we continued to develop communication materials to meet the needs of local communities, demystifying messages to improve the uptake of the flu and COVID-19 vaccinations. We supported the promotion of ambassadors to champion the vaccine in their own local communities. To support this work we hosted public meetings with a number of local groups to answer residents' questions about primary care recovery and the roll-out of the vaccine. We also produced a film with a young resident and a Camden GP and nurse to address questions raised by young people from the BAME community in Camden.

As our journey to integration continues, the Camden Place-Based Partnership is committed to embedding co-production and engagement across its priority work streams, which include

Children and Young People, Mental Health, Learning Disabilities and Autism and Community Connectives).

Donna Turnbull, Community Development Manager, Voluntary Action Camden who worked with us to promote NHS winter messaging said:
"Working with NCL CCG on the NHS Winter Campaign has resulted in getting local voices heard, which will influence the direction taken in future campaigns. Grass roots community groups have taken the lead on designing and delivering the project in different communities. This has been positive for VAC and NCL CCG in ensuring we meet the needs of seldom heard voices (incl. people from local ethnic minority communities and people that are socially deprived with low incomes)".

Enfield

The strong relationships between NCL CCG, Enfield Council and other partners in the borough have been critical to improving care and services in Enfield. Communications and engagement highlights from 2021/22 include:

Developing the Enfield Borough Partnership

Enfield Borough Partnership's board met regularly throughout 2021/22 and included members from the NHS, the council, voluntary sector and patient representatives. Enfield Borough Partnership has an approved delivery plan and established four task and finish groups that are focused on:

- Reducing inequality, with a focus on childhood obesity and long-term conditions;
- Improving uptake of screening and immunisations, including a focus this year on the COVID-19 and flu vaccinations;
- Improving mental health, with a focus on working with our most deprived communities that are most adversely impacted by COVID-19; and
- Improving access to health and social care for patients in Enfield.

Leaders in each priority area undertook engagement and participatory research with our communities (including those communities that do not easily and readily engage with us) to find out what they would find most effective in helping to improve their health and wellbeing. Given the move to telephone and online appointments during the pandemic, there was also a particular research focus on how patients would like to access services, including issues associated with digital exclusion.

Working in partnership with the voluntary sector

Enfield has a voluntary and community stakeholder reference group (VSCRG) that meets monthly. The membership of the group is primarily the umbrella voluntary organisations in the borough who represent the diverse range of patients we have. In 2021/22 membership expanded to any voluntary group in Enfield that would like to join. Members of this group also sit on other Enfield Borough Partnership and NCL committees to ensure the views of the voluntary sector and Enfield residents are represented. This year, the VCSRG continued its involvement with borough partnership development, NHS transition to the new integrated care system as well as discussing a wide range of topics including: COVID-19 and flu vaccination roll-out, the NCL Fertility Review, the NCL Community and Mental Health services review and NHS 111 First.

Supporting our GP member practices' Patient Participation Groups (PPGs)

All member practices in Enfield have an active PPG and during 2021/22 we continued to facilitate a quarterly network meeting for all PPGs in Enfield, chaired by an elected patient. PPGs worked in partnership with GP practices to improve services for patients, and at the network meetings they shared best practice as well as the opportunity to get involved in wider NHS developments. Enfield has secured funding for its PPGs from the NCL Communities Team and this will be invested in developing the network and the groups in 2022/23.

Improving primary care for local residents

During 2021/22 two new primary care premises opened in Enfield, demonstrating investment and long-term commitment by GP practices to the local population. In May 2021 three GP practices, Curzon Avenue, Dean House and Green Street, which were previously located in unsuitable premises, relocated to the new Alma Healthcare Centre in Ponders End in the east of Enfield as part of a ten-year, £315m regeneration programme for the area. White Lodge Medical Practice also relocated to a new purpose built centre in Chase Side, Enfield. All the practices involved their PPGs in the moves and there is excellent feedback from patients about the new buildings. Medicus Health Partners, which has 12 practice sites across Enfield, also invested in a new state-of-the-art telephony system for their practices. All calls are now answered more quickly and based on feedback, patients can self-refer to some services.

Haringey

During 2021/22, we continued to work closely with local partners through the Haringey Borough Partnership (HBP), to improve the health and wellbeing of our residents. A key focus of our work was delivering the COVID-19 vaccination programme and promoting uptake, particularly amongst our most vulnerable groups and communities disproportionately affected by the pandemic.

Tackling health inequalities remained a priority, and the Healthy Neighbourhoods Programme, with investment from the NCL Health Inequalities Fund, will be crucial to achieving this. The programme aims to improve the health, wellbeing and life chances of people living in the most deprived and diverse neighbourhoods in east Haringey.

A draft participation framework has been developed, led by Public Voice and The Bridge Renewal Trust and co-produced with residents and system partners, which sets out the borough partnership's approach to co-production with residents and underpins the Healthy Neighbourhoods Programme.

The CCG worked with Haringey Council, Barnet, Enfield and Haringey Mental Health NHS Trust and Mind in Haringey to engage with mental health service users via a series of co-production events on the redevelopment of a mental health crisis prevention and recovery centre at Canning Crescent in Wood Green. The new integrated hub, due to open in summer 2022, will provide a more holistic offer, bringing together three mental health services (Haringey Safe Haven, Crisis Prevention House and Clarendon Recovery College) under one roof.

The voluntary and community sector continued to play a crucial role in improving the health, wellbeing and health outcomes of our communities. We commissioned The Bridge Renewal Trust and Public Voice to work with four grassroots organisations (4U2, Dalmar Heritage, Roj Women's Association and Middle Eastern Women and Society Organisation) to engage with women from minority ethnic backgrounds through a series of focus groups and 1:1 interviews, to understand how the pandemic has impacted them and their families. Insight gathered on their experiences of accessing and using health services, mental health and wellbeing, digital inclusion and living with long COVID will be considered to help address the health inequalities experienced by these communities.

Haringey's Engagement Network continued to be an effective forum to engage with patients, residents and voluntary and community sector organisations. During 2021/22, four meetings

were held and members had the opportunity to share their views on a range of areas including: NCL ICS development, primary care access, community and mental health services reviews, pharmacy services, the proposed Wood Green integrated health and wellbeing hub, as well as how the Health Inequalities Fund should be targeted to support those communities in most need.

Sonja Camara, Project Manager, 4U2 Community Enterprise:

"The CCG's Engagement Network meetings in Haringey are very informative. It's clear that engagement is taking place with the agenda items, as people get the chance to really share their views and suggestions about local health services. The meetings help to raise the profile of the CCG in the local community and give residents a better understanding of the organisation's work and how we can get involved."

The CCG has been driving forward an ambitious investment programme to develop primary care premises across Haringey. This will see the opening of several new, state-of-the art buildings, providing improved facilities for patients and staff. We ensured that the views of residents were central to shaping developments, through patient surveys, PPG and resident association meetings and included PPG representation on working groups with GP partners and CCG primary care team. We also commissioned Healthwatch Haringey to deliver bespoke engagement events and to ensure the patient and carer voice was heard.

Islington

Community engagement work in Islington continued throughout the pandemic. Underpinning the work were regular partnership meetings with council and voluntary sector colleagues, at which we shaped a coordinated communications and engagement programme for residents throughout 2021/22. The focus of the work was COVID-19 vaccines and winter resilience. Health Champion events also continued via the council's Public Health team and insights were shared with the group to enhance message development and targeted engagement.

The Islington Patient Group, commissioned by the CCG and run by Healthwatch Islington, met quarterly through 2021/22 and discussed, amongst other things:

- NCL's mental health services review;
- Primary care networks;
- Social prescribing; and
- Accessing GP services during the pandemic.

The last scheduled event was held in February 2022 and participants were encouraged to join the NCL Residents' Health Panel.

Fairer Together

Fairer Together is Islington's place-based partnership. The CCG supports this in the ways it works with local communities. The development of the Partnership moved at pace during 2021/22, through an engagement campaign called Let's Talk Islington. The campaign offered the chance to talk about experiences of life in Islington and the future of the borough. From November 2021 to 27 March 2022, Let's Talk Islington held multiple drop-in community events at local spaces such as libraries, community centres and places of worship and a series of in-depth facilitated group workshops. A public survey was also undertaken.

In addition to the work under Fairer Together, system partners in Islington are working together on a programme for addressing health inequalities with an innovative co-design and engagement approach in delivery. Feedback from partners, stakeholders and most importantly service users, will inform the development of the model and the whole system. One strand, Black Males & Mental Health, involves crisis prevention intervention. This intervention adopts community psychology approaches to deliver mental health first aid training and an introduction to trauma informed thinking to local barbers, community leaders, religious groups and colleagues. This includes outreach through Peer Coaches and Youth Mentors, targeted at young black men/adults.

NHS winter campaign

In collaboration with Healthwatch Islington we extended outreach work to promote winter wellness and address COVID-19 vaccine hesitancy. Ten VCSE and partner organisations undertook 600 conversations over the period. Highlights included:

- One workshop for VCS organisations and their staff and four workshops with VCS partners and their clients;
- Partner organisation Jannaty, working with two Finsbury Park mosques to promote COVID-19 vaccine messages;
- A City and Islington College event in February 2022 aimed at Somali and Eritrean students; and
- A VCSE and partner organisations briefing on 8 February to provide energy and warm homes advice.

Emma Whitby, Chief Executive, Healthwatch Islington:
"North Central London commissioners have continued listening to residents. They've increased the amount of engagement work they commission through the voluntary and community sector as a means of identifying health inequalities and are developing both a resident engagement strategy and a VCS engagement strategy in line with NHSE guidance for Integrated Care Systems."

Engaging with residents and patients on NCL-wide programmes and reviews

NCL CCG community and mental health services strategic reviews

The strategic reviews of NCL community and mental health services are focused on understanding and addressing variation in provision and access across the five boroughs, and on improving health outcomes for our populations.

Working in partnership with health and care partners, service users, carers and residents, we developed a proposed core services offer for both community and mental health services. The core offer is intended to be comprehensive, consistent and equitable, setting out the minimum level of service NCL residents can expect to receive, irrespective of which borough they live in as well as ensuring access to enhanced services built around need

The patient and resident voice has been embedded throughout both reviews. Patient representatives attended workshops and input into discussions about what to include as part of the core service. They also sat on Programme Boards and contributed their experience into discussions and decisions. A Residents' Reference Group, which included patients, service users, carers and residents from our five boroughs with experience of using community and/or mental health services, was tasked with testing outputs from the co-design process and providing constructive challenge.

We attended a range of meetings and events to talk to residents and reached out to over 200 voluntary and community sector groups and trusted networks such as faith groups and community associations, to ensure that we captured the views and experiences of the diverse communities using these services. Residents were invited to complete a survey to share their views of services, including what works well and what could be improved, how the pandemic impacted their access to care, and their aspirations for future community and mental health services.

The feedback received throughout this programme of work has been invaluable in helping to shape the core service offers and what will be available to local people. We are currently planning the next phase of communications and engagement, during which we will share progress, recommendations from the reviews and proposals for transition and implementation. More detailed information about the community and mental health services reviews can be found on the NCL CCG website.

Julia Britton, Director, Open Door and VCS representative on the CCG Mental Health Services Review Programme Board:
"I am pleased that the important role of the voluntary sector has been recognised as part of the mental health service review and that voluntary sector organisations are recognised for their contribution to improving the mental health and mental health services for local people."

Geoffrey Ocen, Chief Executive, Bridge Renewal Trust and VCS representative on the CCG Community Health Services Review Programme Board:
"This year has taken the collaborative work between the NCL CCG and VCSE which was enhanced over the pandemic to a higher level. As a VCSE lead in Haringey and representative on the CCG Community Services Review Programme Board, I have been pleased with the strengthening of co-production approaches by the CCG – whether it was about shaping the community and mental health core service offers or the development of the VCSE and Resident Engagement Strategies.

As Chair of the CCG Engagement Network in Haringey, I have seen how patients and members of the public have contributed to shaping the CCG's work. It's been particularly good to see the focus on tackling health inequalities and the disproportionate impact of COVID-19 on vulnerable communities."

Fertility policy development

We are developing a new single Fertility Policy to replace five fertility policies currently in place – one for each borough – developed prior to the formation of NCL CCG. An integral part of this process has been to seek the views of residents, patients, fertility support groups and VCSE groups in our boroughs, as well as wider stakeholders.

An in-depth programme of engagement was undertaken in 2021/22, including a survey, focus groups, open public meetings, 1:1 interviews, and meeting with a wide range of groups and

forums. The profile (where disclosed) of the people who participated through our engagement programme was 56% White British and 25% were from Black and other minority ethnic groups, 13% had a disability, and 17% of public respondents identified as Gay, Lesbian, Bisexual or other gender. Of the 108 people that responded to the survey, 28% were current or previous service users and 48% were members of the public.

The significant majority of respondents were supportive of the final draft policy, and the feedback we received will be used to inform the finalisation of the policy in 2022/23.

Emma Whitby, Chief Executive Healthwatch Islington said:
"Healthwatch Islington is pleased that the new fertility policy for North Central London will follow the guidance produced by NICE as this reflected feedback from residents. This cross-borough consistency is welcomed.

We recognise that the CCG worked hard to reach out diversely, including key groups such as The LGBT Mummies Tribe and identifying some potential unfairness in how LGBTQ+ residents access support. We know that commissioners found it harder to engage some ethnic minority communities. Awareness of these services is likely to be less high in these communities, hence less engagement in this consultation.

Going forward it will be important to promote the new policy widely and for commissioners to monitor which communities are accessing the treatment. We feel it's important to monitor who is accessing this service across protected characteristics, and by GP practice".

NCL Start Well Programme

During 2021/22, NCL's partner organisations started working together on a long-term programme, called Start Well. The scope of this programme is elective and emergency services for children and young people, and maternity and neonatal services at North Middlesex, UCLH, the Royal Free, Barnet Hospital, Chase Farm and Whittington Health. The initial focus has been on assessing how services are delivered, using an evidence-based approach, and identifying potential areas for change.

Through the Start Well programme we are asking if we are delivering the best services to meet the needs of local people, learning from and responding to best practice and clinical standards,

and achieving the ICS's 'start well' ambition of reducing inequalities in provision and health outcomes.

We are committed to involving staff, the public and service users in the development of this programme. There is wide clinical and operational input to inform and shape the programme. Staff across the relevant services have been regularly updated and invited to provide feedback.

We have recruited an online residents' panel of people who have recent experience of using these services. The panel is used for discussion and for participants to share their views. We are engaging widely with existing patient groups and networks, including maternity voices partnerships, and local voluntary and community organisations. We are working with partners to understand local children and young people's experiences and views and young people will act as mentors to senior clinical and operational leaders.

We will engage widely on the findings by summer 2022. If a case for change is demonstrated, we will begin to consider potential solutions/changes with staff and stakeholders later in 2022.

Understanding long COVID to shape local services

As we developed services and support for long COVID it was imperative that these were rooted in local people's experiences, understanding and need, being particularly mindful of communities who experience high health inequalities (and which data suggested were not presenting within primary care). We developed a network of engagement programmes, using different funding opportunities (via NHS Charities and our Health Inequalities Fund) alongside strong partnership working to develop an engagement programme that captured the voices, experiences and behaviours of local people experiencing long COVID across NCL. The engagement programme included:

- Healthwatches across NCL leading on community engagement, with a focus on communities who face high health inequalities. The project included an online survey, as well as on-the-ground outreach. A final report was developed which highlighted key themes and areas for service development. The report described an understanding of local people's awareness around long COVID, the impact of the condition and the current services offered and their accessibility;
- Community action research in the most deprived areas of Enfield and Haringey – understanding local people's awareness around long COVID and how they wished to be

supported to manage the condition. We are currently developing community interventions to support local people to manage long COVID; and

- There have also been awareness raising events across NCL, delivered in partnership with Healthwatches and a website page that highlights the different resources available for long COVID sufferers.
- We have influenced and informed training, pathway development and clinical guidance, and have also worked with GPs and primary care networks to implement the research findings.

Addressing the digital deficit in our boroughs

During 2021/22 the CCG undertook or participated in a range of different projects have exploring ways to reduce digital inequality and support greater digital capacity building across our boroughs. Highlights from this programme include:

Digital equality impact assessment

An equalities impact assessment (EQIA) was undertaken on digital inclusion, using a range of different evidence, including both local and national community-based research. We worked with a range of groups who face health inequalities and barriers to accessing digital services, alongside key issues such as low-income households, access and safeguarding issues. It also looked at groups who may experience high health inequalities but are better-supported through digital services.

The EQIA was presented to the NCL Digital Board in October 2021 and shared more widely with partners and stakeholders, including the Joint Health Overview Scrutiny Committee. Key recommendations reflected those in the borough research:

- For the majority of residents digital options offer greater accessibility
- Age does not necessarily mean people are not digitally accessible – and the majority of people have online access
- Deprivation plays a large part in accessibility – cost of Wi-Fi and data can be hugely prohibitive
- Safeguarding issues need to be explored in greater depth
- Patient choice must be widely advertised so those who want in-person appointments so they know it's still available.

Islington community research and support programme

Working with local voluntary and community grassroots organisations we commission an annual research and support programme gathering vital insight into our most vulnerable residents' lives, and their experiences of accessing health and care services and wellbeing support. In 2021/22, this focused on digital exclusion and the impact of COVID-19 on our vulnerable communities. We worked with The Peel Institute and Galbur Foundation, Diverse Communities Health Voice Partnership (11 refugee and migrant community organisations facilitated by HWI) and Help on your doorstep and Claremont. We engaged with over 200 people, including older residents, young people, BAMER communities & residents who live in areas of high deprivation. The reports are currently being collated across all four commissioned projects.

Haringey digital support service

In 2020, a digital support service was set up in Haringey between the CCG, Haringey Council, local trusts and Healthwatch, to support and equip residents with the skills and confidence to engage with and use digital resources to access primary, community, secondary healthcare services online. The work continued throughout 2021/22 and included training patients to use their own devices to attend video consultations, and in some instances loaning mobile devices (e.g. smartphones) to residents who have no means of accessing online services otherwise; setting up three community hubs where individuals can have their online consultations privately.

Patient held records

We are working on an ideal Personal Health Record/Patient Held Record (PHR) solution/s for NCL. This work is at an early stage, but we have formed a group with resident representatives to decide how we can improve digital access to records for both patients and clinicians in terms of using the 'right' PHR solution/s. The working group have met twice so far and have constructed a draft project charter. The aim is that the group will come to an agreement on what is required from a PHR and will decide on whether there will be a system wide solution or if multiple PHR's will run in parallel within their respective organisations.

Working together as the North Central London Integrated Care System

The North Central London Integrated Care System is committed to supporting residents to start well, live well and age well, and to deliver the ambitions set out in the NHS Long Term Plan (2019). The formation of the ICS provides an opportunity to accelerate and strengthen how we collectively listen to and collaborate with residents, service users, carers, families and local

communities, to achieve this. A number of important steps were taken in 2021/22 to ensure resident and communities are heard and that their voices shape future priorities and plans:

Establishing the NCL Community Partnership Forum (CPF)

The Forum was evolved from the existing Engagement Advisory Board for the NCL Sustainability and Transformation Partnership (STP). Membership includes the ICS Chair, VCSE partners and Alliance, local Councils, Healthwatches, public members, people with Lived Experience and partners from across ICS. The Forum will have a critical role in ensuring effective community and citizen participation in the work of the wider ICS. The aim is for it to be an active expert reference group as well as a forum for discussion and debate on emerging proposals and strategies.

Establishing the NCL VCSE Alliance

The Alliance was formed in 2021/22, with the five VCSE umbrella organisations plus a representative organisation from each borough for homelessness, disability, deprivation and refugee and migrant communities. We will work with the Alliance to ensure the voice of the VCSE is heard within NCL ICS – to inform our development and act as a facilitator between place-based partnerships, VCSE and NCL ICB and ICS.

Developing our Working with People and Communities Strategy and our Working with VCSE Strategy

Over 2021/22, a co-production approach was taken to developing two strategies for the future Integrated Care Board – with CCG commissioners, our five Place-Based
Partnerships), joint commissioners, local Council Voluntary and Community (VCSE) sector teams and colleagues from VCSE. Drafts were brought to a range of Committees and forums including the five VCSE forums across each borough. Additionally, over the last two years we have had open conversations with local people around what health and wellbeing means to them, what they want from services, and the impact of the pandemic. These conversations have directly informed and fed into the foundations of these strategies.

There is strong support regarding the aims, principles and approaches set out in both strategies – and to be ambitious in our system approach to working with our communities and our VCSE partners. The strategies represent a shift towards more community participative and community power approaches, and to taking a more long-term investment approach.

While these set a strategic approach at an NCL-level, much of this activity will be delivered at neighbourhood and place level. This will build on existing best practice, in particular the experience of our local authorities, and around the place-based partnerships in each borough. The strategies set out ambitions for the long-term. Year 1 delivery plans for 2022/23 will be developed, aligned with work planned by the five place-based partnerships. An important element will be setting clear evaluation and outcome measures to demonstrate impact.

Developing an NCL community action research programme

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

The programme originated in Islington in 2014, but in 2021/22 work began to develop the model within each place-based partnership. Through it, we will gather vital insight into our communities' lives, and their lived experiences of accessing health and care services and wellbeing support, to underpin ICS and place-based partnership priorities and decisions.

The programme will support a systematic approach to both 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 other grass roots VCSE organisations. Outcomes for the 2022/23 programme will span:

- Research of the lived experience of our local communities: their needs, skills and assets to inform, shape and design ICS work programmes;
- Upskilling VCSE through both peer training on the local NCL health and social care system;
- Navigation: supporting local communities to access statutory services and a range of health and wellbeing borough-based support and information; and
- Community capacity building / co-designing community interventions: offering hands-on interventions so that local communities can access the support they identify they need. The impact of these interventions is measured via a wellbeing intervention measure (assessing how a person's confidence has increased).

Looking ahead to 2022/23

The COVID-19 pandemic has had a significant impact on health and wellbeing of many living in our boroughs, and exacerbated health inequalities in under-served communities. However, it

has also underlined the power that local people and communities have to support each other, and highlighted the unique and vital role that VCSE organisations play.

The current statutory duties of NCL CCG relating to public involvement will be retained by the NCL Integrated Care Board from 2022 onwards. There is strong commitment to building on the strong foundation laid by NCL Clinical Commissioning Group (CCG), our local Councils and NHS trusts, to both expand and continue to improve our approach to community engagement. The Developing our Working with People and Communities Strategy and our Working with VCSE Strategy set out a variety of mechanisms designed to facilitate community empowerment and support the development of VCSE as a key strategic partner of ICS.

The ICB, as a partner within the NCL Integrated Care System, is committed to delivering the ICS aim of helping residents to 'start, live and age well'. This more holistic perspective on communities' lives recognises that a range of wider determinants have a significant impact on individuals' health, well-being and life chances, and emphasises the importance of taking a strength-based approach to motivate and support people to make changes themselves, e.g. enabling self-care or being more physically active.

We also know we could do more to encourage some people, often from under-served communities or groups, to access services earlier and before a crisis such as a hospital attendance or admission. The reasons for this are wide-ranging and complex, but we know we need to improve equity of access, outcomes and experience. Through listening to and working with local communities, plus partnering on programmes with our VCSE, we can take a more holistic view of communities' needs and skills and address these needs. This is crucial to building sustainable and thriving communities.

An important focus will be how we work with people and communities within the five place-based partnerships in our five boroughs; Barnet, Camden, Enfield, Haringey and Islington. These place-based partnerships strengthen the role of our key sectors – NHS, Councils and VCSE - as civic leaders in championing community power: proactively promoting community engagement and involvement and building social capital through a range of mechanisms such as ensuring individuals' voices are heard and listened to or the co-production of services and solutions.

All partners across the ICS have responsibilities to engage and work with their local residents and patients. We will be working in partnership to ensure we make best use of our resources and that we align how we engage with our local communities. This work is an integral part of our ongoing commitment to deliver improved health outcomes for North Central London patients and residents.

Reducing Health Inequality

Work of the NCL Communities Team

The Communities team was established in 2020 to ensure that the CCG is giving regard to the need to reduce inequalities between residents in access to, and outcomes from healthcare services. The team's core activities are in line with the CCG's equalities duties, applying equalities to all our functions and taking learning from COVID-19[3] to cover:

- Working with teams across NCL to reduce variation in access, outcomes and experience;
- Identifying the highest priority needs to address to achieve this, including through review of the traditional understanding of 'need';
- Supporting the development and delivery of interventions to reduce health and wider inequalities;
- Recommending change to priorities and/or decision making approaches where this will support greater equity and equality; and
- Fostering and spreading a culture of equality and ensuring that addressing health inequalities is an integral part of everyone's role.

Throughout 2021/22, the Communities team has worked on a number of areas to address health inequalities across NCL:

- Delivering the inequalities fund (below);
- Data on deprivation and non-elective admission;
- Lived experience;
- Taking forward 'anchor institution' approaches across NCL (anchor institutions are large organisations, connected to their local area, which use their resources to benefit local communities):
    - ICS-wide recognition of our role as anchors;

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

    - Taking part in national Health Anchors Learning Network action learning set to support the establishment of our anchor system;
    - Supporting the work of the NCL Procurement Anchor Group, focusing on how a 10% social value weighting in procurements can support the delivery of our health inequality and sustainability objectives;
    - Working with colleagues to embed anchor principles across estates;
    - Developing and delivering our Greener NCL Plan; and
    - Reviewing opportunities to address inequalities through inclusive employment practices, improved pathways into health and social care employments and Living Wage employers.
- Secured £3m (over three years) from NHSE/I to deliver the London Vanguard for Serious Youth Violence. The programme is led by Barnet, Enfield and Haringey Mental Health Trust (BEH MHT), with voluntary sector partners, local authorities and Camden and Islington NHS Foundation Trust. Services are being developed in areas where there is biggest need as part of a joined up NCL programme;
- Leading NCL's HIV programme to achieve the national 2030 target for zero HIV infections, zero preventable HIV deaths, zero HIV stigma and the best health and quality of life for people living with HIV. Established HIV opt-out testing at A&E at North Middlesex University Hospital;
- Improved the care and support provided to people seeking asylum who are accommodated in hotels across North Central London. This includes primary care GP services, as well as additional support for wellbeing support, delivered by voluntary and community organisations;
- Working in partnership with rough sleeper teams, housing, Public Health and local and regional health teams, we have developed innovative ways of delivering the COVID-19 vaccination to people experiencing homelessness. We have also improved the primary care health offer for people in this vulnerable group;
- Implemented Out of Hospital Care Model for people experiencing homelessness who are discharged from hospital, to ensure they have access to the appropriate accommodation, care, support and coordination to enable them to recover and connect with community support and services moving on from homelessness;
- Leading a programme to support and enhance care home provision:
    - Digital programme:
        - Rolled out Whzan (information hub, self-assessment and communication tool) to care homes across NCL. Plan for first quarter is to increase coverage by an additional 54 care homes;

        - Supported care homes to achieve Data Security and Protection Toolkit (DSPCT) compliance; and
        - Proactive support to care homes workforce.
    - Enhanced health in care homes:
        - Clinical In-reach support available to care homes across NCL; and
        - Embedded MDT support to care home residents.
    - Next steps:
        - Falls prevention: Procuring an acoustic tool to support care homes monitor residents at risk of falls; and
        - Rolling out Whzan to other community settings.

Inequalities fund

In 2021/22 the CCG established and delivered a new inequalities fund. Bids were submitted in July 2021 against Phase 1 and November 2021 against Phase 2 of the NCL Inequalities Fund. This is a fund totalling £8.75m across two years, with Phase 2 allocating £3.1m of these funds to those with populations with highest needs.

The objectives of the fund are as follows:

- Innovative and collaborative approaches to delivering high-impact, measurable changes in inequalities across NCL, and addressing the underlying causes of health inequalities;
- Solutions which break down barriers between organisations and both develop new and extend existing relationships within boroughs, multi-borough and NCL-wide partnerships;
- Targeting the most deprived communities and reaching out proactively to our resident black and minority ethnic populations, in line with the aims of CORE20PLUS5; and
- Engaging our population, the VCSE and our partners across health and care in making a difference to the lives of our people.

Due to the evidence surrounding the link between deprivation and health outcomes, 70% of this fund is allocated to our 20% most deprived wards, with the remaining pot available across NCL. This element was increased following the allocation of Phase 1 funds, due to the recognition that there are pockets of deprivation at sub-ward level.

All place-based partnerships submitted bids in line with their allocated envelopes. As with Phase 1, the bids illustrated co-operation and collaboration across a range of partners. For example, the Healthy Neighbourhoods approach in Haringey brings together communities and statutory

services at a locality level to address inequities in access, outcomes and experience. The NCL-wide element of the pot was oversubscribed, with bids totalling £4m against an envelope of £625K. An NCL panel, consisting of Governing Body lay members and patient representatives, assessed these against the agreed criteria and prioritised those that target the needs of our most vulnerable communities.

We are also working with Middlesex University, who are providing an overarching academic evaluation for all inequalities schemes, with a particular focus on the level of co-production of these schemes with our local communities. This is in addition to individual metrics set for each scheme.

Outcomes for all inequalities fund schemes will be monitored at both an individual, cross-borough and system level in order to assess the extent to which they are reducing variation in access, experience and outcomes. This will be in line with the aims of Core20PLUS5, which focuses on those at greatest disadvantage in our local communities. We are keen for evaluation to focus on both quantitative and qualitative aspects; for example a reduction in emergency admissions for some schemes, but also a greater understanding of the benefits of involving local communities in the co-design and co-production of services through initiatives such as Community Participatory Research.

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

All the borough partnerships of which the CCG is a key member, such as the Health and Wellbeing Boards and place-based partnerships, have reducing health inequalities as a top priority. The CCG's work in these areas is described below and reflected in other sections of this report across the areas of start, live, work and age well. This is not an exhaustive or complete list, but rather gives examples of the range of activities being undertaken.

Barnet

- Workshops were held in late 2021, with broad representation across the Barnet Borough Partnership organisations and led by the joint SROs of the inequalities work stream, Amit Shah (GP) and Julie George (Public Health), which resulted in two priority areas:

- In Barnet, cardiovascular disease (CVD) accounts for the largest difference in deaths between the most and the least deprived residents in Barnet, with approximately 60 premature deaths a year. The risk factors for CVD are also significant risk factors for COVID-19, with these communities already adversely affected by the pandemic (PHE disparities review). CVD prevention is a key deliverable for the NHS Long Term Plan, with the aim to prevent 150,000 strokes, heart attacks.
    - CVD work stream - utilising population health management (PHM) data to identify areas of inequalities and delivery group from across the system to inform priorities and ideas to address working collaboratively. A joint partnership bid between the voluntary care sector, Public Health and the Place-Based Partnership has been designed to develop an integrated peer support approach to CVD prevention and management, utilising peer support to educate others on CVD prevention and management.
    - A cross-system task and finish group has been established, with activities including undertaking a mapping exercise, linking in Public Health CVD prevention strategy with primary and secondary care initiatives and planning to build upon health inequalities peer support bid to co-produce communication and educational materials and help co-design outreach activities.
- A Child Immunisations work stream is working with partners to understand the uptake and inequity of uptake across the system and possible barriers. The team are co-designing a communications campaign to assist uptake and access, and building on the vaccine outreach work such as the vaccine bus. Targeted outreach work using both data and coding, and community and VCSE links with Public Health colleagues are also being worked up for delivery.

- A collaboration between the Place-Based Partnership, Barnet Enfield and Haringey Mention Health Trust (BEH MHT) and 'Art Against Knives' (AAK, a local charity), to help support young black males to tackle inequalities they experience through peer leadership support and provision of creative spaces and activities. It is hoped it will support BEH MHT integration and community transformation plans, enable a true co-production approach to MH service offer for young black males in our community and support AAK in delivering their creative spaces, peer support and outreach work in the community.
- The Barnet Community Innovation Fund (CIF) is a new concept and the fund comprises pooled funding from across health and social care partners. The first round of the CIF saw £130,000 invested in seven local projects that are helping Barnet residents improve their health and wellbeing, including outreach support for the Farsi speaking elderly community,

arts and digital inclusion projects, falls prevention through dance program led by the *Arts Depot* and unpaid carers forum supported by a local faith organisation. Outcomes are being collated to support further development and resilience. Given the high volume of applications in round two, the pot was increased to £450k. The quality, reach, variety and expertise in the projects was exceptional. 31 local community projects received funding and are now receiving support to mobilise delivery of their innovative projects for residents.

- Commissioned Get Active and Connected in Age UK Barnet to tackle digital exclusion and isolation.
- Phase 1 of the Inequalities Fund supported an oral health bid called 'Barnet Young Brushers'. The service specification has been agreed with the provider (Central London Community Healthcare NHS Trust) and the team have identified 40 early years settings and nurseries to join the scheme and most have received training with positive feedback received.
- In phase 2 of the Inequalities Fund the BBP partners were successful in their CVD peer support bid.

Enfield

- In early 2021 Enfield Borough Partnership commissioned an inequalities programme to address childhood obesity:
    - A Community Health Champions programme, delivered by Enfield Voluntary Action (EVA), has trained two cohorts of champions to help address childhood obesity, training has been completed (e.g. Mental Health First Aid) and is supported by voluntary sector organisations with small pots of funding to deliver the programme. A wider Health Champions and Social Prescribing network has also been established to support the programme;
    - Community Participatory Research (CPR) was delayed in starting but Middlesex University are in the process of training community researchers with outputs from the research due in summer 2022. The researchers will conduct research in their communities on topics important to these communities, including childhood obesity;
    - The funding for the Community Chest was joined with additional funding from external partners to form a Wellbeing Fund. EVA awarded 14 bids (3 Debt Advice, 5 Childhood Obesity, 6 Preventing Heart Disease and Diabetes). Funding from the Inequalities Fund for Enfield will go into the Community Chest to fund programmes of work addressing the CPR outcomes.
        - One example of the childhood obesity programme is the 'Success Club'. The aim is to improve pupils' physical (and mental) health by giving them access to

regular, supportive physical and mindfulness activities in local green spaces in Enfield, this will be achieved through running an eight week after-school club.

- The Access to Services, Recovery and Innovation work stream of the Enfield Borough Partnership has been focusing on housing and held a panel discussion to discuss ways to improve pathways to support and to promote support available for residents.
- Recognising the importance of VCS organisations in addressing health inequalities, the Borough Partnership has established a VCS Reference Group (RG), which meets monthly. The VCS RG is a space for VCS organisations to review, inform and coproduce priorities and work with Borough Partnership agencies. The VCS RG shaped the Inequalities Fund priorities and the majority of the Inequalities Fund in phase 2 in Enfield was awarded to VCS organisations to address priorities.

Haringey

- Partners in Haringey continued to make sure there is more equal access and outcomes from health and care services for all communities and groups across the borough, including the inequalities fund programme supporting communities in the east of Haringey.
- Projects in Phase 1 of the inequalities fund programme in Haringey and Enfield (working collaboratively in areas of high deprivation) included: help at hospital for families to better manage the health and wellbeing of babies and toddlers if they are anxious; support for young people, particularly black young men, with severe mental health issues; and support for people at risk or living with diabetes or heart failure to help manage their conditions and reduce risk of crises.
- In 2022 Haringey started a ‘Healthy Neighbourhoods’ project targeted at our most deprived 20% of neighbourhoods in Haringey. ‘Healthy Neighbourhoods’ is a partnership between the NHS, local authority and voluntary and community groups to work with communities to develop and deliver services to reach out to people of all ages to encourage them to come forward and better manage their physical and mental health and wellbeing and avoid crises;
- We also funded a range of other services outside of the inequalities fund programme that make a difference to people living in difficult circumstances. For example, we increased our funding to support people at risk of homelessness or rough sleeping, including enhancing our help for people in these situations when they leave hospital.

Islington

Colleagues from across Islington Council, Islington Healthwatch and NCL CCG worked together to take forward a programme of COVID-19 resident engagement work between summer 2020

and autumn 2021 (over 1100 responses). The purpose of the COVID-19 resident survey was to understand how residents felt they were being impacted by the continuing COVID-19 pandemic and to use these insights to inform council and partners' response. Key recommendations from the findings which are being worked on by Fairer Together, the Islington place-based partnership:

- Disseminate work widely across the system to link in with other large-scale pieces of resident engagement including Let's Talk Islington. Share work with residents via council website and an event run through local community centres.
- The findings around impact on mental health are multifactorial – including the impact of COVID-19 on people's lives. There is already significant work underway to address the mental health impacts of COVID-19. One of the first steps is to work with partners to understand what is already happening in terms of the issues raised, how support available is being communicated and where the gaps are.
- Continue providing a safe space for residents to ask questions about the COVID-19 vaccine, which are an alternative to council or government channels. For example, via trusted VCS organisations. Many of the reasons for not getting the vaccine described are similar to those identified through other national and local sources, and messaging should continue to address these concerns and promote access via the range of communication channels.
- Shared key findings around digital access and exclusion to inform digital exclusion strategy. For example, addressing digital infrastructure issues as well as literacy factors. Emphasising that it is important to provide alternatives to being online as some residents prefer or need to do things in person. For example, in a healthcare setting respondents reported that face-to-face contact was an important element of care.
- Reassure residents that it is safe to attend healthcare appointments, clearly communicating what safety measures are in place when accessing healthcare, to reduce the risk of COVID-19.
- Healthwatch Islington worked with four 'Diverse Community Health Voice' partners, Arachne Greek Cypriot Women's Group, Community Language Support Services, Islington Bangladesh Association, and Jannaty, to develop and deliver the survey 'Using digital technology for everyday activities and for health care'. Survey received 116 responses. Key recommendations under the below headings which are being worked on by the Place-Based Partnership:
    - Access to equipment and a decent connection;
    - Building the skills and confidence to get online;
    - Improving the online environment; and

- Coordinating the provision of support.

Camden

Colleagues from across Camden Borough Partnership have been working to deliver programmes which will improve community capacity, improve recording and improve access. This includes the following key activities:

- Planning a webinar for the 50 parent champions in Camden to give information on how viruses affect us and the key benefits of immunisation combined with a session on having difficult conversations, equipping parent champions to take information back to their communities and promote vaccination within them.
- Developing a short animation that can be used by all health care professionals to address concerns over immunisation
- Pop up clinics in Somers Town and Kilburn to improve access in deprived communities.
- Education of practice staff on the necessary systems to ensure accurate reporting of immunisation within the borough
- Delivering an emergency response for asylum seekers from Afghanistan and Ukraine. The focus has been on supporting equitable access to health care and addressing gaps around vaccination and immunisation. Hopscotch (a voluntary sector organisation) has been providing support and education to help people access support and healthcare. Hopscotch has also been providing trauma informed training for staff supporting asylum seekers.

Health and Wellbeing Strategy

During 2021/22, NCL CCG attended and was an active member of the five Health and Wellbeing Boards (HWBBs) in North Central London. The CCG is represented on each of the five boards by the CCG's Executive Director of Borough Partnerships or Chief Operating Officer, two locally elected Governing Body GPs and the local Director of Integration. In addition, the Accountable Officer and Chair have attended at least one meeting per borough, as have members of the Transition Team as we work with HWBBs to develop the North Central London Integrated Care System. NHS provider colleagues are also widely represented as voting members and attendees.

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. In 2021/22, the CCG contributed to the refresh of these strategies and continued to work with

council officers and elected members to align the objectives in the health and wellbeing strategies, with the plans and priorities being progressed by each local borough partnership. HWBBs have been engaged in the development of the NCL ICS and the role of place-based partnerships throughout 2021/22.

The work of the HWBBs and our local teams throughout 2021/22 was again heavily shaped by the pandemic, and the priorities and joint working were linked to the pandemic response, COVID-19 vaccination and recovery. The HWBB meetings were largely held online, although with the easing of COVID-19 restrictions towards the end of the year meetings were held in person wherever safe and appropriate.

There was a continued emphasis from HWBB partners on tackling inequalities in access, experience and outcomes for all residents and patients. The CCG has invested a significant amount to date (£8.75m) across the five boroughs, with resource concentrated in areas of greatest deprivation and inequality. This enabled us to directly progress priorities signed up to under HWBB plans, with delivery via the borough partnerships and co-production with local communities and the voluntary and community sector (VCS) at its heart.

Barnet HWBB highlights included:

In 2021/22 the Board approved a new Joint Health and Wellbeing Strategy 2021-2025 and revamped the Joint Strategic Needs Assessment. In March 2022 the Board also endorsed the Prevention 3 Framework, which underpins the 2021-25 strategy.

The Barnet HWBB oversaw and provided a platform for discussion around:

- Response to the pandemic: the Barnet team and partners within the HWBB were recognised regionally and nationally for their response to the pandemic. Highlights included: dealing with COVID-19 outbreaks in care settings and places of worship; community testing and fantastic achievements in the overall COVID-19 vaccination rates; the hyperlocal approach to reducing inequalities in COVID-19 outcomes and vaccination; and, effective communication with residents via the COVID-19 champions' network.
- Mental health and wellbeing: HWBB partners launched a suicide prevention campaign aimed at working age men in autumn 2021. The campaign combined outdoor advertising, digital marketing, use of the Stay Alive app and targeted engagement with local workplaces and community organisations.
- Barnet Innovation Fund: investment to stimulate local voluntary and community sector activity

and scaling of initiatives that matter to residents. Its criteria are linked to priorities of the HWBB and Place-Based Partnership and it focuses on improvement of outcomes in areas of greatest deprivation. The Barnet Community Innovation Fund has been shortlisted for a Community Involvement award at the Local Government Awards as an example of joint work across the partnership and with VCS providers.

Camden HWBB highlights included:

During 2121/22, the Camden Health and Wellbeing Board oversaw the development and approval of the Camden Joint Health and Wellbeing Strategy 2022-30. The strategy adapts The King's Fund 'four pillars' population health approach and sets out shared ways of working, based on the expectations agreed by the Camden Health and Care Citizens Assembly. The strategy seeks to put health at the heart of all local policy and make Camden the very best place to start well, live well and age well. It proposes three short-term priorities for partnership action to support the delivery of longer term ambitions. The three short-term priorities are:

- **Healthy and ready for school:** partnership support for children and young people to develop secure attachments and a strong sense of self, build communications skills and improve oral health, nutrition and physical activity by age five. This priority also aims to accelerate existing work on childhood asthma and the uptake of childhood immunisations.
- **Good work and employment:** including support for people with disabilities to access good quality employment through co-production of employment support and greater collaboration between the health sector and the council's Inclusive Economy team. This priority also seeks to inspire Camden residents to explore roles in the sector and establish a network of anchor institutions (these are large organisations, connected to their local area, which use their resources to benefit local communities) to support wider social, economic and health outcomes.
- **Community connectedness and friendships:** exploring options for the partnership to reduce social isolation and loneliness amongst some of the borough's most vulnerable residents. Including supporting adults with learning disabilities to form and maintain friendships and progress existing work such as adult social care's Living a Good Life project.

The HWBB led the COVID recovery, maintained oversight of developments in the ICS transition and provided the strategic leadership and democratic oversight for the Camden Place-Based Partnership. It also hosted themed discussions on domestic violence and abuse, and homelessness system transformation.

Enfield HWBB highlights included:

Local health and wellbeing priorities in the Enfield Health and Wellbeing Strategy were reviewed in light of the pandemic. Regular HWBBs took place in 2021/22, with participation from the CCG and local health partners. During the year, the Enfield HWBB oversaw and provided a platform for discussion around:

- The NCL Inequalities Fund: specifically community participatory research commissioned with North Middlesex University Hospital, with a sustained focus on childhood obesity and links to the wider determinants of health and inequalities;
- A further 24 schemes in the borough were supported by the NCL Inequalities Fund, working with a wide range of community groups to reduce inequalities and address the wider determinants of health.
- Regular, detailed intelligence-led assessments on the local epidemiology of the Coronavirus crisis, the progress of the vaccination roll-out and the challenges met by the various health and social care partners in the borough.
- The development of a public health approach to serious youth violence as a priority, with an overall plan to cover all council service areas.
- The development of the Enfield Food Action Plan.
- Regular updates on and contributions to the development of the Integrated Care System and discussions around future governance arrangements.

Haringey HWBB highlights included:

The Haringey Health and Wellbeing Strategy was refreshed during 2021/22 and the CCG supported development of the borough plan to deliver this. The Haringey HWBB oversaw and provided a platform for discussion around:

- COVID-19 vaccination delivery and outbreak management.
- Delivery of the Haringey Racism and Inequality Action Plan. This consisted of actions being taken across nine work streams to reduce racism and improve equality from culture to policing and health and wellbeing. The plan was co-led by the voluntary sector and council.
- Regular updates on and contributions to the development of the Integrated Care System, plus a series of HWBB seminars so that HWBB members can shape the Haringey Place-Based Partnership.
- Outputs and response to the area joint Ofsted and CQC inspection of provision for children and young people with special education needs and disabilities (SEND).
- Provision of services for children and young people aged 0-5 year in the borough.

- Primary care access, with a particular focus on access for face-to-face appointments and appointments for children and young people.

Islington HWBB highlights included:

The Islington Health and Wellbeing Strategy is being refreshed and the CCG is supporting development of this. During 2021/22, the Islington HWBB oversaw and provided a platform for discussion around:

- Mental health: transformation and expansion of community mental health care over the next three years. Camden and Islington NHS Foundation Trust launched its new neighbourhood mental health service aligned to the primary care networks (PCNs) and the HWBB will oversee roll-out to the borough's other localities and support links to council services and the voluntary sector.
- COVID-19 impact and recovery: the HWBB considered the impact of the COVID-19 pandemic on local residents and how it compounded inequality. The NCL Inequalities Fund has been aligned to the priorities of the Health and Wellbeing Board; for example, the young black men and mental health programme is building mental health resilience for young men and using local community spaces, such as barbers, to share messages and build networks.
- As part of the HWB Strategy development, partners reviewed an overview of the state of health in Islington, deprivation and inequalities and the impact of COVID-19. Partners reviewed Islington health outcomes and metrics, and the life course approach of *Start Well, Live Well, Age Well*. The 2022-25 strategy will have a more defined focus on health inequalities and population health management. The Islington team are working to ensure the Place-Based Partnership is aligned to and delivering the priorities of the HWBB.

ACCOUNTABILITY REPORT

Frances O'Callaghan

Accountable Officer

20th June 2022

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 2021/22, 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 certificate.

Corporate Governance Report

Members' Report

North Central London CCG is a corporate body (a legal entity) and as at 31 March 2022 there were 181 Member Practices, which are GP Practices in the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington. The practices are organised into primary care networks (PCNs).

Member practices

The CCG's member practices are set out below.

Borough	Practice Name	Primary Care Network
Barnet	Oak Lodge Medical Centre	PCN 1D
Barnet	Jai Medical Centre	PCN 1D
Barnet	Wakeman's Hill Surgery	PCN 1D
Barnet	Mulberry Medical Practice	PCN 1D
Barnet	Colindale Medical centre	PCN 1D
Barnet	Hendon Way Surgery	PCN 1D
Barnet	The Everglade Medical Practice	PCN 1W
Barnet	Watling Medical Centre	PCN 1W

Barnet	Parkview Surgery	PCN 1W
Barnet	Deans Lane Medical Centre	PCN 1W
Barnet	The Clinic (Oakleigh Rd North)	PCN 2
Barnet	St Andrews Medical Practice	PCN 2
Barnet	The Village Surgery	PCN 2
Barnet	Doctors Surgery (Colney Hatch Lane)	PCN 2
Barnet	Friern Barnet Medical Centre	PCN 2
Barnet	East Barnet HC (Monkman)	PCN 2
Barnet	Brunswick Park Medical Practice	PCN 2
Barnet	Lichfield Grove Surgery	PCN 3
Barnet	Squires Lane Medical Practice	PCN 3
Barnet	The Speedwell Practice	PCN 3
Barnet	The Old Courthouse Surgery	PCN 3
Barnet	Cornwall House Surgery	PCN 3
Barnet	Longrove Surgery	PCN 3
Barnet	Torrington Park Group Practice	PCN 3
Barnet	Wentworth Medical Practice	PCN 3
Barnet	Derwent Medical Centre	PCN 3
Barnet	Addington Medical Centre	PCN 3
Barnet	East Finchley Medical Practice	PCN 3
Barnet	Mountfield Surgery	PCN 3
Barnet	Rosemary Surgery	PCN 3
Barnet	Gloucester Road Surgery	PCN 3
Barnet	Woodlands Medical Practice	PCN 3
Barnet	Millway Medical Practice	PCN 4
Barnet	Penshurst Gardens	PCN 4
Barnet	Langstone Way Surgery	PCN 4
Barnet	Lane End Medical Group	PCN 4
Barnet	Greenfield Medical Centre	PCN 5
Barnet	St George's Medical Centre	PCN 5
Barnet	Pennine Drive Surgery	PCN 5
Barnet	Ravenscroft Medical Centre	PCN 5
Barnet	Phoenix Practice	PCN 5
Barnet	Hillview Surgery	PCN 5
Barnet	Dr Azim & Partners	PCN 5
Barnet	Heathfielde	PCN 6
Barnet	PHGH Doctors	PCN 6
Barnet	Supreme Medical Centre	PCN 6
Barnet	The Practice @ 188	PCN 6
Barnet	Adler & Rosenberg (682 Finchley Road)	PCN 6
Barnet	Temple Fortune Health Centre	PCN 6
Barnet	Hodford Road Surgery	PCN 6
Barnet	Cricklewood Health Centre	PCN details not allocated at time of publication
Camden	Ampthill Practice	Central Camden
Camden	The Regents Park Practice	Central Camden
Camden	Ridgmount Practice	Central Camden
Camden	Bloomsbury Surgery	Central Camden
Camden	Brunswick Medical Centre	Central Camden

Camden	Kings Cross Surgery	Central Camden
Camden	Swiss Cottage Surgery	Central Camden
Camden	Somers Town Medical Centre	Central Camden
Camden	Camden Health Improvement Practice (CHIP)	Central Camden
Camden	Primrose Hill Surgery	Central Hampstead
Camden	Grays Inn Road Medical Centre	Central Hampstead
Camden	Fortune Green Practice	Central Hampstead
Camden	Cholmley Gardens Medical Practice	Central Hampstead
Camden	Daleham Gardens Health Centre	Central Hampstead
Camden	Belsize Priory Medical Practice	Central Hampstead
Camden	Prince of Wales Group Practice	Kentish Town Central
Camden	Caversham Group Practice	Kentish Town Central
Camden	Parliament Hill Surgery	Kentish Town Central
Camden	James Wigg Practice	Kentish Town South
Camden	Queens Crescent Surgery	Kentish Town South
Camden	Park End Surgery	North Camden
Camden	Hampstead Group Practice	North Camden
Camden	Adelaide Medical Centre	North Camden
Camden	Brookfield Park Surgery	North Camden
Camden	The Keats Group Practice	North Camden
Camden	Holborn Medical Centre	South Camden
Camden	The Museum Practice	South Camden
Camden	St Philips Medical Centre	South Camden
Camden	Gower Street Practice	West and Central
Camden	Brondesbury Medical Centre	West and Central
Camden	Abbey Medical Centre	West Camden
Camden	West Hampstead Medical Centre	West Camden
Enfield	Keats Surgery	Edmonton PCN
Enfield	Latymer Road Surgery	Edmonton PCN
Enfield	Edmonton Medical Centre	Edmonton PCN
Enfield	Boundary House	Edmonton PCN
Enfield	Angel Surgery	Edmonton PCN
Enfield	Ordnance Unity Centre for Health	Enfield Care Network PCN
Enfield	White Lodge Medical Practice	Enfield Care Network PCN
Enfield	Rainbow Surgery	Enfield Care Network PCN
Enfield	Boundary Court Surgery	Enfield Care Network PCN
Enfield	Grovelands & Grenoble Gardens	Enfield Care Network PCN
Enfield	East Enfield Surgery	Enfield Care Network PCN
Enfield	Chalfont Surgery	Enfield Care Network PCN
Enfield	Evergreen Surgery	Enfield Care Network PCN
Enfield	The Woodberry Practice	Enfield South West PCN
Enfield	Bincote Surgery	Enfield South West PCN
Enfield	North London Health Centre	Enfield South West PCN
Enfield	Morecambe Surgery	Enfield South West PCN
Enfield	Arnos Grove Medical Centre	Enfield South West PCN
Enfield	Gillan House Surgery	Enfield South West PCN
Enfield	Medicus Health Partners	Enfield Unity PCN
Enfield	Eagle House Surgery	Enfield Unity PCN

Enfield	Cockfosters Medical Centre	Enfield Unity PCN
Enfield	Southgate	Enfield Unity PCN
Enfield	Highlands Practice	Enfield Unity PCN
Enfield	Bounces Road Surgery	Enfield Unity PCN
Enfield	Nightingale House Surgery	Enfield Unity PCN
Enfield	Oakwood Medical Centre	Enfield Unity PCN
Enfield	Green Cedars	Enfield Unity PCN
Enfield	Medicus Select Care (SAS)	Enfield Unity PCN
Enfield	Abernethy House	West Enfield Collaborative PCN
Enfield	Winchmore Hill Practice	West Enfield Collaborative PCN
Enfield	Town Surgery	West Enfield Collaborative PCN
Haringey	Staunton Group Practice	Haringey - East Central
Haringey	The Surgery (Hornsey Park Surgery)	Haringey - East Central
Haringey	West Green Road Surgery	Haringey - East Central
Haringey	The Old Surgery	Haringey - East Central
Haringey	Bridge House	Haringey - East Central
Haringey	Spur Road Surgery	Haringey - N15/South East Haringey
Haringey	Havergal Surgery	Haringey - N15/South East Haringey
Haringey	The Surgery (Grove Road)	Haringey - N15/South East Haringey
Haringey	JS Medical Practice	Haringey - N15/South East Haringey
Haringey	St Anns Road Surgery	Haringey - N15/South East Haringey
Haringey	Arcadian Gardens NHS Medical Centre	Haringey - North Central
Haringey	The High Rd Surgery	Haringey - North Central
Haringey	Stuart Crescent Health Centre	Haringey - North Central
Haringey	Bounds Green Group Practice	Haringey - North Central
Haringey	Cheshire Road Surgery	Haringey - North Central
Haringey	The Alexandra Surgery	Haringey - North Central
Haringey	Charlton House Medical Centre	Haringey - North East
Haringey	The Morris House Medical Practice	Haringey - North East
Haringey	Bruce Grove Primary Care Health Centre	Haringey - North East
Haringey	Somerset Gardens Family Health Care	Haringey - North East
Haringey	Westbury Medical Centre (Steinberg/Kirilov)	Haringey - North East
Haringey	Highgate Group Practice	Haringey - North West
Haringey	The Muswell Hill Practice	Haringey - North West
Haringey	Rutland House Surgery	Haringey - North West
Haringey	The Vale Practice	Haringey - North West
Haringey	The Christchurch Hall Surgery	Haringey - South West
Haringey	The 157 Medical Practice	Haringey - South West
Haringey	Crouch Hall Road Surgery	Haringey - South West
Haringey	Queenswood Medical Practice	Haringey - South West
Haringey	Lawrence House (Dr Rohan)	Haringey - Welbourne
Haringey	Tynemouth Road Health Centre	Haringey - Welbourne
Haringey	Fernlea Surgery	Haringey - Welbourne
Haringey	Tottenham Health Centre	Haringey - Welbourne
Haringey	The Surgery (Dowsett road surgery)	Haringey - Welbourne
Haringey	Tottenham Hale Medical Centre	Haringey - Welbourne
Islington	Roman Way Medical Centre	Central 1 Network
Islington	Islington Central Medical Centre	Central 1 Network

Islington	Mildmay Medical Practice	Central 1 Network
Islington	Mitchison Road Surgery	Central 1 Network
Islington	Highbury Grange Medical Practice	Central 1 Network
Islington	The Medical Centre	Central 1 Network
Islington	Sobell Medical Centre	Central 1 Network
Islington	The Group Practice at River Place	Central 2 Network
Islington	Elizabeth Avenue Group Practice	Central 2 Network
Islington	St Peter's Street Medical Practice	Central 2 Network
Islington	New North Health Centre	Central 2 Network
Islington	The Miller Practice	Central 2 Network
Islington	Goodinge Group Practice	Islington North
Islington	St John's Way Medical Centre	Islington North
Islington	The Northern Medical Centre	Islington North
Islington	The Village Practice	Islington North
Islington	The Andover Medical Centre	Islington North
Islington	Partnership Primary Care Centre	Islington North
Islington	Archway Primary Care Team	Islington North 2
Islington	The Rise Group Practice	Islington North 2
Islington	The Beaumont Practice	Islington North 2
Islington	The Junction Medical Practice	Islington North 2
Islington	Stroud Green Medical Clinic	Islington North 2
Islington	Hanley Primary Care Centre	Islington North 2
Islington	Ritchie Street Group Practice	South Network
Islington	Barnsbury Medical Practice	South Network
Islington	Killick Street Health Centre	South Network
Islington	City Road Medical Centre	South Network
Islington	Clerkenwell Medical Practice	South Network
Islington	Amwell Group Practice	South Network
Islington	Pine Street Medical Practice	South Network

List correct at 1 April 2022

Governing Body

The Governing Body oversees the work of NCL CCG and ensures that decisions about changes to local health services are debated openly and fairly. It sets the strategic direction of the CCG, decides on expenditure and ensures the organisation functions effectively and efficiently by receiving assurance via regular reports on performance, quality, finance and risk.

During 2021/22 Dr Jo Sauvage was the Chair of the CCG and Frances O’Callaghan was the Accountable Officer.

The Governing Body comprises 17 voting members, including 10 elected GP posts, two executives (Accountable Officer and Chief Finance Officer), three lay members and two appointed posts (a nurse and a secondary care clinician).

The voting membership of the Governing Body in 2021/22 was as follows:

- Dr Jo Sauvage – CCG Chair and Islington Clinical Representative
- Dr Charlotte Benjamin - Clinical Vice Chair and Barnet Clinical Representative
- Karen Trew - Deputy Chair and Lay Member
- Dr Clare Stephens - Barnet Clinical Representative
- Dr Neel Gupta - Camden Clinical Representative
- Dr Kevan Ritchie - Camden Clinical Representative
- Dr Chitra Sankaran - Enfield Clinical Representative
- Dr Nitika Silhi - Enfield Clinical Representative
- Dr Peter Christian - Haringey Clinical Representative
- Dr John Rohan - Haringey Clinical Representative
- Dr John McGrath - Islington Clinical Representative
- Dr Subir Mukherjee - Secondary Care Clinician
- Claire Johnston - Registered Nurse
- Ian Bretman - Lay member
- Arnold Palmer - Lay member
- Frances O'Callaghan - Accountable Officer:
- Simon Goodwin - Chief Finance Officer

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

- Paul Sinden - Chief Operating Officer
- Richard Dale - Executive Director of Transition
- Ian Porter - Executive Director of Corporate Services
- Sarah McDonnell-Davies - Executive Director of Borough Partnerships
- Kay Matthews - Executive Director of Clinical Quality
- Sarah Mansuralli - Executive Director of Strategic Commissioning

Governing Body meetings are also attended by councillors, a Public Health director on behalf of the five local councils and a representative on behalf of the five local Healthwatches. Each aforementioned group decides in advance who will represent them at specific meetings.

Register of interests

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

- Governing Body Members
- Clinical Leads
- Senior staff and managers

Personal data related incidents

There were no serious untoward incidents relating to data security breaches for NCL CCG in 2020/21 and no personal data related incidents reported to the Information Commissioners Office.

Statement of disclosure to auditors

Each individual who is a member of the CCG at the time the Members' Report is approved confirms:

- So far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report;
- The member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Modern Slavery Act

North Central London Clinical Commissioning Group fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2022 is published on our website at: https://northcentrallondonccg.nhs.uk/about-us/modern-day-slavery-statement/

Statement of Accountable Officer's responsibilities

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

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

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

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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts;
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

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

Frances O'Callaghan

Accountable Officer

20th June 2022

Governance statement

Introduction and context

The CCG is a body corporate established by NHS England on 1 April 2020 under the National Health Service Act 2006 (as amended).

The Clinical Commissioning Group's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2021, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

Constitution

NCL CCG's Constitution sets out the operational arrangements which have been put in place to meet its responsibility as a commissioner of healthcare services for the population of North Central London. The Constitution confirms the CCG's membership and accountability, the

Governing Body roles and responsibilities, and the governance structure and decision-making arrangements. The Constitution lists 181 member practices which are split into five boroughs being Barnet, Camden, Enfield, Haringey and Islington. Under the Constitution, member practices have chosen to retain some key decisions which include any changes to the Constitution and the election of the ten elected Clinical Representatives onto the Governing Body.

Governing Body

The Governing Body comprises 17 voting members, including 10 elected posts, two executives, three lay members, a registered nurse and secondary care doctor. Under the Constitution, the CCG Chair must be a GP and a lay member must be the Deputy Chair. The Governing Body also has a Clinical Vice-Chair to depute for the Governing Body Chair on clinical matters.

The Governing Body met four times in 2021/22 and held an Annual General Meeting in September 2021. The attendance of individual committee members is shown on page 127 onwards.

The highlights of the Governing Body's work in 2021/22 include:

- Receiving as standing items at each meeting the Finance Report, the Performance Report, the Quality Report, the COVID-19 Vaccination Programme Report, updates on the transition to an Integrated Care System, the Board Assurance Framework and the agreed minutes of the CCG's Committees;
- Approving the CCG Priorities and Values;
- Approving the CCG 2021/22 budget;
- Approving amendments to the Delegated Financial Limits;
- Agreeing to delegate final approval of changes to the Standing Financial Instructions (SFIs);
- Endorsing the See ME First campaign;
- Receiving update reports on the transition to a statutory Integrated Care System; the NCL Community and Mental Health Strategic Service Reviews; the care providers programme; Health Inequalities; the NCL Digital Programme and the Start Well Programme; and
- Noting separate Chair's Actions that were taken to approve the termination and transition of Barndoc Healthcare services by 30 June 2021 and in order to avoid a delay that could have put the end date of the current Barnet Children's Community Therapies Service at risk.

In addition to the formal meetings, there were 25 Governing Body seminars. These focused on a wide range of topics, including COVID-19 updates, ICS transition, the CCG Staff Survey, Primary Care priorities and estates, NHS 111 services, the NCL Fertilities Policy Review, the Equalities, Diversity and Inclusion Strategy, Clinical Leadership, the Community and Mental Health Services Reviews, Long Term Conditions, Counter Fraud, planning guidance and Section 75 Pooled Budgets.

Membership review of own performance

NCL CCG is a clinically-led membership organisation. The main decision making authority at the CCG is our Governing Body, which ensures clinical expertise is at the heart of our decision making. When we plan a new service or make a funding decision we involve local GPs. The CCG has continued to invest in a robust clinical leadership programme through 2021/22.

Member practices, depending on their location are grouped into five boroughs/ 'Places'. These boroughs are coterminous with the geographic boundaries of the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

In 2021/22, North Central London's (NCL) GP Practice Landscape consisted of:

- **GP Practices (181):** independent contractors delivering core general practice services and other locally commissioned services. Providing benefits of continuity of care and personalised services. Providing care to patients with ongoing illnesses and flare-ups of established conditions, undifferentiated or medically unexplained symptoms or health anxieties, who may benefit from an episode of continuity pending diagnosis and effective treatment, or long-term continuity of care with single clinician or a clinical team for an enduring condition.
- **Primary care networks (PCNs - 32):** groups of GP practices working together with other providers around a natural geography. Typically serving populations of 30-50,000. Supporting multidisciplinary working to deliver joined up, local and holistic care for patients. Currently in year 3 of a 5 year PCN contract.
- **GP federations (6):** delivering GP services at scale at a borough level i.e. delivering borough level contracts such as extended access services. Federations also support practices and PCNs with recruitment and training of workforce, and shared quality improvement approaches.
- The emerging **GP Provider Alliance (GPPA - 1):** which brings together General Practice with a unified provider voice to strategically lead, influence and enable primary care provision

at the NCL level. A key partner in the ICS - ensuring the system provides the best possible services for NCL communities, optimise health gains and reduce inequalities. Supporting General Practice through transition and change. Includes LCW and LMC.

Member practices have a formal role through elected Governing Body members and contribute directly as clinical leads. Practice staff engage with the CCG on strategic and operational matters, providing a valuable chance to discuss local healthcare needs, challenges, possible solutions and feedback from patients.

During COVID-19 we have worked together through a weekly GP Webinar and a regular Operational Group, shared information via the NCL GP Website, and engaged via the five place-based partnerships and local channels. Our GP Federations and the LMC are active members and increasingly colleagues from Community Pharmacy and NHS 111 are engaged. We collaborate to solve operational challenges and to formulate responses to national or regional policy.

This year the CCG has been supporting and working in collaboration with member practices on COVID-19 (response, vaccinations, recovery), development of models of care and pathways, narrowing inequalities, improving access, managing the shift to more digital services, and working through the role of primary care as part of the transition to an ICS. All boroughs have a focus on the development of the primary care networks (PCNs), where collaboration across primary care, community, mental health, the voluntary sector, pharmacy and others, is helping deliver episodic and continuous care.

The following section provides an overview of some key activities, including specific examples from a Borough(s), undertaken across primary care in NCL through 2021/22:

1. NCL member practices have been instrumental in delivering local vaccination programmes:
    - Directly via key primary care network (PCN) sites in each borough. Since the start of the programme, Primary Care PCN vaccination sites have administered 1,406,284 COVID vaccinations, via 23 sites and to all cohorts (1-13);
    - Unprecedented collaboration between primary care, trusts, and the CCG to ensure vaccine was available where it was needed within NCL and to ensure vaccinations were delivered to housebound people and those living in care homes;

- Worked with groups who may be vaccine hesitant and those who require additional support to access - for example outreach clinics to asylum seekers in short-term hotel accommodation, and for residents with learning disabilities;
- Focus on outreach to vaccinate people with learning disabilities and autism in care settings and at home. Barnet's Community Learning Disability Nursing service and Barnet GP lead for learning disabilities worked with patients, families and practices to discuss and answer any questions and support uptake. Barnet and Enfield worked together to mobilise a specialist Learning Disability vaccine hub to reach those able to access a vaccination site, but requiring reasonable adjustments. Islington PCNs and Federation held dedicated clinics jointly with Islington Learning Disability Partnership;
- Targeted outreach and education. A focus on specific wards where Public Health data suggested opportunity to improve uptake and in particular in more deprived and vulnerable communities, and to reduce inequality in vaccine uptake (e.g. between areas of high and low deprivation, different ethnic groups, under 40's). Camden's 'On the Fence Podcast' where a group of young Camden residents had a conversation with a Camden GP about the vaccine. There have been nearly 50,000 views across two recordings of the podcast. In February 2022 local GPs supported a Healthwatch Camden online Q&A session on Omicron and boosters. Camden's GP Federations and Umoja (African Health Forum) worked with patient groups and community/ faith organisations undertaking individual conversations and supporting targeted media; and
- Islington GP Federation set up a telephone line for Islington patients with vaccination queries and worked with "We are Islington" to deliver some of the call and recall support helping free up practice phone lines.

2. Primary care has faced unprecedented demand. Across all five boroughs, primary care has been focused on access and improving resilience and increasing capacity, particularly through the winter period, to alleviate pressure both within primary care, but also the wider system:
   - Barnet - Extended Access Hubs (provision of evening and weekend GP appointments) have provided additional capacity. This included appointments bookable by NHS 111 and appointments embargoed for Royal Free Accident and Emergency departments to book into where clinically appropriate. Utilisation of the service remains high with an average of 95% of appointments offered booked and used;

- Camden increased capacity in primary care through the winter via local Extended Access Hubs, new ways of working across PCNs and through support at the front door of the Royal Free Emergency Department;
- Enfield and Haringey GP Federations and NMUH are working together at the front door of the Emergency Department (ED) to manage patients presenting with primary care clinical needs, helping reduce pressure on ED and raise awareness of appropriate access to healthcare services in the local community. The model is supported by additional capacity in the Extended Access Hubs in Enfield and Haringey and a GP-led on-site hub. The service went live in December and had seen over 802 patients by the end of February;
- Haringey - additional Extended Access Hub appointments were provided as well as support to Haringey PCNs, recognising the particular demands in serving a deprived area. A face-to-face GP out of hours' clinic for under 5's was set up in East Haringey;
- Islington PCNs enhanced capacity during winter, with additional weekend clinics and work to increase immunisation and screening rates in the north of the borough. The PCNs also undertook proactive reviews of lists of vulnerable patients and offered additional evening and weekend appointments via the Extended Access Hubs;
- Digital inclusion - Haringey established a project involving volunteers offering practical support to patients to access online appointments. This work was cited in a national Healthwatch report;
- Enfield **-** working closely with NHS Digital trialled an online registration process for patients seeking to join a local GP practice. This enabled patients to register with a practice of their choice using a link on the practice website. To date over 2,298 registrations have been completed using this new method;
- NCL was one of four national sites chosen to pilot the implementation of new proactive care at home models developed by UCL Partners. The *BP@Home* pilot uses UCLP's Hypertension Framework to enable patients to monitor their Blood Pressure remotely. It includes the provision of free BP monitors where needed. The pilot launched across PCNs, focusing first on those PCNs with the greatest levels of deprivation. Patients have actively used the monitors at home and are contacted after seven days to discuss readings and onward care planning;
- PCNs across NCL trialled proactive integrated multi-disciplinary teams offering personalised care planning and individual support to patients on elective waiting list. This programme was targeted to areas where there are greater health inequalities and

opportunity to work with patients to optimise health and wellbeing before a planned procedure; and

- Education and training in homeless and inclusion health has also been provided to GP practices across NCL, with webinars on how to improve access, experience and health outcomes for this vulnerable population.

3. Implementation of the community mental health model for people with severe mental illness:
   - Barnet - the model was developed collaboratively with stakeholders across health, social care and the voluntary and community sector and aligned to the NHS Long Term Plan mental health community framework. The Barnet GP Federation was also commissioned to pilot an assertive outreach service designed to increase uptake of serious mental illness (SMI) Healthchecks; seeking to deliver an additional 175 SMI Healthchecks per month during the pilot phase.

     Additional Mental Health Practitioners working at primary care network (PCN) level commenced in post in January 2022. This was part of the national additional roles reimbursement scheme. All PCNs have at least one Band 7 role, with scope for further development. This will support access to mental health and wellbeing support closer to home and as part of the primary care offer;
   - Camden - the new framework went live in July 2021 in Kentish Town South and Central PCNs. The model is a significant shift in mental health delivery, with core multi-agency teams wrapped around PCNs. NHS and VCS mental health providers are working under an alliance delivery model, enhancing and fostering integrated working across services and teams;

   - Enfield GP Federation focused on health check delivery for those with Severe Mental Illness (SMI). The federation and partners are working to improve the physical health outcomes of people on the SMI register (approximately 4,000 patients in Enfield). There has been an investment of £75k for this year to support access to harder to reach patients who are not routinely engaging in the SMI Health Check process and who have not had a recent full health check. Following the successful completion of the pilot in July, a model is being developed with the Enfield GP Federation to deliver targeted SMI health checks to hard to reach groups that are less engaged in the SMI health check programme. This work is due to become part of the core offer under the Community Mental Health Framework;

- Haringey - all PCNs have confirmed plans to appoint mental health link workers, and there has been an expansion of health checks for people with severe and enduring mental illness;

  The GP Federation has been focused on health checks for people with SMI with a particular focus on BAME populations where uptake has historically been low. In the nine months to January, 74% of health checks undertaken were for patients from BAME communities with approximately 10% provided with onward support from the BAME Wellbeing Association working with Haringey MIND;
- Islington - the work has been shaped by a broad and vibrant co-production group, working with Somali, Turkish and Kurdish community groups to better understand and respond to population needs and narrow inequalities and had successful bids via the Royal Free NHS Charity, Big Lottery and NCL Inequalities Fund to increase early intervention and prevention for BAME (Black, Asian and minority ethnic) communities and young people. July 2021 saw the soft launch of the new Core Mental Health Teams in the Central Locality (Central 1 and Central 2 PCNs). PCN Clinical Directors worked collaboratively with colleagues from the CCG, council, Camden and Islington Foundation Trust to develop a new model of care in line with the mental health community framework. Islington hopes to see the expansion of such models wrapped around the neighbourhoods and greater integration of services around PCN footprints;

4. Focused efforts to improve the uptake of Annual Health checks for people with learning disabilities:
   - Barnet - the Joint Autism Action Plan aims to tackle health and care inequalities for autistic people, build the right support in the community and support people in inpatient care. In parallel the Community LD team and GP clinical lead have carried out additional annual health check training with GP practices, and have worked with practices to achieve the annual target for completed health checks;
   - Camden - a Specialist Learning Disability (LD) Registered General Nurse was recruited to improve links between GPs and Supported Living teams and/or parents of people with complex health needs. The Nurse has also supported PCNs to recover uptake of LD Annual Health Checks to recover to pre-pandemic levels. Under the inequalities fund a Health Facilitator was appointed to work with primary care to audit the quality of annual physical health checks for people with a learning disability. This quality improvement project aims to support people to live well and reduce the mortality gap for those with a learning disability;

- Haringey - primary care colleagues have worked to improve the uptake of Annual Health Checks for people with Learning Disabilities, supported by the strengthened Haringey LeDeR (learning from deaths of people with a learning disability) working group; and
- Islington - practices continue to use materials developed from a project led by the Quality Improvement Support Team in previous years, and to build from the high levels of achievement in 2020/21.

5. Continued focus to improve the primary care estate across NCL:
   - Enfield - a new state of the art GP practice, Alma Health Centre, opened. The new medical centre relocated and co-located three local GP practices - Curzon Avenue Surgery, Dean House Surgery and Green Street Surgery - to a brand new, fit for purpose health centre. These three local surgeries are already well-established within their communities, and this medical centre provides an opportunity to strengthen and enhance their services, and innovate and promote health and well-being within the local population.

     Relocation of White Lodge Surgery from their Grade II listed premises, which no longer had capacity required to meet the patient list size demands, into a new modern and purpose-built facility. The surgery relocated in December 2021, enabling an increase in primary care capacity in an area of known growth, flexibility to deliver the new ways of working in primary care, accommodation for PCN ARRS (Additional Roles Reimbursement Scheme) staff as well as flexibility to adapt to the future needs of primary care.

     Wider work on the local estate, including the conversion of records storage units into new consultation rooms and clinical support spaces at 17 practices across Enfield by the end of March 2022; and

   - Haringey - new health centres on Green Lanes, Muswell Hill and Tottenham Hale coming to fruition in 2022, and building developments for Rutland House Practice and Charlton House Practice. These are major developments for primary care in Haringey, ensuring patients have access to modern and fit for purpose primary care buildings and supporting effective local delivery of services.

6. Other activities of note by borough:
   - Barnet - work to refine and scale the PCN 2 frailty multidisciplinary team (frailty MDT) model across all Barnet PCNs. The MDT provides personalised and holistic care for patients over 65 years who are moderately frail, severely frail or palliative. It includes

patients with dementia and those residing within care/ nursing homes. The Frailty Working Group, with clinical and operational partners, has reviewed various models and finalised the local model and workforce needed to take this forward.

Leads from primary care and community healthcare services have been identified to lead the development of the neighbourhood model in Barnet (integrated teams supporting delivery of key services and pathways in each neighbourhood). The partners have met to agree the vision and key principles and a programme framework. Engagement with residents and partners will take place over the coming months and a roadmap for delivery of this model will be developed.

A phlebotomy service delivered within Barnet GP practices has been trialled (part of an NCL-wide trial). It was available to all Barnet GP-registered patients where clinically required. Service activity significantly increased since July (week one) and by end September, 1,475 blood test were undertaken per week. Patient feedback has been overwhelmingly positive to date, with patients citing reduced travel times and the opportunity to walk to their appointments;

- Camden - A more resilient and sustainable 'at scale' delivery model for wound care and the management of leg ulcers has been embedded across Camden's PCNs, ensuring all Camden residents can access consistent and high-quality support locally.

  In October 2021, GPs and their teams met to consider the development of the ICS ensuring practice teams are part of this journey. Camden's Patient Participation Group (PPG) Forum also met in November 2021 with 48 PPG members attending from across 21 Camden GP practices. Local GPs and CCG staff attended the forum and discussed development of the ICS and Borough Partnership, the demands facing general practice and the roll-out of the Flu and COVID-19 vaccines in Camden.

  Practices in the south of the borough have supported asylum and refugee care for those relocated from Afghanistan and others awaiting review of asylum claims. Teams worked collaboratively (health, local authority and the voluntary sector) to ensure key services were available including health screening, childhood immunisation and COVID-19 testing and vaccinations. This work has been held up as a positive example of system working for other London-wide authority areas to emulate;
- Enfield - The Black Health Improvement Programme (BHIP) - funded by the inequalities fund - delivered by the Caribbean and African Health Network (CAHN). BHIP is a culturally-appropriate education, training and support package designed for Enfield primary care staff and other GP practice healthcare professionals. The programme has been developed in response to a community consultation with both the Black Caribbean

and Black African communities and healthcare professionals who wanted better insight to help improve health outcomes.

Numbers of Physicians Associates have increased. This profession, relatively new to primary care, is proving popular with PCNs, and practices are also taking on students in this discipline which gives the opportunity to 'grow our own'. Under the Additional Roles Reimbursement Scheme PCNs are employing more Clinical Pharmacists and Pharmacy Technicians and the apprenticeship scheme is enabling pharmacy technicians to be trained. Enfield currently has over 65 pharmacists and technicians employed in practices and PCNs;

- Haringey - satisfaction with Haringey practices is at its highest since 2014. National patient survey results show patient satisfaction with practices in East Haringey increased from 72.2% in 2020 to 77.6% in 2021.

  Work has continued to support children and young people and improve local services. Local Integrated Paediatric Clinics give GPs the opportunity to discuss cases, management plans and referrals with specialist paediatric colleagues from local trusts; and

- Islington - work with the local Training Hub on workforce development within PCNs. Islington will harness the energy and drive locally to continue to develop the neighbourhood model, new roles and ways of working and culture as we build on integrated teams. This is supporting delivery of core priorities including for example delivery of the new core mental health teams.

  The green agenda and sustainability work in the borough is being led by local GP, who has supported practices with initiatives such as green energy use, improving access for practices to recycling and looking at cycle to work schemes. This is a blueprint for work with practices and providers across NCL.

  Four PCNs have used resources available to Primary Care under the national Additional Roles Reimbursement Scheme (ARRS) to fund Population Health Nurses. This will result in a model that includes a range of peer coaches and VCS colleagues providing a range of offers including outreach support, welfare rights support and a neighbourhood partnership builder.

CCG committees

The CCG has established seven committees of the Governing Body. The Audit Committee and the Remuneration Committee are statutory committees and the Quality and Safety Committee, Strategic Commissioning Committee, Primary Care Commissioning Committee, Finance

Committee, Public, Patient Engagement and Equalities Committee are non-statutory committees. The membership and attendance of all committees during 2021/22 is set out on page 113 onwards and their full terms of reference are available on the CCG's website.

CCG organisational chart

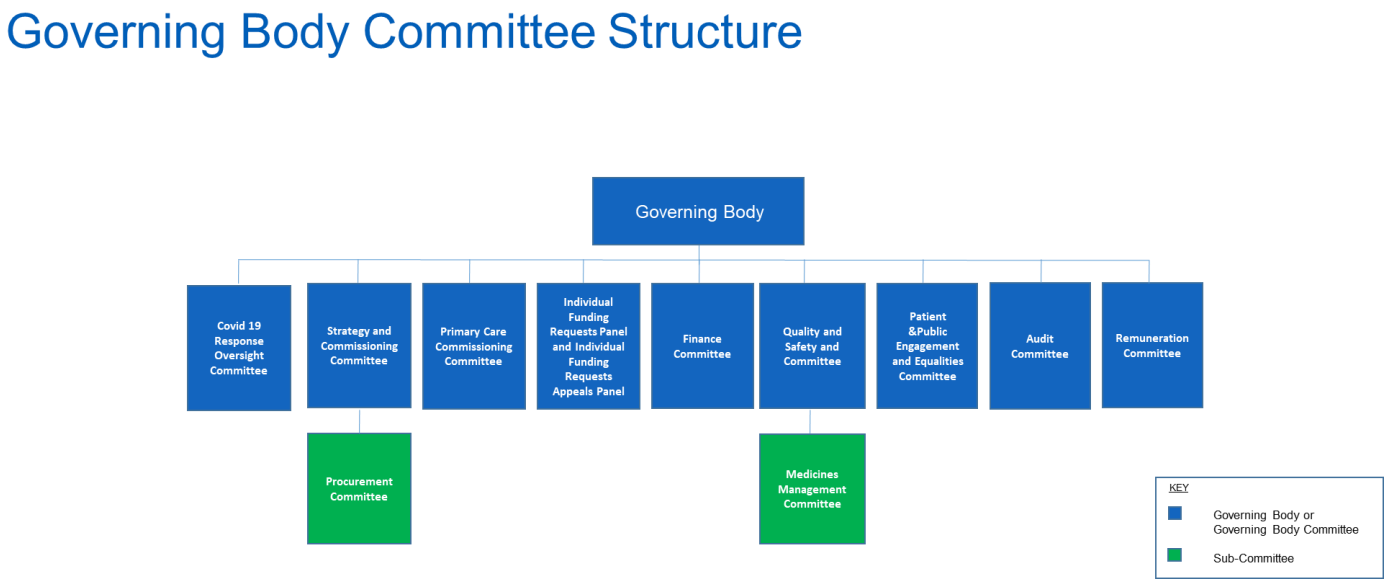


Figure 13: Governing Body committee structure

Audit Committee

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

- Information governance, risk management, internal and external controls;
- Internal and external audit;
- Counter fraud arrangements; and
- Financial reporting.

The Committee met five times in 2021/22. 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.

The Committee oversaw a range of key areas to support the CCG including the approval of the:

- Annual Report and Accounts 2020/21 (on behalf of the Governing Body);
- Policy and Risk Management Strategy Review with the approval of the:
    - Conflicts of Interest Policy;
    - Gifts and Hospitality Policy;
    - Standards of Business Conduct Policy;
    - Counter Fraud, Bribery and Corruption Policy; and
    - Risk Management Strategy.
- 2021/22 External Audit Progress Report;
- Internal Audit Plan 2022/23;
- LCFS Draft Workplan Plan 2022/23; and
- External Audit Plan 2021/22.

And scrutiny and oversight of the:

- Continuing Healthcare audit and associated recovery;
- Governing Body Assurance Frameworks;
- Register of Losses and Special Payments;
- Tender Waivers Register; and
- Governance Work Plan.

The Committee received regular assurance briefings with regard to the development of the Integrated Care System by way of the:

- Oversight of the governance arrangements for the Integrated Care Board and in preparing to transition from the CCG, which included development of the ICB's Constitution; and
- Comprehensive plans to manage the financially related processes, linking in with other London CCGs, NHSE/I, supported by the CCG's Internal Auditors.

The Committee membership includes five Governing Body Members. Quoracy requires three voting members; two of whom are lay members. The Committee was chaired by Karen Trew, NCL CCG Deputy Chair and Lay Member for Financial Management, Audit and Governance. The standing attendees are: Community Members, Chief Finance Officer, Executive Director of Corporate Services, Internal Auditors (including Local Counter Fraud Specialists), External Auditors, a representative from NEL Commissioning Support Unit, as required and other directors as and when required to present reports.

Finance Committee

The Finance Committee meets monthly (13 times in 2021/22). All meetings were quorate and in accordance with its terms of reference. The overall purpose of the Committee is to provide the Governing Body with assurance on financial performance, budgets, investments and associated planning issues; and, System Efficiency Plan ('SEP'). The Governing Body is provided with regular exception reports and where appropriate with recommendations for action to ensure financial plans and performance targets are met.

The Committee oversaw the following:

- The detailed scrutiny of the financial planning measures and system-wide budgeting, in preparation for the creation of the Integrated Care System. Financial governance arrangements were developed during the year with the creation and embedding of an ICS Finance Oversight Co-ordination Group, which brought senior finance officers across providers in NCL with the CCG;
- Examination and supporting the budget which was managed in two, six month periods (covering April to September and then October to March), due to the new approach in which allocations were announced by NHSE/I, reflecting the challenges the pandemic posed to the whole of the health system in the UK;
- Development of the ICS Financial Strategy and planning;
- The impact on acute services arising from the pandemic;
- The System Efficiency Plan (a standing item whose remit is to identify costs savings whilst maintaining service and clinical quality) across NCL;
- Monthly budget reporting and deep dives on:
    - Continuing Health Care services;
    - Acute services;
    - Mental Health Investment services; and
    - Primary Care Finance.
- The management of elective recovery funding to maximise efficiency across the system whilst balancing the system pressures brought about by the ebb and flow of COVID-19 infection rates;
- Risk Register related to finance (a standing item); and
- Building on the collaborative nature across NCL by inviting the Chief Finance Officer of University College London Hospital to attend the Finance Committee to bolster the system approach to budgeting and managing costs.

The Committee membership consists of seven members, all of whom are Governing Body Members. Quoracy requires three voting members; a lay member, a clinician and an executive director. The Committee is chaired by Dr Neel Gupta, Elected Governing Body Clinical Representative from London Borough of Camden. The standing attendees are: Director of Financial Strategy and Contracting, Director of Financial Management, Executive Director of Strategic Commissioning, Director of System Financial Planning and Assurance, and Executive Director of Transition.

Medicines Management Committee

The role of the Committee is to:

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

The Medicines Management Committee met seven times in 2021/22. 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.

Committee decisions in 2021/22 included approval of the following:

- NCL Prescribing Recommendations;
- NCL CCG Rebate Scheme for approval;
- Minor Ailments Scheme;
- Branded generic calcipotriol 0.005%/betamethasone diproprionate 0.05% (Dalonev®);
- Minor Ailments Scheme;
- Medicines Reminder Devices;
- NCL CCG Prescribing Quality Scheme (PQS) 21/22 Update;
- Self-Care Pharmacy First scheme update ;

- Medicines Reminder Devices scheme update;
- Prescribing Quality Scheme 2021/22;
- North Central London Prescribing Recommendations (NPR) for Primary Care;
- NHS National Framework Agreement for the Supply of Direct Acting Oral Anticoagulants (DOACs) in England;
- Update on North Central London Medicines Reminder Devices Scheme;
- Oviva / NCL Nutrition Working Group Update;
- Good practice guidance: Prescribing over the counter (OTC) medicines in social care settings;
- NCL – prescribing quality scheme (PQS) – prescribing guidance; and
- Supporting the work of the Interface Steering Group (ISG) which prioritised the 40 most frequently accessed clinical pathways across the five boroughs and consolidating them to be NCL-wide pathways (with patient safety as remaining as the paramount criterion) with borough level pathways only by exception.

The Committee membership consists of seven members: three elected Clinical Representatives, a Governing Body Registered Nurse, a Governing Body Secondary Care Specialist; one Governing Body Lay Member and the Executive Director of Clinical Quality. Quoracy requires three voting members; the Committee Chair, a clinician and the Chief Operating Officer. The Committee is chaired by Dr Clare Stephens, Elected Governing Body Clinical Representative from the London Borough of Barnet. The standing attendees are two Community Members, the Chief Operating Officer and Heads of Medicines Management across the five boroughs.

Primary Care Commissioning Committee

From April 2018 the CCG has commissioned General Practice (GP) services on NHS England's behalf through a delegated commissioning agreement. Accordingly, the Governing Body has established the Primary Care Commissioning Committee to carry out the functions relating to the Commissioning of Primary Care Services under section 83 of the NHS Act 2006. The Committee makes decisions in relation to the commissioning, procurement and management of primary medical services (GP) contracts. In performing its role, the Committee exercises its management of the functions in accordance with the Delegation and the Delegation Agreement that the CCG has entered into with NHS England.

During 2021/22, 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 a number of decisions relating to GP contracts in North Central London.

Committee decisions included:

- Practice mergers, relocations, changes in control of contract holders, and changes to practice boundaries;
- The addition and retirement of GP partners;
- Changes to practice reimbursements for premises costs, COVID-19 vaccination infrastructure and premises improvement grants;
- General Practice resilience scheme to support practices provide essential services during the COVID-19 pandemic;
- Procurement decisions for Alternative Personal Medical Services (APMS) contracts;
- Review of CCG Locally Commissioned Services to ensure there is no overlap with the core GP contract;
- Practice requests to revert from Personal Medical Services (PMS) contracts to General Medical Services (GMS) contracts; and
- Primary care network composition.

The Committee has also received a series of strategic papers to inform, and as context for, decisions on primary medical services (GP) contracts:

- The NHS England and NHS Improvement (NHSE/I) Operating Framework that sets out the delegation agreement between NHSE/I and the CCG;
- The NHS Operating Plan for 2022/23 setting out priorities for primary care with a focus on access and integrated care;
- Healthwatch reports with local research on access to general practice, digital inclusion, and support for people suffering from domestic violence;
- Practice SITREPs summaries setting out practice capacity and pressures in response to managing the COVID-19 pandemic;
- Estates including a review of Premises Capital and Revenue Financial investment decisions, and supporting principles for investment;
- Workforce including updates on NCL Training Hub, recruitment through the Additional Roles Reimbursement Scheme to deliver primary care network services, and work to improve general practice nursing recruitment and retention; and
- Digital and IT including the introduction and procurement of online consultations.

The Committee was quorate for the six meetings held in 2021/22, and the meetings were carried out in accordance with its terms of reference.

The Committee membership consists of ten members, of which seven are Governing Body members. Quoracy requires three voting members; a lay member, an officer of the CCG and a non-conflicted clinical representative. The Committee is chaired by Ian Bretman, Governing Body Lay Member for Patient and Public Engagement. The standing attendees are: two Community Members, a Public Health representative, two Healthwatch representatives, a Local Medical Committee representative, Primary Care Contracting and Commissioning Team representatives and Borough Directorate representatives.

Procurement Committee

The Procurement Committee was established as a sub-committee of the Strategy and Commissioning Committee in December 2020 and meets bi-monthly. It met seven times in the calendar year (and made one decision by means of the Virtual Decision-making Protocol). All meetings were quorate and acted in accordance with its terms of reference.

The overall purpose of the Committee is to:

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

In 2021/22, the Committee made the following key decisions:

- Approval of Procurement Plans for Diabetes Care Navigation, a Telephone-based advice system, a Prescribing Decision service, NHS 111 re-procurement, and the development of a Framework for Personal Health Budget management providers;

- Approval of Single Tender Waivers ('STW') in relation to the GP Direct Access Diagnostic service, Inequality funding, Extended Access, COVID-19 Services, Mental Health Accommodation, Borough Contracts, and End of Life Care service; and
- Contract Awards for the GP Direct Access Diagnostic service and Lloyd George notes digitisation, having previously approved the Procurement Plans for the same.

In addition to the above, the Committee conducted ongoing scrutiny of the Borough Contracts review, the Register of Procurement Decisions, and the Contract Register.

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

Public and Patient Engagement and Equalities Committee (PPEE)

The PPEE Committee meets bi-monthly (6 times in 2021/22). All meetings were quorate and in accordance with its terms of reference.

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

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

The Committee's role continued to mature in its second year of operation, overseeing and supporting the innovative ways the CCG engaged with residents and patients across NCL, despite the ongoing restrictions caused by the pandemic. With the support of technology and growing ease in the use of online meetings and video calls, the Committee was able to fulfil its duty in the following areas:

- Adopting a system-wide approach to engagement, notably addressing the impact of COVID-19 and recovery plans;
- Continuing the work in understanding the heath inequalities across NCL which had come to light due to the pandemic, the learning and results of which are helping to shape the CCG's approach to the commissioning of services;
- Developing and addressing inequalities arising from COVID-19 which would result in a review of the CCGs public sector equality duty;
- Continuing to be more closely aligned with North London Partners' Engagement Advisory Board;
- Supporting resident and community engagement, particularly regarding positive messaging of the vaccination programme, building and encouraging communities that had hitherto been reluctant to engage, to come forward;
- Development of closer working ties with Healthwatch on a range of campaigns;
- Developing ways to work with communities in NCL;
- Supporting the creation of staff diversity networks, which are now firmly established within the CCG, providing support to staff and raising the profile of ethnicity, disability and gender in a safe environment;
- As part of the Equality and Diversity Initiative, the CCG's recruitment processes were reviewed to strengthen the equality aspects and to embed an inclusive culture within the CCG;
- From the aspect of public and patient engagement, examination of key, system-wide reviews of:
    - Mental health services and community health care;
    - Development of reviewing and standardising an NCL-wide policy on assisted reproduction treatments (Fertility Policy);
    - Start Well Programme (to support children); and
    - Winter resilience campaign.

During the year, the Committee scrutinised and approved the CCG's:

- Diversity and Inclusion Strategy (2021 – 2026);
- Workforce Race Equality Standard (WRES) Report**;
- Gender Pay Gap Report; and
- Equality Information Highlight Report 2020/21.

** which was considered and approved by the Governing Body.

The Committee membership consists of eight members, of which five are Governing Body Members. Quoracy requires three voting members; a lay member, a clinician and an executive director. The Committee is chaired by Ian Bretman, Governing Body Lay Member for Patient and Public Engagement. The standing attendees are: a Senior Equality, Diversity and Inclusion Manager, a Communications and Engagement Lead from NCL CCG, a Communications and Engagement Lead from NCL STP, a Senior Human Resources representative, a Senior Quality representative, two Community Members and one Healthwatch representative.

Quality and Safety Committee

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

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

The Quality Committee met six times in 2021/22. 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.

The Committee continued to oversee and scrutinise:

- Trust performance, which included focus on COVID-19 admissions, referral to treatment times, supporting the health of homeless people, urgent and emergency care pathways, mental health services; and
- Quality and safety matters which included regular dialogue with statutory regulators which included Ofsted and the Care Quality Commission, review of the Continuing Health Care operational model to establish a consistent approach across NCL, maternity services.

The Committee reviewed and noted the following:

- NCL Safeguarding Strategy for 2020-2023;
- Child Death Overview Panel Annual Report;
- COVID-19 Vaccination Programme updates;
- Complaints reporting;
- Safeguarding Children and Adults at Risk Annual Reports;

- Provider Quality Overview Report;
- Remote Monitoring in Care Homes; and
- Ofsted and CQC Reports.

The Committee membership consists of nine members, six of which are Governing Body Members. Quoracy requires four voting members; Committee Chair, Governing Body Secondary Care Doctor or Registered Nurse and an officer. The Committee is chaired by Dr Charlotte Benjamin who was NCL CCG Clinical Vice Chair throughout 2021/22 (note, she is now Chair of NCL CCG). The standing attendees are: two Community Representatives, a Healthwatch Representative, Quality and Safety Representative from NEL Commissioning Support Unit, and the Clinical Quality and Safety Clinical Lead.

Remuneration Committee

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

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

The Committee met two times in the financial year. Both 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 update on Integrated Care System (ICS) arrangements following guidance published by NHSE/I to help forge ICSs from 2022. The Committee assessed the proposed structure and key Board appointments, noting retention of significant clinical leadership representation;
- Continuation the sessions for the Chair and Clinical Vice-Chair in response to the increased challenges brought about by COVID-19, particularly in the light of the continuing additional work load the pandemic had placed on the Governing Body and wider health care system; and

- The remuneration scales, which had been set by NHSE/I, for NCL ICS Integrated Care Board roles.

The core membership of the Committee consists of three members, all of whom are Governing Body Members. Quoracy requires two voting members. The Committee is chaired by Arnold Palmer, Governing Body Lay Member with General Portfolio. Two Governing Body clinicians other than the Chair of the Governing Body attend if the business concerns remuneration for the Lay Members. There are no standing attendees, but the Accountable Officer, the Executive Director of Corporate Services and the Director of HR Transition and / or the Deputy Director for HR, Equality Diversity and Inclusion and Organisational Development will typically attend meetings.

Strategy and Commissioning Committee

The purpose of the Strategy and Commissioning Committee is to:

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

The Committee met five times in 2021/22. The meeting scheduled for January 2022 was cancelled due to the operational pressures arising from the COVID-19 pandemic surge. Due to the cancellation, members considered the agenda items 'virtually' instead.

Key decisions taken by the Committee included:

- Agreed the approach to Phase 5 of the Borough Contract Consolidation Programme;
- Agreeing the proposed approach to the Inequalities Investment Fund;
- Approving the proposed allocation of the 2021/22 Ageing Well Programme funding;

- Agreeing in principle the funding of the NHS 111 contract and the Staffing Blueprint until the end of Month 6 or alternatively the funding of the NHS 111 contract until the end of Month 8 as a prelude to further negotiation;
- Approving the decision to commence procurement and the proposed timeline for the procurement of new GP Direct Access Diagnostic services and
    - Agreeing that the request for a Single Tender Waiver to InHealth to cover the procurement period is approved by the Procurement Committee;
    - Agreeing the recommendation for procuring either a 2+2 year or 3 +2 year duration contract, depending on the outcome of using a potential framework;
    - Agreeing that responsibility for oversight of the procurement process rests with the Procurement Committee;
- Agreeing to approve virtually the outcome of the procurement of Children's Integrated Therapies Services;
- Approving the recommendations of the NCL Fertility Policies Review, the commencement of the NCL Fertility Policy Development phase and the Terms of Reference for the NCL Fertility Policy Development Steering Group;
- Approving the approach and timescales for the completion of the single NCL Fertility Policy;
- Approving the draft NCL Fertility Policy and going out to an engagement process;
- Approving the Joint Funding policy for individuals assessed as not eligible for Continuing Healthcare Funding;
- Approving the Terms of Reference for the NCL NHS 111 Integrated Urgent Care Procurement Steering Group;
- Approving the BCF and non-BCF Section 75 schemes and budgets and the associated metrics;
- Approving the Terms of Reference for the Specialist Commissioning Steering Group;
- Agreeing to end the lead provider arrangement for the Camden Diabetes IPU, prior to commissioners considering how best to maintain the integration within the current financial envelope;
- Approving the Children and Young People's Mental Health Transformation Plan;
- Approving the signing by Frances O'Callaghan of the St Pancras Redevelopment – Letter of Support;
- Approving the Personal Health Budgets Policy;
- Approving the Redress Payment Policy For Continuing Healthcare and Children's Continuing Care;

- Approving the use of the CCG's Contract Variation option to extend to five years the InHealth contract to provide the GP Direct Access Diagnostic Service which negates the need for the Single Tender Waiver that was issued to InHealth to cover the period from 1 April 2022 to 31 March 2023 to allow time for any new provider to mobilise;
- Approving the development of a NCL Positive Behaviour Support Framework;
- Approving the proposal to develop a cross-NCL CCG framework for providers who can deliver services to individuals with PHBs receiving a direct payment in relation to the management of the budget and/or support to implement their care plan;
- Approving the Fertility Policy Development Engagement Report and endorsing the proposed next steps to develop a final fertility policy;
- Ratifying the Governing Body decision on the cessation and transfer of Barndoc services ;
- Delegating to Simon Goodwin and Sarah Mansuralli the decision on whether the NHS 111 funding envelope is invested with LCW or LAS in order to help to strengthen the resilience of this service over winter;
- Delegating to Frances O'Callaghan and Simon Goodwin the authority to take forward the negotiation with UCLH over the MSK contract and agree the extension period for the contract, which was subsequently agreed for a two year period;
- Noting the NCL's panel preferred option, in line with other ICS scoring, to re-provide the services currently provided at the Mount Vernon Cancer Centre (MVCC) on an alternative acute site; and
- Supporting the MVCC Strategic Review Programme Board Expression of Interest for capital funding through the Government Hospital Infrastructure Programme.

Other highlights of the Committee's work included:

- Regularly receiving the Contract and Activity Report, updates on the transition to an ICS; updates on the Strategic Reviews of Community and Mental Health Services; Risk Reports and Minutes of Procurement Committee meetings; and
- Receiving update briefings and reports on Diagnostic Services; the Borough Contract Consolidation Programme; the Children, Young People and Maternity Services Review; Collaborative Performance Monitoring; Evidence Based Interventions; the Inequalities Investment Fund; the Paediatric Temporary Changes Evaluation; the Roll Out of Neutralising Monoclonal Antibodies (nMAB) Service; the NHS111 Contract 2021 – 2023; the extension of the MSK contract; the identification of Better as the preferred supplier for the new Digital Urgent Care Plan for London; the review of the NCL Accelerated Elective Recovery Bids, NCL COVID-19 Support Service Contracting and the ongoing work on Population Health.

The Committee membership consists of nine members, all of whom are Governing Body Members. Quoracy requires five voting members; Committee Chair, a Governing Body Clinician other than the Committee Chair, Lay Member and an officer. The Committee is chaired by Dr Jo Sauvage who was NCL CCG Chair throughout 2021/22 (note, she is now Chief Medical Officer, NCL Integrated Care Board). The standing attendees are: two Community Members, Executive Director of Strategic Commissioning, Executive Director of Transition, Executive Director of Quality, Executive Director of Borough Partnerships, a representative from Public Health and a director from each of the CCG's borough directorates.

Individual Funding Requests Panel

The purpose of the Panel is to consider funding for a particular treatment or service that is not routinely offered by the NHS. The Panel is chaired Dr Peter Christian, Elected Governing Body Clinical Representative for London Borough of Haringey. The Panel met three times during the year.

Individual Funding Requests Appeals Panel

The purpose of the Appeals Panel is to consider Applicants' appeals against decisions made by the Individual Funding Requests Panel and give proper consideration to appeals when determining the outcome; and act with reference to the CCG's Constitution and IFR Policy. The Panel is chaired by Dr Kevan Ritchie, Elected Governing Body Clinical Representative for London Borough of Camden.

Governing Body and Committee Membership

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

Attendance Records

Governing Body and Committee Members	Position	GB meeting	Audit Committee	Finance Committee	Medicines Management Committee	Primary Care Commissioning Committee	Procurement Committee	Public Patient Engagement and Equalities	Quality & Performance Committee	Remuneration Committee	Strategic Commissioning Committee
Jo Sauvage	GP – Islington Representative and Chair	4/4						4/6		1/1**	4/5
Frances O'Callaghan	Accountable Officer	4/4		12/12						2/2**	3/5
Simon Goodwin	Chief Finance Officer	4/4	5/5	11/12		5/6	7/7				
Charlotte Benjamin	GP – Barnet Representative and Clinical Vice Chair	4/4							6/6		4/5
Ian Bretman	Lay Member Engagement and Equalities	3/4	5/5			6/6		6/6	6/6	2/2	
Peter Christian	Governing Body Clinical Representative	3/4	5/5			6/6		1/1***			
Neel Gupta	GP - Camden Representative	4/4		8/12	6/6						
Claire Johnston	Nurse Representative	4/4				6/6		6/6	6/6		4/5
John McGrath	GP – Islington Representative	4/4			5/6			1/1***	6/6		
Subir Mukherjee	Secondary Care Doctor Representative	2/4			6/6	4/6	6/7		6/6		5/5
Arnold Palmer	Lay Member, General Portfolio	4/4	5/5	12/12		5/6	7/7	6/6		2/2	5/5
Kevan Ritchie	GP - Camden Representative	3/4									4/5
John Rohan	GP – Haringey Representative	2/4		12/12				1/1***			
Chitra Sankaran	GP – Enfield Representative	3/4		10/12							
Nitika Silhi	GP – Enfield Representative	4/4	5/5					1/1***	6/6		
Clare Stephens	GP – Barnet Representative	4/4			5/6			2/6			1/1 *
Karen Trew	Lay Member – Lay Vice Chair, Audit, Finance and Governance	4/4	5/5	12/12	6/6	5/6	7/7		6/6	2/2	5/5
Mark Eaton	Director of Delivery						7/7**				5/5**
Keith Spratt	Head of Contracts						7/7**				
Shaju Jose	Head of Procurement, NELCSU						7/7**				
Sharon Grant	Healthwatch Observer	4/4**									

Kirsten Witters	Director of Public Health, Camden and Islington	1/1**				1/1**					
Tamara Djuretic	Director of Public Health, Barnet	1/1**				1/1**					
Will Mamaris	Public Health Consultant, Haringey Council					1/2**					
Dudu Sher-Arami	Director of Public Health, Enfield Council	1/1**				0/1**					
Jonathan O'Sullivan	Director of Public Health, Islington	1/1**									
Cllr Pat Callaghan	Councillor representative Health and Wellbeing Camden	2/2**				3/6**					
Cllr Lucia Das Neves	Councillor representative Health and Wellbeing Haringey	2/2**				2/6**					
Cllr.Caroline Stock	Councillor representative Health and Wellbeing Barnet	2/2**				3/6**					
Cllr Alev Cazimoglu	Councillor representative Health and Wellbeing Enfield					1/6**					
Cllr Nurullah Turan	Councillor representative Health and Wellbeing Islington	1/1**				3/6**					
Sarah Mansuralli	Executive Director for Strategic Commissioning	4/4**		9/12**							3/4** 1/1*
Sarah McDonnell-Davies	Executive Director for Borough Partnerships	3/4**				0/6**					5/5**
Paul Sinden	Chief Operating Officer	3/4**			6/6	6/6			5/5		
Kay Matthews	Executive Director of Quality	4/4**	4/4**		0/6	1/2			4/6		0/5**
Sheila O'Shea	Director of Continuing Healthcare		4/4**								
Will Huxter	Executive Director of Strategy							1/1			
Richard Dale	Executive Director of Transition	3/4**	2/2**	11/12				2/5			5/5**
Ian Porter	Executive Director of Corporate Services	3/4**	5/5**				5/7**	5/6		1/1**	
Michelle Chadwick	Director of HR Transition									1/1**	
Andrew Spicer	Head of Governance and Risk	3/3***	5/5**								
Gary Sired	Director of System Financial Planning and Assurance			11/12**							
Rebecca Booker	Director of Financial Management		5/5**	11/12** 1/1*							
Anthony Browne	Director of Financial Strategy and Contracting			9/12**		5/6** 1/1*					4/4** 1/1*
Helena Ndlovu	Assistant Director of Finance			4/4***							

Dominic Roberts	Independent GP Member					6/6	6/7				
Karl Thompson	Assistant Director of Corporate Services		6/6**								
Pauline Taylor	Head of Medicines Management (Haringey)				3/3						
Rachael Clark	Head of Medicines Management (Camden)				5/6						
Paul Gouldstone	Head of Medicines Management (Enfield)				6/6						
Suzanne Lever	Head of Medicines Management (Barnet)				6/6						
Amalin Dutt	Head of Medicines Management Islington				6/6						
Efa Mortty	Head of Medicines Management (Haringey)				5/5						
Maninder Kaur Singh	Head of Medicines Management (Barnet)				5/5						
E Y Cheung	Deputy Head of Medicines Management - Camden				6/6						
Caroline Weaver	Senior Prescribing Adviser				6/6						
Charlie Boggis	NCL CSU Non-Acute Finance Lead				6/6						
Barry Subel	Quality and Safety Clinical Lead								3/6		
Jenny Goodridge	Director of Quality and Clinical Services					2/2*			6/6		
Ed Nkrumah	Director of Acute Performance								1/1***		
Vince McCabe	Director of Transformation			9/12**							
Haider M. Al-Shamary	Assistant Director of Delivery			9/12**							
Tim Jaggard	Finance System Lead for ICS and CFO of UCLH			4/7**							
Jackie Dyer	Designated Nurse for Safeguarding, Camden								2/2		
Christina Keating	Designated Nurse for Safeguarding Children, Enfield								1/1		
Siobhan McGovern	Designated Nurse for Safeguarding Children, Barnet								1/1		
Marisa Rose	Director – COVID Vaccination: Quality Improvement								1/1		
Deirdre Malone	Assistant Director for Quality					2/2*			1/1		
Emdad Haque	Senior Equality, Diversity and Inclusion Manager							6/6**			
Darshna Pankhania	Deputy Director of Huma Resources / Organisational Development							4/6**			

Fran McNeil	Assistant Director of Communications and Engagement							4/6**			
Chloe Morales Oyarce	Head of Communications							6/6**			
Emma Whitby	Healthwatch, Islington							5/5**			
Raks Patel	Healthwatch Haringey							1/1 ***			
Noelle Skivington	Healthwatch Enfield					1/1**		1/2**			
Olivia Clymer	Healthwatch Enfield					1/4**		0/4**			
Vanessa Piper	Head of Primary Care, NCL Primary Care Commissioning & Contracting Team					6/6**					
Su Nayee	Assistant Head of Primary Care					6/6**					
Anthony Marks	Senior Primary Care Commissioning Manager					6/6**					
Tracey Lewis	Head of Finance					5/6**					
Jean Gaffin	Community Member				2/2**						
Ian Crouchley	Community Member				2/2**						
Kostakis Christodoulou	Community Member					6/6**					
Mark Agathangelou	Community Member					6/6**					
Helena Kania	Community Member								6/6**		
Mandeep Kaur	Community Member										5/5**
Lorna Reith	Community Member										5/5**
Mark Wardman	Community Member		5/5**								
Jane Kilgannon	Community Member		5/5**								
Christine Mackenzie	Community Member								6/6**		
Kaltun Adbillahi	Community Member							6/6**			
Martha Wiseman	Community Member							4/6**			
Nishan Dzhingozyan	Community Member							1/6**			
Deborah McBeal	Director of Integration, Enfield					6/6**					
Riyad Karim	Interim Head of Primary Care, Enfield					2/2**					
Rebecca Kingsnorth	Assistant Director of Primary Care, Islington					5/6**					
Clare Henderson	Director of Integration, Islington					1/1**					
Owen Sloman	Assistant Director of Primary Care, Haringey					6/6**					
Sarah Mcilwaine	Director of Transformation, Haringey					5/6**					
Simon Wheatley	Director of Primary and Community Commissioning, Camden					4/4**					
Amanda Rimington	Senior Primary Care Commissioning Manager, Camden					2/2 ***					

Colette Wood	Director of Primary Care Transformation, Barnet					5/6**					
Daniel Glasgow	Deputy Director of Primary Care Transformation					1/1 ***					
Louise Jones	Healthwatch, Camden					6/6**					
Vicki Weeks	Medical Director, London Wide Local Medical Committee					2/2**					
Sue Dickie	London Wide Local Medical Committee					5/6**					

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

UK Corporate Governance Code

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

Discharge of statutory functions

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

Risk management arrangements and effectiveness

Financial year 2021/22 was a challenging year for the CCG and for its management of risk. Since the establishment of NHS North Central London Clinical Commissioning Group (CCG)on 1 April 2020, the new CCG and the NHS as a whole was faced with the unprecedented task of responding to the national emergency caused by the COVID-19 global pandemic. This response and its consequences continued into 2021/22.

During this period the CCG successfully maintained a comprehensive and robust risk management framework to assist the CCG in dealing effectively with its key risks, including the

COVID-19 pandemic. The framework was developed in accordance with Management of Risk best practice guidance issued by the Office of Government Commerce, part of the Cabinet Office, and built upon the strong foundations inherited from the legacy Clinical Commissioning Groups in North Central London.

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

In 2021/22 the CCG had its second risk management audit which showed that the CCG had again achieved a 'substantial' (green) assurance rating. This was a really positive achievement and maintained the 'substantial' assurance rating from financial year 20/21 and each of the five legacy Clinical Commissioning Groups.

The CCG's robust approach to risk management supports the organisation and its staff in taking risks in a measured, considerate and appropriate way to meet its objectives for the overall benefit of our patients. The aims of the risk management approach are to:

- Promote organisational success and help achieve the CCG's objectives;
- Have grip of key risks at all levels of the organisation;
- Empower staff to manage risks effectively;
- Promote and support proactive risk management;
- Help create a culture that recognises uncertainty and supports considered, measured and appropriate risk taking and effective risk management;
- Support new ways of working and innovation;
- Provide clear guidance to staff;
- Have a consistent, visible and repeatable approach to risk management;
- Support good governance and provide internal controls; and
- Evidence the importance of risk management to the CCG.

The CCG views good risk management as a tool that supports and empowers staff by enabling them to identify, assess and control risks in a way that is visible, consistent and repeatable. Staff are supported in this by a comprehensive training programme, a robust Corporate Risk Register, comprehensive risk management processes and procedures and a specialist Governance and Risk Team.

Staff are encouraged to proactively identify, manage and control negative risks (threats) to help ensure they are dealt with before they become issues. The Governing Body has overall responsibility for risk management and sets the organisation's risk appetite. This risk appetite informs the CCG's decision making. The Governing Body agreed its risk appetite scores in September 2021, ensuring that the risk appetite levels were appropriate.

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

The CCG actively involves a range of key stakeholders in managing risks that impact on them through wider engagement, formal meetings, briefings and engaging with formal representatives.

Capacity to handle risk

There is a robust oversight and reporting structure, and effective leadership of risk management in the CCG. This includes:

- An open, honest and transparent risk management culture;
- Staff being trained and empowered to manage risks appropriate to their authority and duties with solid reporting lines to management;
- All teams within the directorates being required to meet regularly to discuss their risks. Risks are reviewed by executive directors, directors, managers and their teams;
- All risks within a directorate being owned by the relevant executive director, with each directorate having its own risk register that captures the key risks in the directorate;
- Key risks from the directorate risk registers that are assessed at the corporate level to have a current risk score of 8 or higher are escalated to the Corporate Risk Register. This is reviewed regularly by the senior management team and the Governance and Risk Team;
- The risks on the Corporate Risk Register that score 12 or higher are also escalated to the appropriate Governing Body committee at each meeting. These committees provide oversight and scrutiny of these risks and hold the senior management team to account for the management of risks;

- Risks on the Corporate Risk Register with a current risk score of 15 or higher are reported to both the Governing Body and the appropriate Governing Body committee to ensure that there is the highest level of oversight of these risks; and
- In addition to the above, every Governing Body and Governing Body committee report must identify its key risks in the report coversheet. This enables the organisation to have oversight and control of its key risks at all levels.

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

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

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

Risk assessment

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

Risk	**Mitigating Actions**
Failure to Establish Appropriate and Effective Arrangements for the New ICS Organisation at Pace (Threat) **CAUSE:** If the CCG does not establish appropriate and effective arrangements for the new statutory ICS organisation at pace to meet	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: • CCG teams in place to cover all aspects of statutory organisation design (Strategy Directorate and Corporate Services) including a specialist Governance and Risk Team to lead on the governance design work; • There is extensive guidance from NHS England outlining the requirements for the new

to expected 1st April 2022 deadline; **EFFECT:** There is a risk that the benefits of moving to an ICS organisation are not maximised, that unnecessary barriers to system working and decision making are created, that staff feel disenfranchised, that there are gaps in oversight of functions and difficult relationships with system partners; **IMPACT:** This may result in wasted resources, disruption to smooth and effective operations, increased cost, system-wide frustration at slow and difficult decision making, reputation damage and increased barriers to implementing the NHS Long Term Plan for the benefit to patients.	organisation including the ICS Design Framework and model Constitution; • The pre-existing Integrated Care System is in place, with existing relationships being built upon; • Executive Director of Transition and the Head of Governance and Risk attended a number of national Policy Design Workshops to inform national guidance. This includes both governance and the Clinical and Professional Leadership Framework; • A Transition Programme Management Office team and a transition programme has been established to operationally support the establishment of the new organisation and the transition from the CCG to the new organisation; • Strategic forums to support the development of the new organisation and the ICS have been established. These include the ICS Steering Committee, the Partnership Council and the Community Engagement Partnership; • The Chair, Chief Executive and Executive Team of the new statutory organisation have been appointed; • A standing item is included at each CCG Governing Body seminar on ICS transition which includes a focus on the governance arrangements through transition; • A standing item on ICS transition is included for the regular meetings the CCG has with lead local authority councillors for health and social care; • A pan London CCG governance leads network as well as a pan NCL CCG and provider governance leads network have been established. Both met for the first time in September 2021; • The role of the Audit Committee in overseeing the development of the governance arrangements for the new organisation has been strengthened, with reports being provided at each Audit Committee meeting.
Failure to base CHC and CIC commissioning cycle and service on reliable data (Threat) **CAUSE:** If the CCG fails to source and process reliable data for the commissioning, management, and	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: • Plans to address issues raised within previous audits have been developed by CCG boroughs; • First phase of standardised protocol and training in place;

development of CHC and CIC services **EFFECT:** There is a risk that the CCG will not commission appropriate services (packages of resources) and not identify potential improvements for existing packages **IMPACT:** This may result in a negative impact on patient care and financial sustainability.	• Roles reprioritised to focus on data and invoicing; • Workforce focus on data and invoicing; • Improvement programme; • Caretrack platforms merged and data cleansed as part of this process; • Caretrack Business Intelligence Module procured and implemented for CHC performance reporting; • Standardised package authorisation process.

Failure to implement the findings of February 2021 CHC internal audit (Threat)
 	
CAUSE: If the CCG fails to implement the wide-ranging findings of the February 2021 Continuing Health Care (CHC) internal audit, including the need for reform of CHC Leadership, operating model and policy, contractual and funding arrangements, data quality, brokerages, Personal Health Budgets (PHBs), Invoicing, and Quality
 	
EFFECT: There is a risk that the CCG is unable to deliver services in accordance with the national framework and meet its statutory duties, and the Governing Body will continue to receive no assurance in relation to CHC.
 	
IMPACT: This may result in the CCG facing ongoing financial unsustainability, reputational damage and legal directions. This may also negatively impact
	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include:
	
	• The RSM internal audit report (February 2021) to establish baseline;
	• Established, though interim, directorate leadership;
	  ○ A remedial action plan;
	  ○ Finance Committee, Quality and Safety Committee and Audit Committee scrutiny;
	  ○ Robust quality and performance provider assurance;
	  ○ Amendments to the CCG's Standing Financial Instructions to support strong governance and packages of care;
	  ○ New contracts being agreed with providers, and data entry via brokerage process. Any Qualified Provider (AQP) contracts in place. Non AQP providers receive individual package contract;
	  ○ The completion of training and implementation of aligned and best practice in managing Caretrack data;
	  ○ The CCG has developed a series of risks to support the addressing of specific areas of the Internal Audit report;
	• An advisory internal audit report conducted in Financial Year 21/22 has shown good progress against the identified actions.

provider sustainability, and patient care.	

Other sources of assurance

Internal control framework

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

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

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

Whistleblowing

The CCG 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://northcentrallondonccg.nhs.uk/wp-content/uploads/2021/10/Speaking-Up-Whistleblowing-Policy-Oct21-2.pdf ;
- Two Freedom to Speak Up Guardians (Guardians) who are both Executive Directors. One for clinical matters and one who is for non-clinical matters. They act as independent sources of advice to staff on speaking up and whistleblowing. The Guardians have access to everyone in the organisation (including the Accountable Officer) and, where necessary, outside of the organisation. Staff can contact the Guardians at any stage. The Guardians also have 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;

- Three Speak Up Ambassadors (Ambassadors). Our Ambassadors are staff volunteers who have been trained to be a point of contact for any CCG 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 Head of Governance and Risk provides operational oversight of the Speaking Up/ Whistleblowing framework and support to the Freedom To Speak Up Ambassadors;
- Comprehensive training for Freedom To Speak Up Guardians and Freedom To Speak Up Ambassadors; and
- Training for all staff across the CCG on speaking up and whistleblowing.

Internal and external auditors

To ensure that the CCG's internal control mechanisms are effective they are subject to regular targeted review by RSM, our internal auditors, and by KPMG, 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; and
- We can incorporate lessons learned from other organisations into our internal control mechanisms to make them more effective.

Peer review

The CCG has a Corporate Services Directorate which includes a highly-experienced team of board secretaries and a specialist corporate governance and risk team. These professional governance colleagues regularly work together, with subject matter experts and with key stakeholders to develop new policies, systems and practices and ensures that colleagues from the wider commissioning system add their collective perspective, expertise and challenge.

Constitution

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

Key stakeholders and representatives are standing attendees at Governing Body meetings. This helps to ensure that colleagues from the wider system, including social care, influence Governing Body decisions using their collective perspective, expertise and challenge.

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

The system of internal control has been in place in the CCG for the year ending 31 March 2022 and up to the date of approval of the Annual Report and Accounts.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework. The annual internal audit of conflicts of interest was published in February 2022. The audit included a review of the governance arrangements, declarations of interest (including gift and hospitality), statutory registers, policies, decision making and staff training.

The audit found that taking account of the issues identified, the Governing Body can take substantial (green) assurance that the controls upon which the organisation relies to manage the identified area are suitably designed, consistently applied and operating effectively.

The audit made some recommendations on how to build upon the CCG's approach to conflicts of interest and an action plan has been put into place in this regard.

Data quality

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

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable

information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG submitted the NHS Data Security and Protection Toolkit for 2021/22 on 28 March 2022 and has achieved a score of standards exceeded. The CCG is preparing for the 2022/23 submission, when the Integrated Care Board will be rated as a category 1 organisation and will have additional requirements to meet.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and all information governance policies are available on the staff intranet. This is to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. In terms of significant data breaches, there have been no incidents requiring reporting to the ICO or SIs requiring reporting via the information governance toolkit for Financial Year 2021/22.

Business critical models

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

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

Business critical models in use within business intelligence include processes which support the identification and maintenance of a list of all business critical models and a schedule for periodic review. These processes are subject to review by internal audit, who review management

information data and process owners, and external audit whose work covers the quality assurance processes of financial models.

Third party assurances

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

Control issues

In financial year 2020/21 the CCG identified Continuing Healthcare (CHC) as a significant control issue. The CCG took a number of actions in financial years 2020/21 and 2021/22 which robustly addressed this which include:

- Establishing a comprehensive action plan to address each area of concern;
- The action plan being led by the Executive Director of Clinical Quality and the Director of CHC. All actions have been completed;
- Robust Audit Committee oversight and scrutiny including a progress report being presented at each meeting;
- Reports on CHC financial controls being presented to the Finance Committee;
- Key CHC risks on CHC being overseen by the Governing Body and its committees; and
- The CCG's internal auditors completing an advisory audit, finding in March 2022 that 'good progress' had been made.

Given the progress made, at the end of financial year 2021/22 the CCG no longer considers CHC to be a significant control issue. However, the CCG remains committed to ensuring a robust system of controls is maintained.

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

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

- The Governing Body receives a finance report from the Chief Finance Officer at each of its meetings;

- The Governing Body has established the Finance Committee, which receives regular finance reports and provides scrutiny and oversight of financial planning, budgets, costs and financial performance;
- The Audit Committee receives regular reports on financial governance, monitors the internal audit programme and reviews the draft and final annual accounts;
- The CCG has a programme of internal audits that provides assurance to the Governing Body and Executive Management Team of the effectiveness of its internal processes;
- The CCG's annual accounts are reviewed by the Audit Committee and audited by our external auditors. Following completion of the planned audit work, our external auditors will issue an independent and objective opinion on the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources;
- The CCG has a System Efficiency Plan in place to deliver cost and efficiency savings;
- The CCG has a robust risk management system in place with key risks being reviewed by the Governing and its committees at every meeting; and
- The CCG has robust and appropriate policies in place.

Delegation of functions

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

- The Primary Care Commissioning Committee which oversees and makes decisions on the commissioning of primary medical care services;
- An Audit Committee which provides oversight and scrutiny of the CCG's system of integrated governance, risk management, and internal controls;
- Committees are supported by clear terms of reference, with regularly scheduled meetings. Each committee's approved minutes are also reported to Governing Body meetings;
- A robust corporate governance framework with a strong system of internal controls. In 2021/22 the internal auditors undertook a review of the CCG's conflicts of interest management. It was rated as having 'substantial assurance' (green);
- A robust risk management framework and risk management processes. In 2021/22 the internal auditors undertook a review of the CCG's risk management framework and rated it as having 'substantial assurance' (green);
- A single suite of corporate governance policies which includes:
    - Risk Management Strategy and Policy;
    - Conflicts of Interest Policy;
    - Standards of Business Conduct Policy;

    - Counter Fraud, Bribery and Corruption Policy;
    - Sponsorship and Joint Working with the Pharmaceutical Industry Policy;
    - Speaking Up (Whistleblowing) Policy;
    - Procurement Policy; and
    - Any Qualified Provider Policy.
- Robust internal audit and counter fraud arrangements and plans. These are overseen by the Audit Committee in Common; and
- An Executive Management Team to ensure efficient and effective operations of delegated functions.

Counter fraud arrangements

The CCG is committed to reducing fraud and bribery against the NHS to a minimum. We have appointed a team of accredited Local Counter Fraud Specialists (LCFS) through RSM our internal auditors, who 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.

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

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

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

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

Area of Audit	**Level of Assurance Given**
Risk Management and Board Assurance Framework	Substantial Assurance
Conflicts of Interest	Substantial Assurance
Financial Planning	Substantial Assurance
Primary Care Commissioning	Reasonable Assurance
Recovery of Services	Reasonable Assurance
Working with the Council – Local Collaborative Arrangements	Reasonable Assurance
Primary Care Networks	Reasonable Assurance
Secure Remote Working, Information Security and Operational Resilience (draft)	Reasonable Assurance
Continuing Healthcare Follow Up	Advisory – good progress had been made to implement actions raised.

Based on the work undertaken on the CCG's system of internal control, the CCG concluded that no issues identified required reporting as significant control issues within the governance statement. The CCG has agreed appropriate plans and actions to address any recommendations arising from the internal audits.

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports. In addition, our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

Conclusion

The CCG generally has a sound system of internal controls with substantial assurance ratings for financial planning, risk management and the management of conflicts of interest.

In financial year 2020/21 the CCG identified one significant control issue which related to the Continuing Healthcare Service (CHC) and resulted in a 'no assurance' opinion from the CCG's internal auditors. The CCG put a comprehensive plan in place to address each of the areas of concern. The plan addressed systemic issues with leadership, clinical teams, Personal Health budgets, data quality, brokerage and invoicing. The plan was actioned in financial years 2020/21 and 2021/22.

Under the leadership of the CCG's Executive Director of Clinical Quality and the Director of CHC, the CCG made significant progress against the plan. This was confirmed by the CCG's internal auditors who undertook an advisory audit to assess the progress the CCG had made to address the issues raised in the 2020/21 CHC audit. In March 2022 the audit found that 'good progress' had been made. After the audit had concluded the CCG subsequently completed all of the actions on the plan.

Given the progress made the CCG no longer considers CHC to be a significant control issue.

No other significant internal control issues were identified in financial year 2021/22. However, where there are further enhancements to the framework of risk management, governance and internal control to ensure it remains adequate and effective these are being addressed, as set out earlier in this report, through action plans. With the exception of these other less significant internal control points the review confirms that the CCG has a generally sound system of internal control, which supports the achievements of its policies, aims and objectives.

Remuneration and Staff Report

Introduction

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

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

This section of the report outlines how those recommendations have been implemented by the CCG in the year to 31 March 2022.

Remuneration Committee

Members of the CCG Remuneration Committee during 2021/22 were:

Members	Role
Arnold Palmer	Appointed Lay Member, General Portfolio (including Equality, Diversity and Inclusion and the annual Quality, Innovation, Productivity and Prevention (QIPP) programme)
Ian Bretman	Appointed Lay Member - Patient and Public Engagement and Involvement portfolio
Karen Trew	Appointed Deputy Chair/Lay Member - Financial Management, Audit and Governance portfolio

The CCG operates the principle that no one should decide their own pay. Therefore, when the Remuneration Committee is considering Lay Member pay the members of the Committee are:

Members	Role
Dr Jo Sauvage	Elected Governing Body Chair/Clinical Representative from the London Borough of Islington
Dr Kevan Ritchie	Elected Governing Body Clinical Representative from the London Borough of Camden
Dr Chitra Sankaran	Elected Governing Body Clinical Representative from the London Borough of Enfield

Policy on the remuneration of senior managers

Our Remuneration Committee approves the remuneration policy for Governing Body members (including the Chair), Very Senior Managers ('VSM') and clinical leads. It also makes decisions on behalf of the Governing Body on the appropriate remuneration and terms of service for Governing Body members (including the Chair) and clinical leads.

NCL CCG does not operate a system of performance-related pay for Very Senior Managers or senior management posts.

NCL CCG senior managers' remuneration is in line with Agenda for Change terms and conditions. This falls outside of the remit of the Remuneration Committee.

Remuneration of Very Senior Managers

During the 2021/22 financial year, one Very Senior Manager has been paid more than £150,000 (2020/21, nil).

Remuneration disclosed for GP members with a contract for services includes employers pension contributions, which should be excluded from this assessment. Consequently no GP members have been paid more than £150,000 during 2021/22 financial year (2020/21, nil).

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

Salaries and allowances of senior managers 2021/22		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Board Members				
Dr Josephine Sauvage[1]	Chair and Islington Clinical Representative	160-165		160-165
Dr Charlotte Benjamin[1]	Clinical Vice-Chair and Barnet Clinical Rep	90-95		90-95
Ms Karen Trew[1]	Deputy Chair and Lay Member	20-25		20-25
Dr Clare Stephens[1]	Barnet Clinical Representative	55-60		55-60
Dr Neel Gupta[1]	Camden Clinical Representative	60-65		60-65
Dr Kevan Ritchie[1]	Camden Clinical Representative	40-45		40-45
Dr Chitra Sankaran[1]	Enfield Clinical Representative	60-65		60-65
Dr Nitika Silhi[1]	Enfield Clinical Representative	90-95		90-95
Dr Peter Christian[1]	Haringey Clinical Representative	55-60		55-60
Dr John Rohan[1]	Haringey Clinical Representative	55-60		55-60
Dr John McGrath[1]	Islington Clinical Representative	90-95		90-95

Dr Subir Mukherjee	Secondary Care Clinician	25-30		25-30
Ms Claire Johnston	Registered Norse	25-30		25-30
Mr Ian Bretman	Lay Member	20-25		20-25
Mr Arnold Palmer	Lay Member	20-25		20-25
Ms Frances O'Callaghan [2]	Accountable Officer	170-175	172.5-175	345-350
Mr Simon Goodwin	Chief Finance Officer	145-150	32.5-35	180-185
Executive Management Team				
Mr Paul Sinden	Chief Operating Officer	125-130	50-52.5	180-185
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships	120-125	27.5-30	150-155
Mr Ian Porter [3]	Executive Director of Corporate Services	115-120	27.5-30	145-150
Ms Kay Matthews	Executive Director of Quality	125-130	0	125-130
Ms Sarah Mansuralli [4]	Executive Director of Strategic Commissioning	135-140	30-32.5	165-170
Mr Richard Dale [5]	Executive Director of Transition	115-120	75-77.5	190-195
Other committee voting members				
Dr Dominic Roberts	Independent GP	80-85	32.5-35	115-120

Notes

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

[2]Appointed into role as Chief Executive Officer commencing 1 December 2021.

[3]Appointed into role as Executive Director of Corporate Affairs commencing 1 March 2022.

[4]Appointed into role as Chief Development and Population Health Officer commencing 1 March 2022.

[5]Appointed as member of the Executive management team commencing 26 April 2021.

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

The amount included here comprises all pension-related benefits, including: the cash value of payments (whether in cash or otherwise) in lieu of retirement benefits, and, all benefits in year from participating in pension schemes. The value of these benefits accrued during the year is calculated as: the real increase in the pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

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

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

- Jo Sauvage - £35-40k;
- Nitika Silhi – £25-30k;
- John McGrath - £25-30k.
- Dominic Roberts - £20-25k.

Senior manager remuneration (including salary and pension entitlements) – prior year comparatives

Salaries and allowances of senior managers 2020/21		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Board Members				
Dr Josephine Sauvage[1]	Chair and Islington Clinical Representative	140-145		140-145
Dr Charlotte Benjamin[1]	Clinical Vice-Chair and Barnet Clinical Rep	85-90		85-90
Ms Karen Trew	Deputy Chair and Lay Member	20-25		20-25
Dr Clare Stephens[1]	Barnet Clinical Representative	55-60		55-60
Dr Neel Gupta[1]	Camden Clinical Representative	60-65		60-65
Dr Kevan Ritchie[1]	Camden Clinical Representative	55-60		55-60
Dr Chitra Sankaran[1]	Enfield Clinical Representative	60-65		60-65
Dr Nitika Silhi[1]	Enfield Clinical Representative	85-90		85-90
Dr Peter Christian[1]	Haringey Clinical Representative	55-60		55-60
Dr John Rohan[1]	Haringey Clinical Representative	55-60		55-60
Dr John McGrath[1]	Islington Clinical Representative	80-85		80-85
Dr Subir Mukherjee	Secondary Care Clinician	20-25		20-25
Ms Claire Johnston	Registered Norse	25-30		25-30
Mr Ian Bretman	Lay Member	20-25		20-25
Mr Arnold Palmer	Lay Member	20-25		20-25
Ms Frances O'Callaghan	Accountable Officer	145-150	90-92.5	240-245
Mr Simon Goodwin	Chief Finance Officer	145-150	22.5-25	170-175
Executive Management Team				
Mr Paul Sinden	Chief Operating Officer	125-130	47.5-50	175-180
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships	125-130		125-130
Mr Ian Porter	Executive Director of Corporate Services	110-115	27.5-30	140-145
Ms Kay Matthews	Executive Director of Quality	130-135	12.5-15	145-150
Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	130-135	45-47.5	180-185
Mr Will Huxter	Executive Director of Strategy	130-135	15-17.5	145-150
Former Executive Management Team members				
Mr Tony Hoolaghan	Executive Managing Director (Haringey & Islington)	60-65		60-65
Ms Sarah D'Souza	Director of Commissioning (Barnet – job-share)	30-35	75-77.5	110-115
Ms Ruth Donaldson	Director of Commissioning (Barnet – job-share)	30-35	52.5-55	85-90
Other committee voting members				
Dr Dominic Roberts	Independent GP	65-70	57.5-60	140-145

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

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

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

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

Pension benefits as at 31 March 2022

Pensions

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

Member contribution rates before tax relief (gross):

Annual pensionable pay	Gross contribution rate
Up to £15,431.99	5.00%
£15,432 to £21,477.99	5.60%
£21,478 to £26,823.99	7.10%
£26,824 to £47,845.99	9.30%
£47,846 to £70,630.99	12.50%
£70,631 to £111,376.99	13.50%
£111,377 and over	14.50%

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

Salary and pension entitlements of directors and senior managers

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

Pension entitlements 21.22	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 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash equivalent transfer value at 1 April 2021 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2022 £'000
Board members							
Ms Frances O'Callaghan	7.5-10	17.5-20	55-60	145-150	945	155	1,135
Mr Simon Goodwin	2.5-5	0	55-60	110-115	1,038	38	1,103
Executive Management Team							
Mr Paul Sinden	2.5-5	0-2.5	40-45	80-85	741	49	813
Ms Sarah McDonnell-Davies	0-2.5	0	5-10	0	56	4	79
Mr Ian Porter	0-2.5	0	10-15	0	118	13	149
Ms Kay Matthews	0-2.5	0	50-55	100-105	986	0	1,006
Ms Sarah Mansuralli	2.5-5	0	40-45	75-80	751	31	805
Mr Richard Dale	2.5-5	0	20-25	0	170	27	218
Other voting committee members							
Dr Dominic Roberts	0-2.5	0	25-30	40-45	359	24	394

The below is the prior year comparatives remuneration and pensions table.

Pension entitlements 20.21	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash equivalent transfer value at 1 April 2020 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2021 £'000
Board members							
Ms Frances O'Callaghan	5-7.5	7.5-10	50-55	125-130	824	81	945

Mr Simon Goodwin	0-2.5	0	55-60	110-115	974	26	1,038
Executive Management Team							
Mr Paul Sinden	2.5-5	0-2.5	35-40	75-80	665	47	741
Mr Ian Porter	0-2.5	0	10-15	0	88	12	118
Ms Kay Matthews	0-2.5	0	50-55	105-110	932	20	986
Ms Sarah Mansuralli	2.5-5	0-2.5	40-45	75-80	677	43	751
Mr Will Huxter	0-2.5	0	40-45	105-110	877	23	934
Former Executive Management Team							
Mr Tony Hoolaghan	0	0	40-45	130-135	1,050	0	0
Ms Sarah D'Souza	0-2.5	0-2.5	30-35	40-45	418	24	495
Ms Ruth Donaldson	0-2.5	0-2.5	25-30	55-60	350	13	399
Other voting committee members							
Dr Dominic Roberts	2.5-5	5-7.5	20-25	40-45	301	44	359

Cash equivalent transfer values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

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

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

No Payments were made in 2021/22 (2020/21, nil).

Payments to past directors

No payments were made to past directors in 2021/22 (2020/21, nil).

Fair Pay Disclosure

Percentage change in remuneration of highest paid director

Reporting bodies are required to disclose pay ratio information and detail concerning 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	8%	N/A
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	12%	N/A

Pay ratio information

As at 31 March 2022, remuneration ranged from £0k-5k to £215k-220k (2020/21: £0k-5k to £200k-205k) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). 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.

Remuneration of NHS NCL CCG's CCG staff is shown in the table below:

	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£45,864	£66,746	£92,045
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£35,961	£52,762	£72,225

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

The banded remuneration of the highest paid director/member in NHS NCL CCG in the financial year 2021/22 was £215-220k (2020/21: £200k-205k). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th percentile total remuneration ratio	25th percentile salary ratio	Median total remuneration ratio	Median salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2021/22	4.79	4.79	3.29	3.26	2.39	2.38
2020/21	5.90	8.42	3.34	4.20	2.37	2.99

In 2021/22, 0 (2020/21, 1) employees received remuneration in excess of the highest-paid director/member.

Frances O'Callaghan

Accountable Officer

20th June 2022

Staff Report

Number of senior managers

At the 31 March 2022, there were 11 individuals on a Very Senior Manager grade in NCL CCG.

Senior Managers information

At the 31 March 2022, there were 25 Senior Managers on Band 9.

Staff numbers and costs (for staff numbers see Note 4.1 of accounts)

2021-22	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	9,675	1,969	**11,644**	16,588	7,074	**23,662**	26,263	9,043	**35,306**
Social security costs	1,235	-	**1,235**	1,905	-	**1,905**	3,140	-	**3,140**
Employer contributions to the NHS Pension Scheme	2,756	-	**2,756**	2,171	-	**2,171**	4,927	-	**4,927**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	138	-	**138**	-	-	**-**	138	-	**138**
Other post-employment Benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment Benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**13,804**	**1,969**	**15,773**	**20,664**	**7,074**	**27,738**	**34,468**	**9,043**	**43,511**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**13,804**	**1,969**	**15,773**	**20,664**	**7,074**	**27,738**	**34,468**	**9,043**	**43,511**
Less: Employee costs Capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised Costs	**13,804**	**1,969**	**15,773**	**20,664**	**7,074**	**27,738**	**34,468**	**9,043**	**43,511**

Staff numbers and costs (prior year comparatives)

2020-21	Admin	Programme	Total

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

Staff composition

*Gender breakdown of NCL CCG Governing Body members at 31 March 2022:

	Male	Female	Total
Elected	5	5	10
Appointed	3	2	5
Non-Voting	N/A	N/A	N/A
Total	**8**	**7**	**15**

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

Gender breakdown of all staff including Senior Managers and managers at Very Senior Managers grade as at 31 Mar 2022:

Pay Group	Female	Male	Total
Band 2	0	1	1
Band 3	18	3	21
Band 4	5	3	8
Band 5	29	8	39
Band 6	33	14	47
Band 7	48	17	65
Band 8a	59	29	88
Band 8b	55	21	76
Band 8c	44	23	68
Band 8d	28	20	48
Personal Spot Salary*	5	3	8
Senior Managers (Band 9 and above inclusive of VSM)	20	15	35
Grand Total	344	157	501

To note:

- Staff on outward secondment are not included in the staffing information in the above table.
- Staff who hold multiple assignments at different pay bands, are recorded in each role they hold.

*Staff on a personal spot salary are staff who transferred into the CCG on Non Agenda for Change Pay terms in accordance with the Transfer of Undertaking (Protection of Employment) Regulations.

Sickness absence data

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

Local ESR data shows the sickness figures for NCL CCG for the calendar year 01 April 2021-31 March 2022 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
2.26%	**3,585**	**3,360.64**	**148,694.62**

Staff turnover percentages

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

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

Turnover Rate (12m)	Percentage
Turnover Rate	**11.54%**

Staff engagement scores

NCL CCG took part in the annual NHS staff survey. The survey ran from October-November 2021. The Staff Survey Results for the CCG are published on the **NHS Staff Survey Results Website**.

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

Category	Question from Staff Survey	Overall Score
Advocacy	• Would recommend organisation as place to work • If friend/relative needed treatment would be happy with standard of care provided by organisation • Care of patients/service users is organisation's top priority	6.4
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	7.0
Motivation	• Often/always look forward to going to work • Often/always enthusiastic about my job • Time often/always passes quickly when I am working	6.8
Overall Score		6.7

The maximum possible score is 10 and the lowest possible score is 0**.** The engagement score for each category is an average of its three respective question scores. The overall staff engagement score is the average of the scores for all categories. The overall engagement score for NCL CCG in the 2021 NHS Staff Survey was 6.7.

Staff policies

NCL CCG is committed to advancing equality of opportunity for all employees regardless of their protected characteristics or backgrounds. The way the CCG demonstrates this is by ensuring the robustness of effective implementation of its employment practices, policies and procedures, which ensure that no employee, or potential employee receives less favourable treatment on the grounds of their protected characteristics, as required by the Equality Act 2010 and the CCG policies. All our Human Resource (HR) policies reflect the public sector equality duty and the need to show 'due regard' to it.

The impacts of HR policy/organisational change are subject to an equality impact assessment (EQIA) to ensure 'due regard' to the public sector equality duty and NHS good practice recommendations. The CCG is committed to ensuring the EQIA is carried out in a robust and

effective way and the outcomes, including any recommendations or actions, are followed to ensure that no staff should be unfairly treated or discriminated against on the grounds of their protected characteristics or their association with someone with a protected characteristic. Any adverse impact identified through EQIAs for any staff within a protected characteristic group is either eliminated or minimised by the actions identified within the relevant equality impact assessment.

The CCG has in place an open, fair and transparent system for recruiting staff, clinical leads and Governing Body Members, which places emphasis on individuals' skills, abilities and experience. This enables the CCG to ensure that the diversity of our workforce represents the local community it serves.

The CCG's Recruitment and Selection Policy and Procedure explicitly states that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled or as having a health condition that requires adjustments. Reasonable steps are taken accordingly to ensure all applicants are treated fairly, which includes making adjustments in terms of interviewing venue, selection and aptitude tests. The selection criteria contained within the job descriptions and person specifications are reviewed prior to commencing recruitment to ensure that they are consistent and commensurate with duties and responsibilities, and are essential for the effective performance of the role. In turn, the selection criteria used do not unfairly discriminate directly or indirectly any potential candidates.

The CCG is committed to organisational improvement through organisational, team and personal development. This means that all employees need to continually develop their skills and expertise so that they are able to carry out their role efficiently and effectively and can fully contribute to the success of the CCG. Staff have access to learning and development opportunities in accordance with the CCG's Learning and Development Policy.

The Appraisal Policy and Procedure provides a framework for maximising the effectiveness and potential of each employee so that they can contribute successfully to the achievements of the CCG's objectives. It also helps staff and managers to develop objectives by ensuring links to team/service objectives and ensures the right support, tools and mechanisms are in place to achieve the objectives. The Workforce System has the necessary functions to help staff and mangers to plan and complete their appraisals and also monitor and record progress.

The CCG continues to review how we positively support staff with their health and wellbeing whilst in employment. During 2020/21 the CCG introduced a Health and Wellbeing Programme which continued through 2021/22. This included programmes such as weekly mindfulness sessions and mental health wellbeing sessions, delivered by experts from a local NHS mental health provider organisation, and the recruitment of Mental Health and Wellbeing Champions.

Trade Union Facility Time Reporting Requirements

Reference	Question	Figures
Table 1 Relevant union officials	Number of employees who were relevant union officials during the relevant period	5.00
	Full-time equivalent employee number	5.00
Table 2 Percentage of time spent on facility time	**Percentage of time**	**Number of employees**
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?	0	0.00
	1-50%	5.00
	51%-99%	0.00
	100%	0.00
Table 3 Percentage of pay bill spent on facility time	Total cost of facility time	£4,736
	Total pay bill	£363,202
	Provide the percentage of the total pay bill spent on facility time	1.30%
Table 4 Paid trade union activities	Time spent on paid trade union activities as a percentage of total paid facility time hours	1.31%

Other employee matters

Employee consultation

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

- Review and strengthen the CCG's policies and practices so that they are carried out fairly and equitable in order to thrive as a diverse and inclusive workforce;
- Develop the CCG's workforce priorities that will make the CCG the best place to work;
- Address areas of improvement identified from the national staff survey;
- Shape the CCG's health and wellbeing programme; and

- Promote best practice in engaging, consulting and supporting the workforce during transition, minimising disruption and uncertainty for staff.

Equality and diversity

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

- Achieving the best clinical outcome and reduce health inequalities for patients;
- Advancing workforce equality and fairness to ensure that all our staff feel the organisation is fair and inclusive;
- Compliance with all statutory and mandatory equality, diversity and inclusion requirements
- Reflecting in its workforce the diversity of the population it serves;
- Undertaking annual equality reviews by examining workforce data against protected characteristics;
- Continuously refresh its induction and equality information for staff and external stakeholders to raise awareness;
- Ensure that each manager will work to create an environment in which individual differences and the contributions of all our staff are recognised and valued;
- Ensure all staff are aware of the policy, and the reasons for the policy; and
- Support the completion of the annual equality audit and the review of findings.

The CCG's Diversity and Inclusion Strategy demonstrates our commitment to move beyond the minimum statutory and mandatory compliance requirements and reflects the CCG's pledge to continue to give our staff and patients a true sense of belonging, through engagement and collaboration. Our diversity and inclusion objectives focus on two critical areas that are underpinned by a number of outcomes:

- Tackling health inequalities and strengthening the system approach to population/place-based health and care management; and
- Recruiting to a reflective workforce at all levels with a fair and just organisational culture.

Expenditure on consultancy

31-Mar-22			31-Mar-21
Admin £'000	**Programme £'000**	**TOTAL £'000**	**TOTAL £'000**
-	1,711	1,711	642

Off-payroll engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as at 31 March 2022 for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2022	56
Of which, the number that have existed:	
for less than one year at the time of reporting	30
for between one and two years at the time of reporting	18
for between 2 and 3 years at the time of reporting	7
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

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

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2021 and 31 March 2022, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	173
Of which:	
No. not subject to off-payroll legislation[(2)]	0
No. subject to off-payroll legislation and determined as in-scope of IR35[(2)]	124
No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	49
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. 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 engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2021 and 31 March 2022

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

Note

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

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

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000			2	• £1,666.80 • £1,913.05	2	• £1,666.80 • £1,913.05		
£10,000 - £25,000			2	• £12,128.69 • £12,500.00	2	• £12,128.69 • £12,500.00	1	• £12,500.00
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 – £200,000								
>£200,000								
TOTALS			**4**	**£28,208.54**	**4**	**£28,208.54**	**1**	**£12,500.00**

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

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs	N/A	
Mutually agreed resignations (MARS) contractual costs	N/A	
Early retirements in the efficiency of the service contractual costs	N/A	
Contractual payments in lieu of notice*	3	£26,089.07
Exit payments following Employment Tribunals or court orders	1	£12,500.00
Non-contractual payments requiring HMT approval**	N/A	
TOTAL	**4**	**£28,208.54**

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

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

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

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

Parliamentary Accountability and Audit Report

NHS North Central London CCG is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on losses and special payments, gifts, and fees and charges in this Accountability Report. An audit certificate and report is also included in this Annual Report at page 168.

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS North Central London Clinical Commissioning Group ("the CCG") for the year ended 31 March 2022 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2022 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2021/22.

Basis for opinion

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

Emphasis of matter – going concern

We draw attention to the disclosure made in note 17 to the financial statements which explains that on 01 July 2022, NHS North Central London CCG will be dissolved, and its services transferred to NHS North Central London Integrated Care Board. Under the continuation of service principle, the financial statements of the CCG have been prepared on a going concern basis because its services will continue to be provided by the successor public sector entity. Our opinion is not modified in this respect.

Going concern basis of preparation

The Accountable Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

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

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the CCG will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee and internal audit as to the CCG's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the CCG's accounting policies.

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

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

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

We did not identify any additional fraud risks

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included self-authorised journals, journals which reduce year end expenditure.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Agreeing a sample of year end accruals back to supporting evidence in order to assess whether the accrual exists and has been recorded at an accurate value.
- For a sample of expenditure items paid in the period 01 March 2022 to 31 May 2022, assessing whether the expenditure has been recognised in the appropriate accounting period

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

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

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

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

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

The CCG is subject to laws and regulations that directly affect the financial statements including the National Health Service Act 2006 and financial reporting legislation.. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items and our work on the regularity of expenditure incurred by the CCG in the year of account.

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

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

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

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

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

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements; and
- in our opinion the other information has been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 100, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

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

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

Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 100, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Governing Body of NHS North Central London CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Governing Body of the CCG, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Governing Body, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS North Central London CCG for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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

21 June 2022

ANNUAL ACCOUNTS

Frances O'Callaghan

Accountable Officer

20th June 2022

NHS NORTH CENTRAL LONDON CCG - Annual Accounts 2021-22

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Income from sale of goods and services	2	(24,144)	(23,097)
Other operating income	2	(25)	(179)
Total operating income		**(24,169)**	**(23,276)**
Staff costs	4	43,511	43,030
Purchase of goods and services	5	3,318,557	2,870,545
Depreciation and impairment charges	5	134	205
Provision expense	5	(237)	720
Other operating expenditure	5	996	3,571
Total operating expenditure		**3,362,961**	**2,918,071**
Net Operating Expenditure		**3,338,792**	**2,894,795**
Total Net Expenditure for the year		**3,338,792**	**2,894,795**
Comprehensive Expenditure for the year		**3,338,792**	**2,894,795**

Statement of Financial Position as at 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Non-current assets:			
Property, plant and equipment	8	0	134
Total non-current assets		**0**	**134**
Current assets:			
Trade and other receivables	9	31,319	49,234
Cash and cash equivalents	10	153	371
Total current assets		**31,472**	**49,605**
Total assets		**31,472**	**49,739**
Current liabilities			
Trade and other payables	11	(365,979)	(305,309)
Provisions	12	0	(488)
Total current liabilities		**(365,979)**	**(305,797)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(334,507)**	**(256,058)**
Non-current liabilities			
Provisions	12	(953)	(720)
Total non-current liabilities		**(953)**	**(720)**
Assets less Liabilities		**(335,460)**	**(256,778)**
Financed by taxpayers' equity			
General fund		(335,460)	(256,778)
Total taxpayers' equity:		**(335,460)**	**(256,778)**

The financial statements were approved by the Audit Committee under delegated authority from the Governing Body on the 8th of June 2021 and signed on its behalf by:

Frances O'Callaghan

Accountable Officer

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2022

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22		
Balance at 01 April 2021	(256,778)	**(256,778)**
Adjusted NHS CCG balance at 01 April 2021	**(256,778)**	**(256,778)**
Changes in NHS CCG taxpayers' equity for 2021-22		
Net operating expenditure for the financial year	(3,338,792)	**(3,338,792)**
Net Recognised NHS CCG expenditure for the financial year	**(3,338,792)**	**(3,338,792)**
Net funding	3,260,110	**3,260,110**
Balance at 31 March 2022	**(335,460)**	**(335,460)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April 2020	(227,783)	**(227,783)**
Adjusted NHS CCG balance at 01 April 2020	**(227,783)**	**(227,783)**
Changes in NHS CCG taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(2,894,795)	**(2,894,795)**
Net Recognised NHS CCG expenditure for the financial year	**(2,894,795)**	**(2,894,795)**
Net funding	2,865,800	**2,865,800**
Balance at 31 March 2021	**(256,778)**	**(256,778)**

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

Financial Performance:
During 2021-22 NHS North Central London CCG received Revenue Resource Limit funds of £3,342,090,000 and incurred expenditure of £3,338,792,000. This resulted in an in year surplus of £3,298,000.

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

Statement of Cash Flows for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(3,338,792)	(2,894,795)
Depreciation and amortisation	5	134	205
(Increase)/decrease in trade & other receivables	9	17,915	(4,249)
Increase/(decrease) in trade & other payables	11	60,670	32,496
Provisions utulised	12	(18)	0
Increase/(decrease) in provisions	12	(237)	720
Net Cash Inflow (Outflow) from Operating Activities		**(3,260,328)**	**(2,865,623)**
Net Cash Inflow (Outflow) before Financing		**(3,260,328)**	**(2,865,623)**
Cash Flows from Financing Activities			
Net Funding Received		3,260,110	2,865,800
Net Cash Inflow (Outflow) from Financing Activities		**3,260,110**	**2,865,800**
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(218)**	**177**
Cash & Cash Equivalents at the Beginning of the financial year		**371**	**194**
Cash & Cash Equivalents (including bank overdrafts) at the End of the financial year		**153**	**371**

The statement of cash flows analyses the cash implication of the actions taken by the CCG during the year. The operating activities (total operating costs for the year adjusted for payables and receivables working balances) are netted off by the actual cash funding received from NHS England, resulting in year-end cashbook balance of £153k.

Notes to the financial statements

1 Accounting policies

NHS England has directed that the financial statements of clinical commissioning groups (CCGs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual (GAM) 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group 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 31st March 2022 the CCG had net liabilities of £335,460,000
The Health and Care Act received royal assent on 28 April 2022. The Act allows for the establishment of Integrated Care Boards (ICB) across England and will abolish CCGs. ICBs will take on the commissioning functions of CCGs. As a result the functions, assets and liabilities of the CCG will therefore transfer to NHS North Central London Integrated Care Board.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern. If services will continue to be provided the financial statements are prepared on the going concern basis. As the CCG's functions will continue to be delivered by the ICB the CCG has therefore assessed that it remains a going concern as at 31 March 2022.

1.2 Accounting convention

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

1.3 Pooled budgets

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

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

1.4 Operating segments

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

1.5 Revenue

In the application of IFRS 15 Revenue from Contracts with Customers, a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the CCG will not disclose information regarding the performance obligations part of a contract that has an original expected duration of one year or less,
- The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with the value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the CCG is NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard, reflecting cross-government principles.

The value of the benefit received when the CCG accesses funds from the Government's apprenticeship service is recognised as income in accordance with IAS 20 Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6 Employee benefits

1.6.1 Short-term employee benefits

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

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.

1.6.2 Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the CCG commits itself to the retirement, regardless of the method of payment.

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

1.7 Other expenses

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

1.8 Property, plant & equipment

1.8.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the CCG;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

1.8.2 Measurement

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

1.8.3 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.8.4 Depreciation & impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

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

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

1.9 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.9.1 The CCG as lessee

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

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

1.10 Cash & cash equivalents

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

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

1.11 Provisions

Provisions are recognised when the CCG has a present legal or constructive obligation as a result of a past event, it is probable that the CCG will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.12 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the CCG pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with CCG.

1.13 Non-clinical risk pooling

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

1.14 Financial assets

Financial assets are recognised when the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9 Financial Instruments and is determined at the time of initial recognition.

1.14.1 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.

1.14.2 Impairment

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

The CCG adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the CCG does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

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

1.15 Financial liabilities

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

1.15.1 Financial guarantee contract liabilities

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

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

1.16 Value Added Tax
Most of the activities of the CCG are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Losses & special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the CCG not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

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

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

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

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

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

1.19 Accounting Standards issued but not yet adopted
The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022-23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The clinical commissioning group will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the clinical commissioning group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining

lease payments discounted on transition at the clinical commissioning group's incremental borrowing rate. The clinical commissioning group's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022-23, the clinical commissioning group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

● 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 2023: early adoption is not therefore permitted.

2. Other Operating Revenue

	2021-22 Total	2020-21 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	1,033	207
Non-patient care services to other bodies	20,011	21,099
Prescription fees and charges	-	158
Other contract income	3,100	1,633
Total Income from sale of goods and services	**24,144**	**23,097**
Other operating income		
Other non-contract revenue	25	179
Total Other operating income	**25**	**179**
Total Operating Income	**24,169**	**23,276**

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

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

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Source of Revenue			
NHS	1,033	974	1,817
Non NHS	-	19,037	1,283
Total	**1,033**	**20,011**	**3,100**

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Timing of Revenue			
Point in time	1,033	20,011	3,100
Total	**1,033**	**20,011**	**3,100**

4. Employee benefits and staff numbers

4.1.1 Employee benefits **Total** **2021-22**

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	26,263	9,043	35,306
Social security costs	3,140	-	3,140
Employer contributions to NHS Pension scheme	4,927	-	4,927
Apprenticeship Levy	138	-	138
Gross employee benefits expenditure	**34,468**	**9,043**	**43,511**

4.1.1 Employee benefits **Total** **2020-21**

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

4.2 Average number of people employed

	2021-22		
	Permanently employed Number	Other Number	Total Number
Total	463.16	96.44	**559.60**

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

4.3 Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2021-22 Other agreed departures		2021-22 Total Exit Packages		2021-22 Special payment included in Exit Packages	
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	-	-	2	3,580	2	3,580	-	-
£10,001 to £25,000	-	-	2	24,629	2	24,629	1	12,500
Total	**-**	**-**	**4**	**28,209**	**4**	**28,209**	**1**	**12,500**

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

Analysis of other agreed departures

	2021-22 Other agreed departures		2020-21 Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	3	15,709	3	74,927
Exit payments following employment tribunals or court orders	1	12,500	-	-
Total	**4**	**28,209**	**3**	**74,927**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Terms & Conditions.

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

4.4 Pension costs

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

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

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

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. From 2019-20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

5. Operating expenses

	2021-22 Total	2020-21 Total
Purchase of goods and services	**£'000**	**£'000**
Services from other CCGs and NHS England	19,720	16,359
Services from foundation trusts	1,365,023	1,068,239
Services from other NHS trusts	1,034,366	902,617
Services from Other WGA bodies	-	491
Purchase of healthcare from non-NHS bodies	408,145	406,047
Purchase of social care	1,643	1,320
Prescribing costs	186,987	185,566
Pharmaceutical services	21	5
GPMS/APMS and PCTMS	267,476	250,256
Supplies and services – clinical	1,302	1,222
Supplies and services – general	17,475	21,885
Consultancy services	1,711	642
Establishment	3,542	5,074
Transport	22	4
Premises	5,650	5,173
Audit fees	204	204
Other non-statutory audit expenditure		
· Internal audit services	180	187
· Other services	24	41
Other professional fees	3,996	3,695
Legal fees	450	698
Education, training and conferences	620	820
Total Purchase of goods and services	**3,318,557**	**2,870,545**
Depreciation and impairment charges		
Depreciation	134	205
Total Depreciation and impairment charges	**134**	**205**
Provision expense		
Provisions	(237)	720
Total Provision expense	**(237)**	**720**
Other Operating expenditure		
Chair and Non-Executive Members	890	679
Grants to other bodies	3	639
Expected credit loss on receivables	18	1,012
Other expenditure	85	1,241
Total Other Operating expenditure	**996**	**3,571**
Total Operating expenditure	**3,319,450**	**2,875,041**

The 2021-22 fee to the CCG's external auditors, KPMG LLP, is £170,000 excluding VAT £34,000. The fee disclosed includes the additional fee for IFRS 16 Transition work and Value for Money.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, the CCG is required to disclose the limit of its auditor's liability. The contract signed states that the liability of KPMG LLP, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

The CCG will be required to obtain assurance from the external auditors over reported compliance with the requirements of the Mental Health Investment Standard.
The 2021-22 fee for Mental Health Investment Standard is £20,000 excluding VAT.

6.1 Better Payment Practice Code

Measure of compliance	2021-22 Number	2021-22 £'000	2020-21 Number	2020-21 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	47,306	698,136	45,753	596,894
Total Non-NHS Trade Invoices paid within target	42,400	584,060	42,608	539,975
Percentage of Non-NHS Trade invoices paid within target	**89.63%**	**83.66%**	**93.13%**	**90.46%**
NHS Payables				
Total NHS Trade invoices paid in the Year	1,422	2,389,839	7,724	2,062,690
Total NHS Trade Invoices paid within target	1,239	2,385,513	6,965	2,056,867
Percentage of NHS Trade invoices paid within target	**87.13%**	**99.82%**	**90.17%**	**99.72%**

The BPPC requires the CCG to pay 95% of all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
No payments were made during the year in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998.

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2021-22			2020-21		
	Buildings £'000	Other £'000	Total £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense						
Minimum lease payments	1,320	5	1,325	1,598	10	1,608
Total	**1,320**	**5**	**1,325**	**1,598**	**10**	**1,608**

7.1.2 Future minimum lease payments

	2021-22			2020-21		
	Buildings £'000	Other £'000	Total £'000	Buildings £'000	Other £'000	Total £'000
Payable:						
No later than one year	1,113	-	1,113	1,241	-	1,241
Between one and five years	2,983	-	2,983	3,420	-	3,420
After five years	-	-	-	25	-	25
Total	**4,096**	**-**	**4,096**	**4,686**	**-**	**4,686**

8. Property, plant and equipment

	Information technology £'000	Total £'000
Cost or valuation at 01 April 2021	549	549
Cost/Valuation at 31 March 2022	**549**	**549**
Depreciation 01 April 2021	415	415
Charged during the year	134	134
	549	**549**
Net Book Value at 31 March 2022	**(0)**	**(0)**

9. Trade and other receivables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS receivables: Revenue	6,021	7,035
NHS accrued income	3,099	11,421
Non-NHS and Other WGA receivables: Revenue	12,728	13,794
Non-NHS and Other WGA prepayments	76	1,109
Non-NHS and Other WGA accrued income	9,274	17,130
Expected credit loss allowance-receivables	(1,960)	(1,942)
VAT	2,081	687
Total Trade & other receivables	**31,319**	**49,234**
Total current and non-current	**31,319**	**49,234**

9.2 Receivables past their due date but not impaired

	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	763	9,630	1,535	267
By three to six months	1,712	34	1	1,077
By more than six months	541	2,813	3,007	10,057
Total	**3,016**	**12,477**	**4,543**	**11,401**

9.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Balance at 01 April 2021	(1,942)	**(1,942)**
Lifetime expected credit losses on trade and other receivables-Stage 2	(18)	**(18)**
Total	**(1,960)**	**(1,960)**

10. Cash and cash equivalents

	2021-22 £'000	2020-21 £'000
Balance at 01 April 2021	371	194
Net change in year	(218)	177
Balance at 31 March 2022	**153**	**371**
Made up of:		
Cash with the Government Banking Service	153	371
Cash and cash equivalents as in statement of financial position	**153**	**371**
Balance at 31 March 2022	**153**	**371**

11. Trade and other payables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS payables: Revenue	14,900	614
NHS accruals	29,769	16,069
Non-NHS and other WGA payables: Revenue	110,635	102,939
Non-NHS and other WGA accruals	202,741	180,302
Social security costs	528	449
Tax	519	410
Other payables and accruals	6,887	4,526
Total Trade & Other Payables	**365,979**	**305,309**
Total current and non-current	**365,979**	**305,309**
Other payables include outstanding pension contributions	582	498

12. Provisions

	Current 2021-22 £'000	Non-current 2021-22 £'000	Current 2020-21 £'000	Non-current 2020-21 £'000
Legal claims	-	740	488	252
Other	-	213	-	468
Total	**-**	**953**	**488**	**720**
Total current and non-current	**953**		**1,208**	

	Legal Claims £'000	Other £'000	Total £'000
Balance at 01 April 2021	**740**	**468**	**1,208**
Arising during the year	-	74	**74**
Utulised during the year	-	(18)	**(18)**
Reversed unused	-	(311)	**(311)**
Balance at 31 March 2022	**740**	**213**	**953**
Expected timing of cash flows:			
Between one and five years	740	213	**953**
Balance at 31 March 2022	**740**	**213**	**953**

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 31 March 2022 is £0 (£0 at 31st March 2021).

13. Financial instruments

13.1 Financial risk management

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

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

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

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

13.1.3 Credit risk

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

13.1.4 Liquidity risk

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

13.1.5 Financial Instruments

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

13.2 Financial assets

	Financial Assets measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Trade and other receivables with NHSE bodies	5,509	5,509
Trade and other receivables with other DHSC group bodies	12,908	12,908
Trade and other receivables with external bodies	12,705	12,705
Cash and cash equivalents	153	153
Total at 31 March 2022	**31,275**	**31,275**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Trade and other payables with NHSE bodies	5,368	5,368
Trade and other payables with other DHSC group bodies	40,947	40,947
Trade and other payables with external bodies	318,616	318,616
Total at 31 March 2022	**364,931**	**364,931**

14. Operating segments

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

15. Joint arrangements - interests in joint operations

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

15.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY			
			2021-22		2020-21	
			Income £'000	Expenditure £'000	Income £'000	Expenditure £'000
Section 75 Pooled Budget	NHS NCL CCG & 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	-	35,146	(41)	33,376
Section 75 Pooled Budget	NHS NCL CCG & 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	(8,705)	57,206	(8,412)	57,160
Section 75 Pooled Budget	NHS NCL CCG & 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	-	26,981	-	25,884
Section 75 Pooled Budget	NHS NCL CCG & 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	(7,853)	81,763	(7,853)	84,874
Section 75 Pooled Budget	NHS NCL CCG & 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	-	37,915	-	34,867
			(16,558)	239,011	(16,306)	236,161

16. Related party transactions

Details of related party transactions with individuals are as follows:

Related party transactions - 2021-22

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

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

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Barnet Federated GPs Ltd	9,795	0	0	0
Camden Health Evolution Ltd	52	0	30	0
Enfield Healthcare Co-operative Ltd	3,221	0	5	0
Enfield One Ltd	2,252	0	0	0
Federated4Health Ltd	10,804	(71)	185	0
Islington GP Group Ltd	10,192	0	145	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS North Central London CCG's Governing Body during 2021-22. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

City Road Medical Centre	1,419	0	63	0
Dowsett Road Surgery	714	0	119	0
Hillview Surgery	251	0	9	0
Keats Group Practice	1,853	0	145	0

Lawrence House Surgery	2,766	0	283	0
Medicus Health Partners	14,521	0	780	0
Mildmay Medical Practice	1,065	0	45	0
Muswell Hill Practice	1,625	0	57	0
Park Lodge Medical Centre	0	0	9	0
St George's Medical Centre	1,405	0	101	0
The Bloomsbury Surgery	863	0	27	0
Tottenham Hale Medical Practice	428	0	51	0
Winchmore Practice	3,274	0	217	0

The Department of Health is regarded as a related party. During 2021-22 NHS North Central London CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

Barking, Havering & Redbridge University Hospitals NHS Trust	1,045	0	1	0
Barnet, Enfield & Haringey Mental Health NHS Trust	190,547	(635)	1,200	(43)
Barts Health NHS Trust	26,381	0	252	0
Camden & Islington NHS Foundation Trust	126,689	0	4,697	0
Central & North West London NHS Foundation Trust	42,189	0	585	(25)
Central London Community Healthcare NHS Trust	51,926	0	1,757	(13)
Chelsea And Westminster Hospital NHS Foundation Trust	3,720	0	0	(41)
Community Health Partnerships	3,485	0	1,003	0
East & North Hertfordshire NHS Trust	1,317	0	0	0
East London NHS Foundation Trust	1,022	0	653	(5)
Great Ormond Street Hospital for Children NHS Foundation Trust	59,265	0	1,346	(36)
Guy's & St Thomas' NHS Foundation Trust	16,149	0	43	0
Health Education England	0	(1,033)	0	(23)
Homerton University Hospital NHS Foundation Trust	16,954	0	40	0
Imperial College Healthcare NHS Trust	20,321	0	0	0
King's College Hospital NHS Foundation Trust	2,705	0	272	0
London Ambulance Service NHS Trust	65,566	0	32	0
London North West Healthcare NHS Trust	16,594	0	106	0

Moorfields Eye Hospital NHS Foundation Trust	44,033	0	1,019	0
NHS England – London Regional Office	302	(2,037)	291	(5,397)
NHS NEL CSU	18,101	0	3,158	(6)
NHS North of England CSU	891	0	1,151	0
North East London NHS Foundation Trust	3,039	0	121	(8)
North Middlesex University Hospital NHS Trust	292,358	0	0	(2,850)
Royal Free London NHS Foundation Trust	627,931	0	10,805	(8)
Royal National Orthopaedic Hospital NHS Trust	53,794	0	658	0
South London & Maudsley NHS Foundation Trust	1,649	0	0	0
St George's University Hospitals NHS Foundation Trust	1,483	0	122	0
Tavistock & Portman NHS Foundation Trust	15,160	0	313	0
The Princess Alexandra Hospital NHS Trust	1,350	0	0	0
University College London Hospitals NHS Foundation Trust	402,293	0	12,327	(179)
West Hertfordshire Hospitals NHS Trust	1,821	0	5	0
Whittington Health NHS Trust	311,561	0	2,356	(136)

During 2021-22 NHS North Central London CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

Barnet London Borough Council	25,326	(108)	24,165	(920)
Camden London Borough Council	42,430	(10,665)	20,516	(2,519)
Enfield London Borough Council	25,079	(18)	22,303	(212)
Haringey London Borough Council	13,413	(7,853)	35,762	(17,100)
Islington London Borough Council	34,677	(394)	21,399	(46)

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 CCG. The transactions below are payments made to the related parties within NCL CCG declared by DHSC Ministers and Senior Officials.

Partnering Health Limited	6	0	0	0

16.1 Prior year Related party transactions contd.

Details of related party transactions with individuals are as follows:

Related party transactions - 2020-21

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

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

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

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

City Road Medical Centre	1,294	0	68	0
Dowsett Road Surgery	716	0	114	0
Hillview Surgery	302	0	61	0
Keats Group Practice	1,944	0	207	0

Lawrence House Surgery	2,473	0	172	0
Medicus Health Partners	5,905	0	1,211	0
Mildmay Medical Practice	1,059	0	95	0
Muswell Hill Practice	1,690	0	147	0
Park Lodge Medical Centre	624	0	97	0
St George's Medical Centre	1,462	0	168	0
The Bloomsbury Surgery	736	0	120	0
Tottenham Hale Medical Practice	713	0	107	0
Winchmore Practice	2,386	0	84	0

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

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

Moorfields Eye Hospital NHS Foundation Trust	28,389	0	0	(557)
NHS England	(921)	(3,517)	348	(5,573)
NHS NEL CSU	17,229	(3)	2,288	(111)
NHS Property Services	654	0	2,667	(4)
North East London NHS Foundation Trust	3,591	0	479	(8)
North Middlesex University Hospital NHS Trust	253,937	(6)	395	(6)
Royal Brompton & Harefield NHS Foundation Trust	2,224	0	0	0
Royal Free London NHS Foundation Trust	494,486	0	1,501	(267)
Royal National Orthopaedic Hospital NHS Trust	27,975	0	727	0
South London & Maudsley NHS Foundation Trust	1,603	0	0	(13)
St George's University Hospitals NHS Foundation Trust	1,373	0	257	0
Tavistock & Portman NHS Foundation Trust	13,457	0	0	(1)
The Princess Alexandra Hospital NHS Trust	1,442	0	0	0
University College London Hospitals NHS Foundation Trust	307,232	(12)	0	(9,666)
West Hertfordshire Hospitals NHS Trust	1,943	0	306	0
Whittington Health NHS Trust	276,175	(6)	1,725	(474)

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

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

17. Events after the end of the reporting period

On 28 April 2022 the Health and Care Act received royal assent. This confirms the establishment of Integrated Care Boards in England. As a result of this the CCG expects to be wound up on 30 June 2022 and NHS North Central London Integrated Care Board to be formed on 1 July 2022. As explained in note 1.1, the CCG's accounts are still prepared on a going concern basis due to the continued provision of the CCG's commissioning functions by the ICB.

18. Financial performance targets

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

	2021-22				2020-21			
	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	Duty Achieved	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	Duty Achieved
Expenditure not to exceed income	3,366,259	3,362,961	3,298	Yes	2,918,492	2,918,071	421	Yes
Revenue resource use does not exceed the amount specified in Directions	3,342,090	3,338,792	3,298	Yes	2,895,216	2,894,795	421	Yes
Revenue administration resource use does not exceed the amount specified in Directions	30,629	30,609	20	Yes	29,693	29,693	-	Yes

19. Losses and special payments

Special payments

	Total Number of Cases 2021-22 Number	Total Value of Cases 2021-22 £'000	Total Number of Cases 2020-21 Number	Total Value of Cases 2020-21 £'000
Compensation payments	1	13	1	6
	1	**13**	**1**	**6**