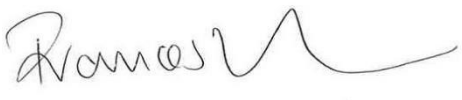
NHS
North Central London
Integrated Care Board

Annual Report and Accounts Q2-4 2022/23

Contents

PERFORMANCE REPORT



Frances O'Callaghan

Chief Executive Officer

26th June 2023

Chief Executive's Introduction

Thank you for taking the time to read our first annual report as a newly formed Integrated Care Board for Barnet, Camden, Enfield, Haringey, and Islington.

The NHS North Central London Integrated Care Board (NCL ICB) was established on 1 July 2022 when it replaced the NCL Clinical Commissioning Group (CCG) covering Barnet, Camden, Enfield, Haringey, and Islington. Colleagues within the CCG put in a huge amount of work in the lead up to this change, and we collaborated very closely with our partners. I want to thank everyone for all they have done to make sure the transition went smoothly. I am very proud to be leading NCL ICB as Chief Executive at this pivotal time as I believe we have a huge opportunity to make a positive difference to the lives of people in our five boroughs.

Our role as an ICB is to work in partnership to understand the current needs of our residents and scope what local people will need in the future, so that we can provide them with better care and support through more joined-up and sustainable health and care services. This is often referred to as a 'population health' approach. We want to support everyone in NCL to live well at all stages of their life.

Over the past year, we have collaboratively developed an NCL Population Health and Integrated Care Strategy with all our partners which sets out how we will collectively approach improving the physical and mental health of local people, building on the great work already happening locally to join up care. The strategy also describes a shared vision for how we work across the whole NCL system, and at borough and neighbourhood levels, to collectively focus on prevention, early intervention, and proactive care. It brings to life how partners will work together to achieve our ambitions through a shared set of priorities and outcomes. The focus is now on developing a detailed plan with our partners for how we will deliver the ambitions set out in the strategy. Read more about our population health and integrated care strategy and our plans for improving the health of our whole population.

Another vital area of development in our first year has been working with colleagues from our many partner health and care organisations to co-design an Integrated Care System-wide People Strategy. Our workforce is critical to achieving the improvements we want to

make and this strategy, which will be launched in early 2023, sets out for how our workforce will operate over the next five years covering workforce supply, development, and transformation. The strategy will be underpinned by three key elements of staff retention: equality, diversity and inclusion; health and wellbeing; and leadership and talent.

It continues to be a challenging and busy time for the NHS with lots of pressure on services, many of which were still tackling the backlog caused by the COVID-19 pandemic during the year covered by this report. The pandemic also highlighted the significant health inequalities that exist within our population; these inequalities will take time and commitment to change. There are also significant financial challenges facing the NHS, across the country and in North Central London, which you can read more about in the finance section of this report.

We therefore have lots of work to do against a difficult backdrop – but we have big ambitions, a hugely dedicated workforce, and a strong partner network across NCL who are committed to serving our communities and helping residents and patients to thrive in our boroughs. You will see many examples of how we are doing this, and the improvements we have already achieved, throughout this annual report. The formation of NCL's Integrated Care System (ICS) has also given us a real opportunity to strengthen the way we collaborate and work in partnership with our communities, residents, and voluntary, community and social enterprise sector (VCSE). You can read more about how we are doing this – and the strategies we have developed to guide us – in the Engaging with People and Communities section.

Since we launched as an ICB, I have seen the benefits of ongoing collaborative work that has come to fruition, and the excitement as new projects have launched. In the annual report we highlight some of these, such as the NCL Start Well programme and the community health services and mental health services strategic reviews, which both aim to ensure we are delivering the best care to meet the needs of all residents across our boroughs. A further example of how we are working in partnership across our Integrated Care System is the implementation of our new Fertility Policy, which replaced the previous five separate policies for each borough.

We have also recently opened a new Community Diagnostic Centre (CDC) in Wood Green shopping centre – another example of partnership working across the NCL Integrated

Care System. There are only 40 CDCs across the whole country, with two in NCL (our first opened in Finchley Memorial Hospital last year). The CDCs offer NHS scans and tests including x-rays, MRIs, ultrasounds, and blood tests in local places that are convenient for people to access. Our CDCs will help us to meet some of our strategic priorities, such as tackling the wider determinants of health through earlier diagnosis.

We also have much to celebrate on a local level in our boroughs – for example, you can read about some innovative local projects funded through the NCL Inequalities Fund to address entrenched health inequalities. Our five borough partnerships – where NHS, local authority, VCSE partners and patient representatives come together to address local priorities – continue to be vital to delivering integrated care, improved health outcomes and tackling inequalities.

Vaccinations have continued to be a core priority for us this year. To date, we have delivered over 3.4 million COVID-19 vaccinations in North Central London. We have also been offering the polio booster vaccination to children following the discovery of the polio virus within our sewage system. To see how colleagues and partners came together to tackle this latest challenge was wonderful. Huge thanks to everyone who has helped these vaccination programmes reach and protect so many people. You can read more about our vaccination programmes for children and adults throughout this report.

Looking forward to the year ahead, we will continue to work with our partners to focus on tackling waiting times, growing and supporting our workforce, making the best use of digital technology, and increasing capacity across the system. We will also be redesigning the structure of our organisation and the way that we work to better meet the needs of our population, our people, our system, and our partners. This restructure will be a challenging time for many of our staff. I wanted to acknowledge that and share my appreciation for their continued hard work for residents in NCL during this time.

We know that to deliver our population health and integrated care strategy, we need to change what we do and the way we do it. We know how important our workforce is in helping us achieve our ambitions – and we have been working with our partners to develop a People Strategy for NCL to make sure we are clear what the workforce priorities are and what we need to do to support our people. The pandemic highlighted the significant health inequalities that exist within our population – now that we are an ICB, we

can work with our partners across health and social care to better focus our resources on addressing these inequalities and on driving improvements in population health. This process will ensure we have the right capacity and capability to do that. It will also help us to make sure we can deliver our ambitions for our population in the most effective and efficient way.

I hope you find our annual report interesting and informative. If you have any comments or questions, please do not hesitate to get in touch with us. I'd like to finish my introduction by saying thank you to all our staff and partners for your invaluable support as we strengthen our network relationships and continue to improve health and care services for the residents of North Central London.

Performance Overview

The overview section of this report highlights our main activities during Q2-4 of 2022/23. It gives a snapshot of who we are, what we do, the challenges we have faced, and how we responded.

The North Central London Integrated Care Board formally came into effect on 1 July 2022, as a statutory body responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the Integrated Care System.

The establishment of NCL ICB resulted in the closure of NCL CCG and the ICB has continued and developed the good work already in progress to integrate services across health and care across the five boroughs. NCL ICB works closely with councils, providers, general practices and Primary Care Networks (PCNs), and VCSE. Together, we are creating a more strategic approach to commissioning services across NCL and within borough partnerships, through continued work on population health and health inequalities.

Our statutory responsibilities include assessing the health needs of the local population, deciding priorities and strategies, and then overseeing the delivery of services via healthcare service providers. This includes primary care services, mental health and learning disability services, community health services, planned hospital care, and urgent and emergency care (UEC) (including out-of-hours).

The second key element of the NCL ICS, is the NCL Integrated Care Partnership (ICP). This is a statutory committee that represents local government, VCSE, NHS organisations and its partners – NCL ICP held its first informal meeting in November 2022. The ICP is focused on how partners can best collaborate to improve the health of the local population, in particular, tackling health inequalities and addressing the wider determinants of health – those broader social factors that have a significant impact on health outcomes, including housing, education, air quality, road safety, economic security.

At this first meeting, the ICP reviewed the draft of the Population Health and Integrated Care Strategy and the collective challenges it outlines and agreed a first shared ambition around childhood immunisations. Moving forward, the ICP will be focusing on how

integration of services can support delivery of the key ambitions in the NCL Population Health and Integrated Care Strategy, and the further development of the borough partnerships and the integrated neighbourhoods.

Later in the year, NCL ICB led the development of a system-level operational plan for activity, finance, performance, and workforce for 2023/24. This plan is designed to meet the three high level objectives set by NHS England (NHSE) in the 2023/24 Priorities and Operational Planning guidance:

- recover core services and productivity
- make progress in delivering the key ambitions in the NHS Long Term Plan
- continue transforming the NHS for the future.

Recovery of core services and productivity was supplemented by a set of targeted actions across a range of areas:

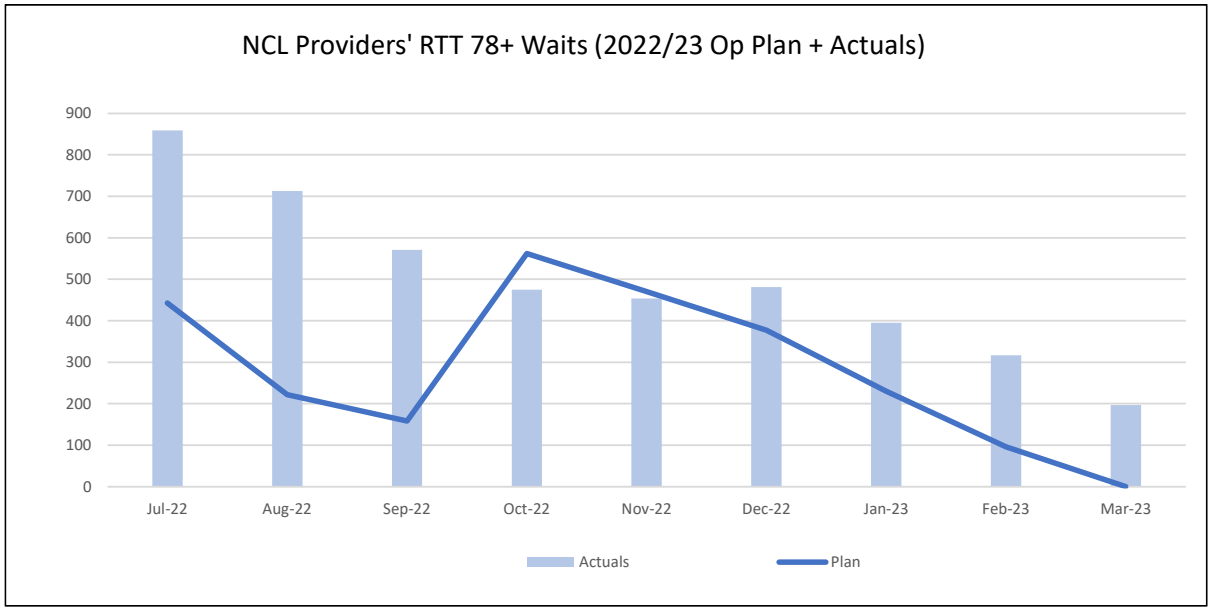
- improve category 2 ambulance response times (to an average of 30 minutes) and A&E waiting times (no less than 76% of patients seen within 4 hours)
- reduce elective long waits (eliminate waits over 65 weeks by March 2024) and cancer backlogs, and improve performance against the core diagnostic standard (75% of patients urgently referred by their GP, are diagnosed or have cancer ruled out within 28 days)
- reduce ambulance handover times
- reduce bed occupancy (general and acute beds to 92% or below) and outpatient follow-ups relative to first appointments
- increase day case rates and theatre utilisation
- move to self-referral for many community services where GP intervention is not clinically necessary, and increase use of community pharmacies
- increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce
- improve staff retention

The NCL Operating Plan for 2023/24 was submitted to NHSE at the beginning of May 2023.

Across NCL performance in general, there was a focus on tackling the increasing number of people attending emergency departments, and on reducing ambulance handover

delays. Reducing Long Length of Stay (LLOS) patients and delays in discharge continued to be vital in efforts across the health and care system to improve patient flow. Reducing long waiting times for patients in elective surgery and cancer pathways also remained a key objective as NHS services continued to recover from the impact of the pandemic.

In line with the NHS Operational Planning Guidance for 2022/23, NCL ICS continued to focus on eliminating waiting times for elective care of over 78 weeks and worked collaboratively with providers to ensure that the most clinically urgent patients were treated first, followed by the patients who had been waiting longest in chronological order. This resulted in the number of patients waiting for 78+ weeks falling from 1,012 patients at the end of June 2022, to 197 patients by the end of March 2023.



We also continued to work with partners to reduce variation between different NCL providers, and all providers committed to continuing regular waiting list validation to assess the clinical urgency of patients waiting for treatment. Clinically urgent cases were prioritised, and clinical harm review processes were put in place for long waiting patients at all providers.

There continued to be a strong governance structure in place around long waits, with the NCL Planned Care Delivery Group (which brings together NCL stakeholders across Referral to Treatment pathways, diagnostics, and cancer workstreams) assisting progress to reduce variation across providers and monitoring the numbers of long waiting patients.

As a system, NCL worked to reduce long waiting volumes by supporting ‘mutual aid’ between providers to make the best use of treatment capacity and ensure patients across our boroughs have equitable access to treatment. This involved diverting demand for some services between providers to even out waiting times.

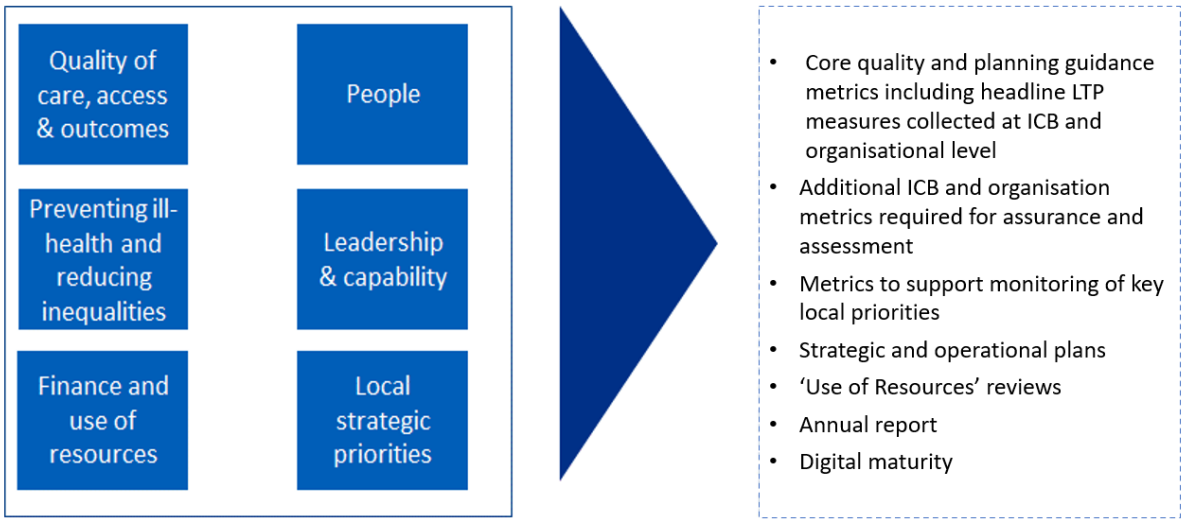
The NHS experienced numerous days of industrial action during 2022/23 across various staffing groups and organisations, which impacted services provided to NCL residents. Across NCL, we put a system-wide plan in place to support resilience across services. This was co-designed with colleagues in NHS trusts and partner organisations, and was supported by daily check-ins with sites, and a weekly system-wide meeting for senior operational leads. NCL established a consistent escalation framework to support sites to take proactive actions in the face of pressures, and a systematic approach to support via mutual aid across the system. National, regional and ICS level support helped to mitigate the impact where possible. Critical services were prioritised and available capacity in the system was constantly monitored. This was, overseen at an executive level, including cover out-of-hours. The impact of industrial action was felt across the system in the run up to, during, and after the strikes and it is expected that this will have affected the volume of elective work completed nationally and in NCL.

Performance Analysis

NHS System Oversight Framework

Part of the statutory function of NCL ICB is the responsibility for performance and oversight of NHS services in NCL ICS, and our aim is to empower local health and care leaders to build strong and effective systems for their communities. The NHSE 2022/23 System Oversight Framework (SOF) sets out national requirements on monitoring performance, providing support to improve standards, and co-ordinating and delivering outcomes at system level.

Table: Scope of the NHS Oversight Framework for 2022/23



The SOF is built around five national themes (and a local one) that reflect the ambitions of the NHS Long Term Plan. Organisations are placed in one of four segments that identify the scale and nature of support needs, ranging from 1 – consistently high performing across the six oversight themes with streamlined commissioning arrangements in place or on track to be achieved, to 4 – very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support. NCL ICB continued in segment 2 for 2022/23.

Table: NHS Oversight Framework Segmentation for 2022/23

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

Whittington Health NHS Trust	2
North Central London ICB	2

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

The acute monthly provider performance review meetings were in support of the joint oversight meeting held quarterly and chaired by the NCL ICB CEO. These quarterly meetings oversaw plans in place to address performance challenges, and the associated risks during 2022/23.

SOF 3 – **Royal Free London NHS Foundation Trust (RFL)**
Monthly NCL ICB led meetings focused on the provider challenges faced in urgent and emergency care (UEC) flows, Referral to Treatment (RTT) pathways, and cancer performance.

Plans to improve UEC performance were developed to reduce four-hour waits in the emergency department (ED), long length of stay, delayed discharge of patients, and ambulance handover delays over 30 minutes. RFL also worked on improving data capture for admissions and discharges that begin via the Clinical Decisions Unit, and Same Day Emergency Care pathways Improvements were made to assist with UEC flow, including opening Ruby Ward to provide step down care for patients who no longer require inpatient care at Barnet Hospital, extending 'Winter Ward' (an additional 22 beds to for new admissions), and using a 'Virtual Hospital' approach reduce both length of stay by and unnecessary admissions by supporting patients in the community. Four-hour wait performance remained challenged during 2022/23, a position reflected across the NHS, but a trajectory to meet the 76% target by March 2024 as part of the 2023/24 Operating Plan, was submitted to NHSE.

In relation to RTT, RFL made significant progress in 2022/23 in reducing the number of all patients across the three cohorts – patients waiting for longer than 104 weeks, 78 weeks, and 52 weeks. On the basis that RFL demonstrated delivery of its operational plan to reduce these waiting times, we expect that RFL will formally come out of SOF 3 in respect of RTT performance in quarter 1 of 2023/24.

The Trust's performance against trajectories for the cancer 28-day Faster Diagnosis Standard remained relatively stable from quarter 2 onwards during 2022/23 and was consistently within a few percentage points of compliance. A revised trajectory was submitted in year for the cancer 62-day backlog taking into account the limited capacity available for the diagnostic phase of pathway. Work continued to improve cancer performance, including recruitment drives to increase endoscopy capacity and reduce diagnostic backlogs. A trajectory to meet the 75% Faster Diagnosis Standard by March 2024 was submitted to NHSE.

Table: Royal Free London NHS Foundation Trust SOF Achievement for Q2-4 of 2022/23

RLF SOF Achievement 2022/23			Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
UEC	A&E 4-Hour Wait	*Trajectory*	*69%*	*70%*	*72%*	*74%*	*77%*	*76%*	*76%*	*77%*	*78%*
		Actual	65%	67%	64%	63%	65%	58%	67%	64%	66%
	Long Length of Stay (Op Plan)	*Trajectory*	*136*	*128*	*147*	*138*	*145*	*147*	*152*	*125*	*137*
		Actual	213	218	223	243	207	192	224	224	213
	Medically Optimised Patients	*Trajectory*	*135*	*115*	*110*	*118*	*114*	*115*	*110*	*105*	*100*
		Actual	176	193	220	210	206	204	197	198	210
	Ambulance Handovers %<30 Minutes	*Trajectory*	*70%*	*71%*	*73%*	*75%*	*76%*	*77%*	*77%*	*78%*	*82%*
		Actual	56%	62%	63%	58%	65%	52%	65%	68%	65%
Cancer	Faster Diagnosis Standard (Op Plan)	*Trajectory*	*73%*	*75%*	*75%*	*76%*	*75%*	*75%*	*75%*	*75%*	*76%*
		Actual	72%	72%	72%	71%	72%	70%	71%	74%	74%
	Cancer 62-Day Backlog (Op Plan)	*Trajectory*	*135*	*130*	*125*	*326*	*295*	*263*	*231*	*205*	*179*
		Actual	286	338	367	383	286	331	347	295	321
	Cancer 104-Day Backlog	*Trajectory*	*100*	*94*	*90*	*90*	*78*	*72*	*80*	*70*	*70*
		Actual	137	162	160	144	116	141	152	143	149
RTT	RTT 104ww (Op Plan)	*Trajectory*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
		Actual	5	2	4	3	0	0	0	0	0
	RTT 78ww (Op Plan)	*Trajectory*	*300*	*100*	*50*	*452*	*374*	*286*	*153*	*58*	*0*
		Actual	714	573	452	369	317	319	253	177	319
	RTT 52ww (Op Plan)	*Trajectory*	*4,878*	*3,664*	*3,429*	*3,516*	*4,843*	*4,591*	*5,460*	*5,762*	*5,410*
		Actual	5,469	5,017	4,543	4,194	3,975	3,579	3,198	2,970	3,975

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

Monthly NCL ICB-led meetings focused on UEC and cancer performance. In addition, weekly cancer specific meetings were also set up to review and monitor delivery plans

across different diagnostic methods and specific tumour sites – the focus here centred on colorectal improvements for 2022/23.

For cancer, NMUH was placed in Tier 1 (national oversight) in addition to the SOF 3. Performance remained a concern during the year, but two Directors of Cancer Turnaround and Transformation were appointed in October 2022, to lead the development of sustainable improvements particularly in the diagnostic phase of the more challenged services – colorectal, urology and breast. Additional capacity was secured to reduce delays in the urology pathway, and further work remained to strengthen the operational leadership of the service and gastrointestinal tract cancer pathway. Additional funding was received from NHSE and the NCL Cancer Alliance to support recovery in backlogs and the Faster Diagnosis Standard, focusing on increased MRI, CT, and endoscopy capacity. A planned trajectory was submitted to NHSE to meet the 75% Faster Diagnosis Standard by March 2024.

During 2022/23 in conjunction with RFL, NMUH developed a proposal for a hub (specialist colorectal centre) and spoke model ensuring all colorectal services are appropriately located and staffed to support all colorectal pathways by streaming the right patients to the right place at the right time. This proposal is expected to be fully implemented in 2023/24, bringing significant benefits to patients including improved safety, an improved colorectal mortality and morbidity rate, and an overall rise in service quality, particularly access and patient experience.

UEC performance remained challenged due to increasing demand and capacity constraints. Improvement plans during the year included expanding Same Day Emergency Care, greater use of the existing Acute Medical Unit, and the creation of a Clinical Decisions Unit. Plans also included the use of virtual wards, and improvements in internal processes to speed up discharges such as the ‘Home for lunch’ and ‘Home for tea’ initiatives for older patients. Levels of patients medically well enough to be discharged but still occupying beds were high, although the Cape Town ward remained open to support flow through the department. As seen across the NHS, four-hour wait performance remained challenged during 2022/23, but a trajectory to meet the 76% target by March 2024 was submitted to NHSE.

Table: North Middlesex University Hospital NHS Trust SOF Achievement for Q2-4 of 2022/23

NMUH SOF Achievement 2022/23			Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
UEC	A&E 4-Hour Wait	*Trajectory*	*77%*	*78%*	*79%*	*80%*	*78%*	*75%*	*75%*	*78%*	*80%*
		Actual	62%	66%	67%	64%	63%	58%	65%	65%	64%
	Long Length of Stay (Op Plan)	*Trajectory*	*74*	*70*	*81*	*79*	*88*	*89*	*92*	*79*	*75*
		Actual	140	115	119	101	107	105	129	130	148
	Medically Optimised Patients	*Trajectory*	*45*	*40*	*35*	*30*	*30*	*30*	*45*	*35*	*30*
		Actual	85	81	80	74	70	83	106	106	117
	Ambulance Handovers %<30 Minutes	*Trajectory*	*50%*	*55%*	*60%*	*65%*	*65%*	*60%*	*50%*	*50%*	*60%*
		Actual	33%	40%	37%	37%	37%	30%	30%	32%	34%
Cancer	Faster Diagnosis Standard (Op Plan)	*Trajectory*	*66%*	*67%*	*65%*	*68%*	*69%*	*72%*	*74%*	*75%*	*75%*
		Actual	42%	47%	56%	50%	47%	49%	35%	58%	65%
	Cancer 62-Day Backlog (Op Plan)	*Trajectory*	*203*	*193*	*170*	*150*	*135*	*128*	*102*	*97*	*97*
		Actual	241	203	227	248	240	305	220	111	111
	Cancer 104-Day Backlog	*Trajectory*	*172*	*137*	*111*	*80*	*48*	*21*	*7*	*0*	*0*
		Actual	94	90	82	89	86	110	90	62	58

SOF 3 -– Tavistock and Portman NHS Foundation Trust (TPT)

Monthly performance meetings took place during 2022/23, focusing on the development of plans for key workstreams, aligned to agreed exit criteria from SOF 3 alongside agreed milestones as follows:

Leadership and governance – a new CEO was appointed and an updated Board Assurance Framework alongside revised committee structures, were created in quarter 3 of 2022/23.

Gender Identity Development Service (GIDS) – this covered demand and waiting list management, alongside the delivery of an agreed recovery plan to prepare for the development of a new service specification from NHSE, following the review by Dr Hilary Cass.

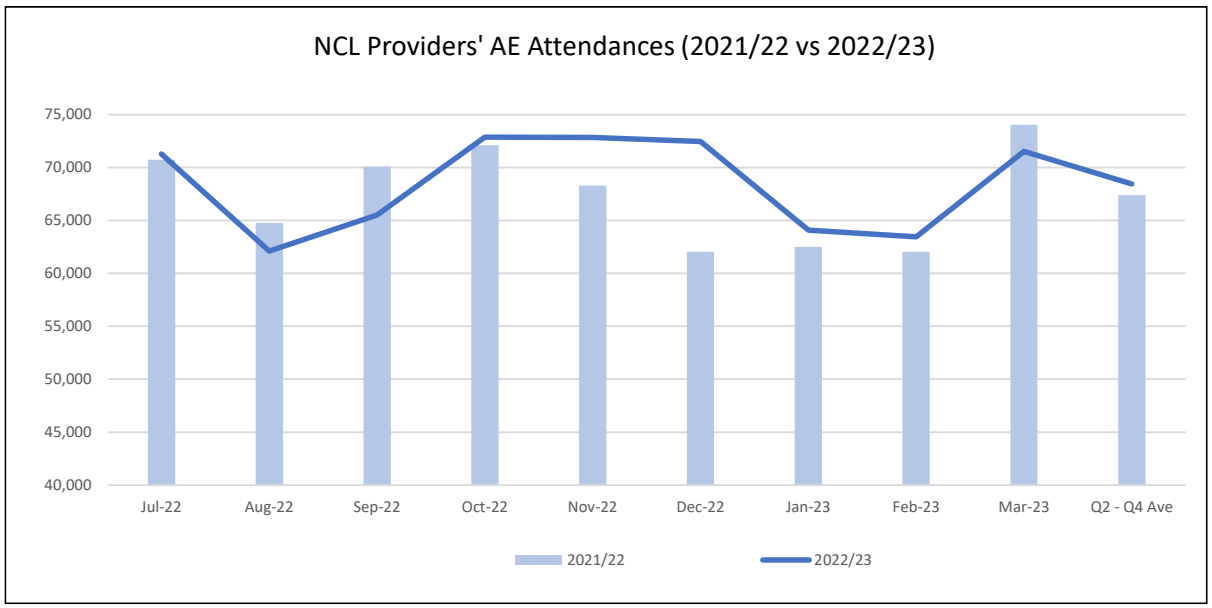
Quality – work on a revamped Quality Framework (responsibilities and escalation) progressed during the year, as well as a review of incident and risk reporting systems. A revised Quality Report and Quality Dashboard was also introduced for the Trust Quality Committee.

NCL System Performance Reporting and Recovery

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 ICB strove to deliver against

these pledges and other operational performance standards during 2022/23, with patient safety and experience prominent, alongside improvements in access targets and outcomes.

A&E attendances were consistently above those seen in 2021/22 (on average, a year-on-year increase of 1.6% across NCL) and highlighted increased demand pressures on NCL sites throughout the year. All providers continued to experience significant pressures due to high acuity patients and staff shortages, which limited the flow through emergency departments. NCL ICS developed plans to increase UEC capacity and resilience ahead of winter, aligned with Board Assurance Frameworks and assurance conducted by NHSE regional teams. The plans covered demand and capacity alignment, discharge, ambulance service performance, NHS 111 performance, admission avoidance, workforce, and preparing for new COVID-19 variants. Plans were submitted in quarter 2 alongside trajectories for six nationally defined UEC metrics to be monitored as a system priority.



Performance difficulties were exacerbated by high bed occupancy, so several actions were taken to reduce admissions such as care home triage of London Ambulance Service calls to reduce avoidable conveyances, increased use of rapid response teams to support patients at home, and senior level clinical decision-making in hospitals on admissions. There were also measures in place to improve discharge rates, with better access to other options in the community, daily scrutiny to support complex cases, and the increased use of discharge lounges (comfortable environments for patients who have been discharged from the ward areas and still awaiting medication, discharge documents and

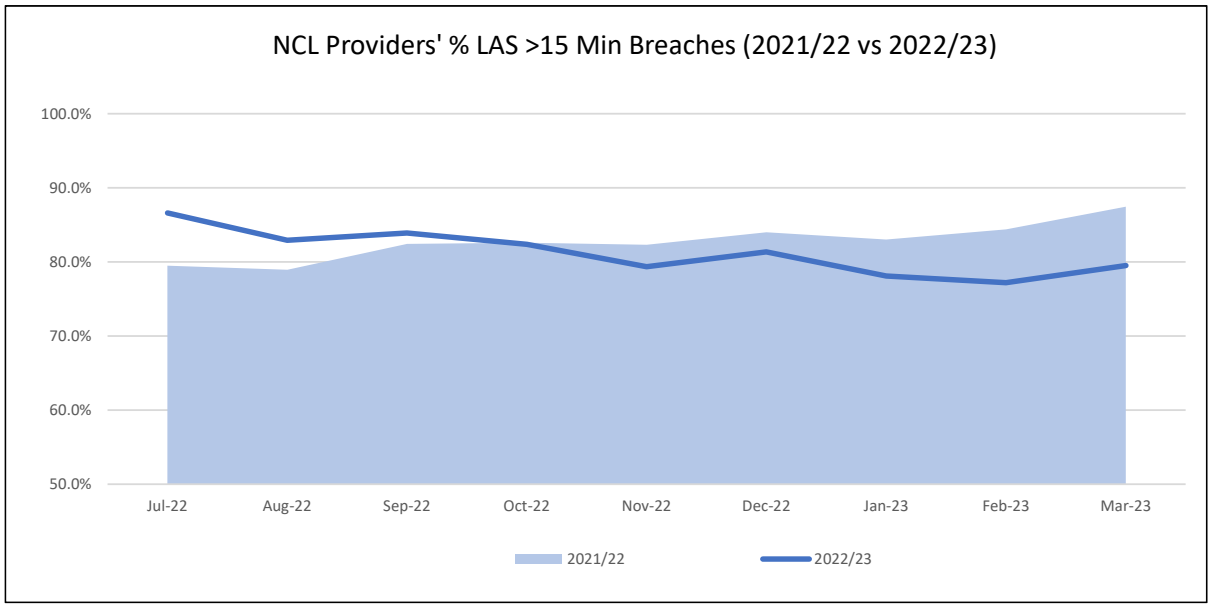
transport). Community stepdown beds, virtual wards, and capacity in admission avoidance pathways were all increased to mitigate the growth in long length of stays and the number of patients who no longer met the criteria to reside in a hospital bed. Plans were also in place to ensure mental health services met the demands of acute services and the urgent mental health sector during periods of high patient usage.

Ambulance response times in NCL continued to face difficulties throughout 2022/23, as most categories struggled against operational standards. However, NCL achieved the 90th centile target in Category 1 (life-threatening illnesses or injuries) in all but one month up to the data recorded to the end of March 2023.

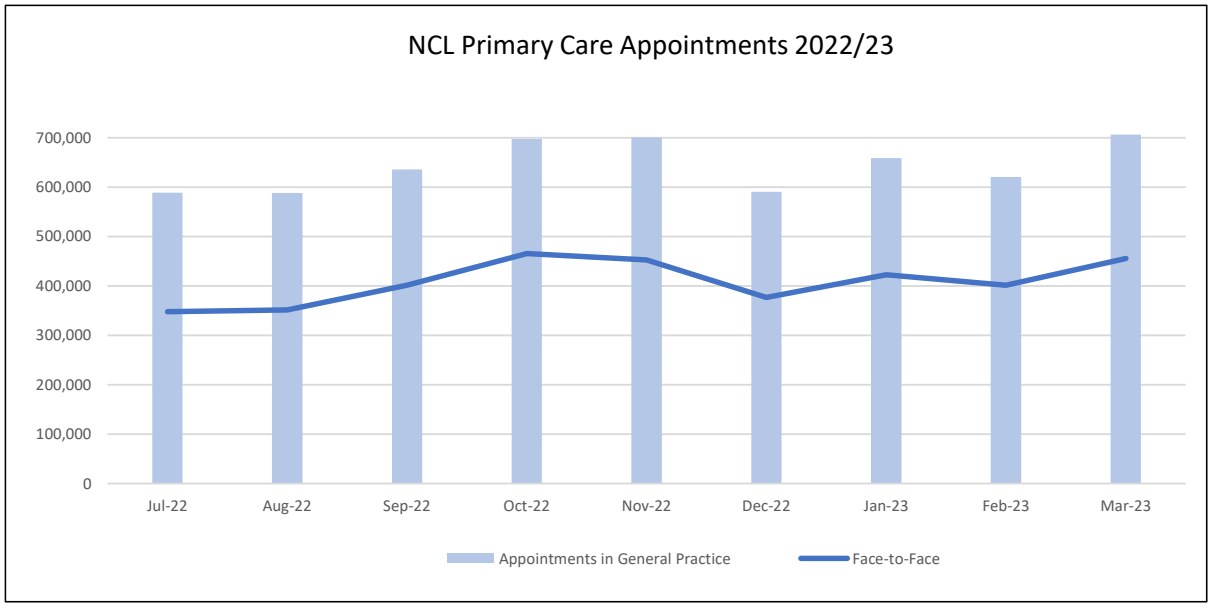
Table: NCL LAS Response Times for Q2-4 of 2022/23

NCL - LAS Response Times	TARGET	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
C1 90th centile (mm:ss)	0:15:00	0:11:49	0:11:47	0:12:40	0:12:00	0:11:54	0:11:59	0:15:57	0:11:28	0:12:06
C1 mean (mm:ss)	0:07:00	0:06:59	0:06:58	0:07:26	0:07:02	0:07:06	0:07:09	0:08:44	0:06:47	0:07:13
C1T 90th centile (mm:ss)	n/a	0:18:43	0:18:49	0:21:18	0:20:32	0:20:01	0:20:21	0:19:36	0:19:13	0:21:30
C1T mean (mm:ss)	n/a	0:10:50	0:11:01	0:12:12	0:11:45	0:11:34	0:11:55	0:10:36	0:11:16	0:12:15
C2 90th centile (hh:mm:ss)	0:40:00	1:26:27	1:24:35	1:44:07	1:47:09	1:36:48	1:55:53	0:56:54	1:22:05	1:52:23
C2 mean (mm:ss)	0:18:00	0:39:49	0:39:14	0:47:54	0:49:57	0:43:40	0:52:29	0:28:21	0:37:31	0:50:57
C3 90th centile (hh:mm:ss)	2:00:00	4:27:13	4:13:07	4:41:48	5:10:16	4:38:11	5:26:14	4:34:40	4:23:58	5:13:07
C3 mean (hh:mm:ss)	n/a	1:44:58	1:43:05	1:53:04	2:03:08	1:50:19	2:07:23	2:01:32	1:48:23	2:08:41
C4 90th centile (hh:mm:ss)	3:00:00	7:47:25	7:35:49	8:23:59	8:07:47	7:48:21	7:58:45	6:21:52	7:31:04	7:47:52
C4 mean (hh:mm:ss)	n/a	3:39:50	3:34:28	4:02:44	4:00:03	3:39:03	3:50:28	2:46:29	3:44:37	4:01:08

Overall, ambulance handover waits continued to be high for NCL during 2022/23, mainly due to patient flow challenges from emergency departments to wards, and high attendance rates. Reducing ambulance handover delays therefore remained a key priority for the NCL system. The ICS continued to focus on plans to reduce the proportion of handover breaches over 15 minutes (81.3% of handovers breached this standard from July 2022 to March 2023, compared to 82.6% for the corresponding period in the previous year), manage clinical risk across the wider hospital system, and increase discharge flow. Priority actions to improve performance focused on reconfiguring ambulance reception areas to increase capacity to off-load ambulances, providing additional senior medical staff to proactively support the 15-minute standard, and further embedding the direct access Same Day Emergency Care pathway. Most NCL sites were able to use London Ambulance Service led cohorting and rapid release protocols to improve performance.



Primary care continued to see increases in demand throughout 2022/23, but NCL managed to consistently provide a high percentage of same day appointments and continued to increase the percentage of appointments offered to residents in a face-to-face setting. Outside of core hours, a mix of urgent and planned primary care activity was provided by PCNs on weekday evenings and Saturdays – a monthly average of 29,522 appointments were commissioned. In addition, NCL ICB continued to commission borough-based hubs to deliver urgent appointments on Saturday evenings, Sundays, and Bank Holidays, and to ringfence appointments for NHS 111 on weekday evenings and Saturday daytimes – a monthly average of 7,678 appointments were commissioned.



The number of patients waiting for treatment or diagnosis on the 62-day backlog for suspected cancer remained challenging for NCL during 2022/23, and the Operating Plan trajectory for the 62-day backlog and the Faster Diagnosis Standard were not achieved. This was due to a combination of operational and staffing capacity constraints experienced across cancer pathways. The NCL Cancer Alliance led a transformation programme aimed at increasing capacity through developing an alternative pathway for breast pain. Work also progressed to implement teledermatology services within suspected skin cancer services, in line with national guidance to optimise the limited capacity. This looked to build on the roll-out of teledermatology for non-urgent referrals which began in NCL in September 2022. Individual trusts also developed plans to increase staff capacity in breast radiology, dermatology, and endoscopy to deliver improvements on a sustainable basis. To tackle the recurring administrative workforce shortages which affect waiting list management, providers undertook detailed analyses of their establishment.

Table: NCL Providers' Operating Plan Cancer Metric Achievement for Q2-4 of 2022/23

NCL		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Cancer Treatments	*Plan*	*691*	*636*	*690*	*671*	*674*	*662*	*673*	*626*	*704*
	Actuals	739	775	743	741	795	697	703	699	774
Cancer 62+ Backlog	*Plan*	*580*	*558*	*518*	*769*	*702*	*636*	*563*	*521*	*488*
	Actuals	907	879	866	915	753	884	782	656	665
28-day Faster Diagnosis Standard	*Plan*	*75%*	*75%*	*75%*	*75%*	*75%*	*75%*	*75%*	*75%*	*75%*
	Actuals	68%	69%	72%	70%	70%	70%	65%	73%	73%

The NCL system worked to reduce the volume of long waiting patients on RTT pathways by supporting mutual aid between providers to make the best use of existing treatment capacity and ensure equity of access for patients. Independent sector providers continued to be used for high-volume low-complexity procedures, and surgical hubs were also used – all in the context of a consistently challenging overall RTT waiting list. NCL ICB continually focused 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. By the end of March 2023, NCL providers had reduced the cohort of patients waiting for 104 weeks or more to 5, following significant improvements at challenged providers, with all NCL organisations contributing to the material reduction of 78+-week waits by March 2023, ahead of their targeted elimination during 2023/24. NCL ICB continues to use enhanced

governance and oversight arrangements to ensure appropriate actions are taken to clear the backlog of long wait.

Table: NCL Providers' Long Waiters Achievement for Q2-4 of 2022/23

NCL		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT 52+ Waits	*Plan*	*7,049*	*5,787*	*5,454*	*5,462*	*6,729*	*6,468*	*7,311*	*7,580*	*7,186*
	Actuals	7,984	7,650	7,285	7,090	7,095	6,699	6,152	6,162	6,289
RTT 78+ Waits	*Plan*	*443*	*222*	*158*	*562*	*470*	*377*	*230*	*96*	*0*
	Actuals	859	713	571	475	454	481	395	317	197
RTT 104+ Waits	*Plan*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
	Actuals	8	2	7	5	24	13	9	5	5

The key NCL system and provider interventions to improve elective performance and reduce waiting times were detailed in the NCL Elective Recovery Programme under the following themes:

- referral optimisation – managing GP referrals appropriately first time
- improving productivity – making best use of theatres and outpatient clinics, and adopting best practice clinical pathways
- increasing capacity – additional sessions to deliver more appointments and procedures
- transforming outpatients – innovative delivery including digital and patient initiative follow-ups
- mutual aid – reducing inequity of access through sharing resources and redistributing demand

Imaging activity ran at consistently good levels during 2022/23 with most of the waiting list for imaging remaining at under six weeks, and the number of patients waiting more than 13 weeks staying low. The total waiting list numbers increased slightly at the start of quarter 1, with capacity constraints and workforce changes having an impact, but prioritisation exercises were held to alleviate delays and regulate the list during the year. Extra focus continued on the treatment of long waiting patients through validation and prioritisation exercises in partnership with acute providers and NHSE London. Providers developed short and medium-term plans to increase activity, including waiting list initiatives, recruitment, and outsourcing. These plans complemented the ICS Diagnostic Programme, which delivered additional capacity through the two Community Diagnostic

Centres at Finchley Memorial Hospital and Wood Green. The system improvement programme continued to be overseen by the NCL Diagnostics Board which supported the reduction of the system backlog through facilitating mutual aid arrangements between providers.

Mental health services in NCL continued to face challenges across the system as they strove to meet performance targets. ICB programme funding and service development funding continued to help towards the delivery of the Mental Health Investment Standard and Long Term Plan priorities. Digital technology was used alongside virtual appointments, and NCL continued to use mental health and wellbeing staff resilience hubs to support colleagues.

Delivering the new integrated NCL Community Transformation model of care focused on the health and wellbeing of the population, with care provided across organisations with a shared purpose. Our aim was to provide effective person-centred care, aligning with the Long Term Plan and Community Mental Health Framework. NCL also embedded and continued the development of new core community teams and new roles aligned to primary care networks.

Improving Access to Psychological Therapy (IAPT) targets were challenged during 2022/23 with the key drivers of access underperformance established as workforce recruitment and retention. NHS providers invested in digital options and in voluntary and community sector providers to offset their capacity shortfall. A year-round recruitment campaign was also implemented, and this was supported in the short to medium-term by the recruitment of agency and temporary staff. NCL continued to use more Out of Area Placement beds (beds outside our five boroughs) than planned. This was due to high bed occupancy and long hospital stays. Several initiatives were developed to reduce this bed usage, including workstreams to improve discharges, seven-day working, rapid access to enablement pathways, alternative housing options for people who are medically ‘fit for discharge’, and enhanced psychological therapies with support for high intensity users.

Community access waiting times for children and young people were steady during 2022/23, although they remained above target for data recorded up to January 2023. This was due to staffing gaps and increased referrals, mainly in speech and language therapy and occupational therapy services. The NCL Children and Young People’s Community

Board oversaw the development of improvement plans for prioritised areas, with continued engagement from provider trusts. Adult community waiting times also ran above target during the year, again down to staffing gaps and increased referrals. NCL community providers sought to reduce wating times through waiting list validation, prioritisation of resources, and mutual aid.

Table: NCL Mental Health Achievement for Q2-4 of 2022/23

NCL - Mental Health Measures	TARGET 22/23 - Q2	Jul-21	Aug-21	Sep-21	TARGET 22/23 - Q3	Oct-21	Nov-21	Dec-21	TARGET 22/23 - Q4	Jan-22	Feb-22	Mar-22
IAPT access	21,300	11,635	14,405	16,900	31,950	19,590	22,570	24,805	42,600	27,740	30,515	33,744
IAPT recovery rate	50.0%	48.0%	48.0%	49.0%	50.0%	53.0%	52.0%	51.0%	50.0%	50.0%	52.4%	53.0%
IAPT first treatment <6 weeks	75.0%	84.5%	84.7%	85.0%	75.0%	83.0%	83.0%	83.0%	75.0%	84.0%	83.0%	85.6%
IAPT first treatment <18 weeks	95.0%	97.9%	98.1%	98.0%	95.0%	97.0%	97.0%	97.0%	95.0%	98.0%	98.2%	98.5%
CYP access - One contact	17,474	15,875	15,845	15,695	19,221	15,645	15,570	15,570	23,291	15,755	16,035	TBC
Dementia diagnosis rate 65+	70.0%	68.8%	68.3%	68.4%	71.0%	TBC	TBC	TBC	73.0%	TBC	TBC	TBC
EIP treatment received <2wks	60.0%	66.7%	71.0%	79.0%	60.0%	84.0%	80.0%	83.0%	60.0%	75.0%	74.0%	TBC
Inappropriate OAP	323	410	668	1,198	822	294	905	1,847	2,270	762	1,232	1,556
1 hour response time %	95.0%	95.6%	95.9% (BEH)	96.1% (BEH)	95.0%	89.5% (BEH)	86.5% (BEH)	90.7% (BEH)	95.0%	88.0% (BEH)	91.1% (BEH)	93.0% (BEH)
24 hour response time %	95.0%	96.0%	98.2% (BEH)	96.5% (BEH)	95.0%	91.3% (BEH)	90.6% (BEH)	96.6% (BEH)	95.0%	92.9% (BEH)	92.6% (BEH)	96.1% (BEH)
Accessing perinatal mental health	2,002	1,075	1,015	930	2,002	905	865	830	2,002	775	820	800

Mental health

Mental health spend as a proportion of ICB programme allocation grew from 13.5% in 2021/22 to 14% in Q2-4 of 2022/23 as can be seen in the following table.

Financial years	**2021/22**	**2022/23 (for 9 months only)**
Mental health spend	£393.976m	£315.3m
ICB programme allocation	£2,931.26m	£2,259.5m
Mental health spend as a proportion of ICB programme allocation	13.5%	14%

Mental health investment in 2022/23

Improving the mental health and wellbeing of residents is a core priority for NCL ICB. In 2021, we launched a review of mental health services across NCL. The review highlighted substantial variation in mental health provision and outcomes across NCL. In contrast, the review confirmed that mental health spend, adjusted for prevalence, was in line with need but not distributed according to need. The findings from the review informed the co-production of an Adult Mental Health and a Child and Adolescent Mental Health Service (CAMHS) core offer. These were designed with clinical and operational leads as well as service users to address the inequity of access and outcomes through a minimum service offer being delivered across NCL. The minimum service offer shifted emphasis from crisis to early intervention and prevention underpinned by integrated community delivery.

Our work on mental health services has engaged a wide range of service users, patients, and carers groups, as well as voluntary and community sector organisations across NCL, recognising the importance of the service user and carer voice. We recognise the valuable insight that people with lived experience bring to service development and improvements, and this is a central principle of our approach.

Since then, NCL has been working to implement the core offer, which includes the key deliverables outlined in the NHS Long Term Plan, so that all residents in NCL who need mental health support can receive timely and appropriate care based on their holistic health needs. Key achievements over 2022/23 include:

- establishing adult community mental health services that deliver a holistic model of care wrapped around primary care and integrated with social care and VCSE support for patients with serious mental illnesses. We have now expanded this service to cover 100% of primary care networks. We have also focused on improving access to secondary care for more specialist services such as personality disorders, eating disorders, complex rehabilitation, and early intervention in psychosis

- improving access to NHS Talking Therapies (formerly known as IAPT) to ensure that residents from all communities find these services accessible. The NCL Talking Therapies psychological interventions are available in over 20 languages and offer holistic assessments and interventions such as cognitive behavioural

therapy (CBT) for depression, anxiety, and other common mental health disorders. In NCL, we have ensured these services are available from both NHS providers as well as voluntary sector organisations and accessible through face-to-face or virtually, seven days a week.

- we are now meeting the Core24 Crisis standard which is that people presenting in crisis receive an assessment within one hour in A&E departments or within 24 hours if admitted to an inpatient ward. However, we know most people in crisis do not go to A&E departments so require more accessible forms of mental health crisis support. We have therefore made sure crisis cafés are available in all NCL boroughs. We have also revised our model for crisis houses to provide both step up (avoiding an admission) and step down (supporting earlier discharge) to ensure patients are cared for in their communities and homes whenever possible, in line with best practice

- mirroring the approach to physical health, we have established integrated discharge teams for mental health patients to support patients being discharged back to their homes and communities with the right support packages to maintain good mental health and wellbeing on discharge from inpatient care

- a review of maternity services under the Start Well Programme highlighted that access to perinatal mental health services for NCL residents was not in line with demand. To address this, the ICB has increased access to evidence-based care for women with moderate-to-severe perinatal mental health difficulties or complex needs. This includes extending the period of care from pre-conception to 24 months after birth alongside increased access to psychological therapies, peer support, and assessing partners of the women. We have further expanded access to the NCL Maple Service, which provides specialist maternal mental health support, to residents of Barnet.

- our work on suicide prevention and our bereavement support offer have been recognised by NHS England as being examples of best practice

- a focus for all investment is to advance equalities in access, experience, and outcomes of mental health services. To support this work, we are improving the

way we collect data about our mental health services as well as carrying out routine service performance reviews for equity, diversity, and inclusion. We are also developing an outcomes dashboard for community services to highlight representation of people from a black or minority ethnic background, and which will also measure patients' experiences of using mental health services (DIALOG+ tool).

- NCL is focusing on the fact that certain groups of our population find themselves having a mental health crisis more than others:
    - People from a black ethnic background represented 20% of Mental Health Act 136 Sections (2022/23) compared to the NCL population of 12% being from a black ethnic background.
    - Males represented 65% of sections and 67% of sections were from people who lived in the most deprived or second most deprived quintile.
    - Reduction of the 20% of acute hospital spells for Black, Asian and minority ethnic adults without prior support from community mental health services.

NCL remains committed to increasing year-on-year growth in community mental health support wrapped around primary care and integrated with social care and the VCSE by at least 5% per year. As we expand services into 2023/24, our improved crisis cafes offer people crisis support without the need for a referral from a health professional. Increased capacity in crisis houses means people can be supported in a community setting preventing the need for a mental health inpatient admission.

Children and Adolescent Mental Health Services (CAHMS)

As with adult mental health services, our work on mental health care for children and young people has been focused on delivering our core offer for CAMHS which includes the NHS Long Term plan priorities. Key achievements over 2022/23 include:

- reducing the waiting list for access to CAMHS. The rising demand for CAMHS has been recognised both nationally and locally. Nationally, referrals went up by 39% in 2021/22 and in NCL, referrals went up by 37.1% in 2021/22. Our focus on expanding access has been very successful, resulting in a sustained reduction in waiting times. The number of children and young people waiting for an assessment reduced from 1,974 in June 2022 to 1,077 in Dec 2022. This is an 83.2% reduction

(Source: CAMHS providers).

- delivering integrated mental health support is integral to early intervention and prevention of escalating mental health concerns for children and young people. In NCL we have strong relationships with local authorities and work collaboratively to deliver an integrated offer for specific groups of children and young people such as looked after children, children and young people accessing social care or youth offending services, as well as an integrated schools and early years offer. This ensures that children and young people receive holistic assessments and care plans are co-developed in line with THRIVE principles

- we have also improved access to specialist mental health support for children and young people. We have reduced waiting times for community eating disorders support from 10 weeks to six weeks through establishing a community eating disorders service that embeds specialist staff within core CAMHS community teams. This means difficulties are identified earlier and interventions that prevent escalation can also be used earlier

- we are establishing Home Treatment Teams (HTTs) across NCL to deliver an intensive home-based service to prevent admission for those aged 12-18 years. Barnet, which has the highest rate of admission for children and young people with mental ill health across NCL, will be the first borough to launch the service

- we have launched a local service for dialectical behavioural therapy (a type of talking therapy designed to help manage difficult emotions) in NCL. This means we no longer need to send children and young people to South London and Hertfordshire for this therapy. This will improve patient experience and should reduce the number of missed appointments.

We want to do more to reach more children and young people with mental health difficulties in a timely way. In NCL, there are multiple providers of CAMHS that provide a range of services and we want to streamline the pathway, modernise access while recognising the different forms of access preferences for this population group, ensure a more consistent offer, and deliver more equitable access to holistic mental health support.

Learning disabilities and autism

The ICB has a strategic ambition to improve the lives of people with a learning disability and/or who are autistic and help them to build a better future. We are focusing on:

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

There are several programmes outlined below which support NCL residents with a learning disability and/or who are autistic to live well in the community.

In 2022/23, NCL ICS has continued to focus on the objectives of the NHS Long Term Plan in relation to people with learning disabilities and autism, including reducing the use of inpatient settings and supporting improvements in health outcomes and quality of care. Despite the achievements outlined below, there is more we want to do to improve the consistency and quality of our service offer. Key achievements in 2022/23 include:

- 90.3% of NCL patients with a learning disability received an annual health check to assess holistic health and care needs
- NCL has five children and young people with a learning disability and/or autism in an inpatient setting, which is the lowest number in England
- we supported the discharge and settlement of 16 NCL patients into community settings and reduced the number of patients in secure inpatient care from 38 to 18

Our service developments for those with learning disabilities and autism included:

- continued focus on Care Education Treatment Reviews (particularly community reviews)
- created Dynamic Support Registers and admission avoidance protocols to support improved quality of community-based care and a reduction in inpatient admissions
- fully establishing the children and young people's keyworker model and Transforming Care Prevention and Support service
- expanding access to crisis/respite pathways for adults and children and young people
- implementing the recommended actions from the Safe and Wellbeing Reviews to make improvements to service quality. Ensuring this is supported by robust

commissioning processes, and engagement with learning disability, mental health, and wider health services to deliver appropriate reasonable adjustments for people with learning disabilities or autism and improved quality outcomes for patients
- making sure the NCL workforce has the skills to support people with learning disabilities and autism, including working with, and learning from, people with lived experience.

Children and Young People's safeguarding

Introduction

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

Safeguarding responsibilities

The safeguarding team supports and advises the ICB Executive team and provides regular reports and assurance through internal governance structures.

Executive responsibility for safeguarding in the ICB sits with the ICB's chief nursing officer. The ICB has recently appointed a director of safeguarding to support the chief nursing officer in ensuring statutory requirements are met. The safeguarding team comprises of designated nurses, doctors, professionals, named GPs for safeguarding and looked after children, and the child death review process lead aligned to our five boroughs.

There are statutory multi-agency governance arrangements in place as set out in the statutory framework, Working Together to Safeguard Children (2018), which places a statutory duty on three key agencies to hold local responsibility for safeguarding: the local authority, the police, and health through ICBs (formerly through CCGs). Statutory partners work in partnership to deliver the multi-agency priorities for their respective areas. Each borough has its own Local Safeguarding Partnership for Children and Adult Safeguarding Board which oversees adherence to policy and process to manage safeguarding incidents, as well as leading policy development and improvement activities with multi-agency partners.

The safeguarding team is an active participant in all Child Safeguarding Practice Reviews (CSPRs), Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs). During the last year, five new CSPRs commenced in NCL, while there are two ongoing SARs and two DHRs. This number is broadly in line with previous activity and spread across the five boroughs. The themes from the reviews include:

- improving cultural competency
- increasing the voice of the child
- information sharing
- awareness of controlling and coercive behaviours
- variable use of routine enquiry
- trauma informed practice

In recognition of the need to share learning across NCL, a system learning group has been set up, co-chaired by a provider safeguarding lead and ICB designated professional. This group is attended by a range of health professionals including provider safeguarding leads, primary care, and designated professionals, who all have a role in sharing system learning across their own organisations.

Designated experts (for children, looked after children, and adults) are embedded in the clinical decision-making of the ICB and work within local health economies to influence local thinking and practice. In preparation for the changing landscape where the designated professionals lead at place and system level with the introduction of ICBs and primary care networks, the safeguarding agenda has been fully integrated across the system.

The safeguarding function has continued to monitor and gain assurance from all commissioned services –both NHS and independent healthcare providers – to promote continuous improvement. Other assurance methods have included engagement in the Safeguarding Adult Board (SAB) and Safeguarding Children Partnership (SCP), audits, and attendance at provider safeguarding and quality committees.

The ICB has continued to meet its obligations as a statutory partner on all five SCPs and SABs, this has included the attendance of the director of safeguarding and director of quality, as well as active participation of our designates. The most recent published reports from our partnerships and boards are linked below.

Safeguarding Adults Boards:

Barnet Safeguarding Adults Board Annual Report 2021/22

Haringey Safeguarding Adults Board Annual Report 2020/21

Islington Safeguarding Adults Board Annual Report 2021/22

Camden Safeguarding Adults Partnership Board Annual Report 2021/22

Children's Safeguarding Partnership Boards:

Barnet Safeguarding Children Partnership Annual Report 2021/22

Haringey Safeguarding Children Partnership Annual Report 2021/22

Islington Safeguarding Children Partnership Annual Report 2021/22

Camden Safeguarding Children Partnership Annual Report 2021/22

Joint Partnership Board:

Enfield Safeguarding Adults Board and Children Partnership Annual Report 2021/22

NCL ICB strategic priorities for safeguarding

The NCL ICB Safeguarding and Looked After Children three-year strategy (2020-23) sets out our approach to commissioning services that prioritise the quality of care patients receive, and ensure our local population is safeguarded and protected from abuse, harm, and exploitation. The delivery of the strategy is supported through our workplan. The ICB's commitment to including the child's voice is reflected in our safeguarding strategy, as well as the ICB's and health providers' section 11 submissions and it is integral to the work of children's commissioners via Service Level Agreement, provider, and commissioner engagement meetings. The strategy aligns well with the ICB's four core aims and priorities for population health improvement, in reducing health inequalities across specific population groups, including children and adults with complex needs, and looked after children. The aims of the NCL ICS Population Health and Integrated Care Strategy are:

- improving population health and care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- supporting the NHS in broader social and economic development

Achievements in 2022/23

Designated professionals have committed to their system leadership responsibilities across NCL and at borough level with the creation of the ICB in July 2022, ensuring consistent health engagement in review processes, delivery on health system action plans, and the sharing learning from reviews at place and system levels. This has enabled effective improvements in practice, local systems, and processes, as well as policy and guidance that safeguards children, young people, and vulnerable adults across NCL. ICB support has included the development of a system discharge and safety planning protocol, establishment of a system learning group, the provision of specialist supervision training for NHS safeguarding leads and borough, and ICB-wide preparation for the new Liberty Protection Safeguards which will replace the Deprivation of Liberty Safeguards.

In addition, in November 2022, designates were responsible for delivering an NCL-wide conference to over 150 partners promoting ‘safeguarding across the lifespan’.

Violence against women and girls

The designated professionals represent the ICB at borough strategic Violence Against Women and Girls Boards. We continue to support our commissioning and contracting colleagues to monitor health commissioned domestic abuse services including the Independent Domestic Violence Advocate service, which is co-located in acute and mental health NHS trusts across NCL. Specific perpetrator awareness programmes and the IRIS (Identification and Referral to Improve Safety) programme provide specialist in-house domestic abuse training for general practice functions, and there is a named advocate educator to whom patients can be referred for support.

Actions were taken as a direct response to the increase in severity of reported domestic abuse and the overarching concern that during the lockdowns, victims of domestic abuse could be living with the perpetrator of the abuse, with no means of respite or escape. These included:

- supporting primary care with training provided by Solace Advocacy and Support
- sending information to every GP to assist with quick referrals for patients
- providing bespoke poster information for each borough’s primary care services
- displaying posters in pharmacies and supermarkets participating in schemes where people could approach their staff and ask for help

- including updated information regarding the new Domestic Abuse Act 2021 in training sessions.

Child Death Overview Panel

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

The aims of the panel are to:

- identify any changes which can be made that might help prevent further deaths
- share the learning regionally and nationally, with other CDOPs and agencies involved
- identify trends and target interventions to prevent further deaths

Additionally, the CDOP can make recommendations to all relevant organisations where actions have been identified.

In 2021/22, the team received 100 notifications via the electronic system eCDOP (which allows for the prompt notification of a child death and is used by all agencies across NCL). CDOP has taken forward actions arising from individual cases during the last year which include:

- ensuring each professional group is represented on the child death panel in line with statutory guidance, including the appointment of an independent chair
- making the NCL CDOP web pages available to the public
- joint training with the police and pathology
- developing an air quality information leaflet for parents
- GP training on the use of eCDOP
- regular designated medical lead and Single Points of Contact forums
- bi-annual meetings with coroners

The review process is not about allocating blame but about learning lessons to prevent deaths in the future. Behind every child's death there is the tragedy of a grieving family,

friends and community and with the introduction of the key worker role, the panel seeks to hear their experiences in each case discussion. We will always aim to keep the family and children at the centre of what we do.

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

Looked after children and care experienced young people

Working Together to Safeguard Children (2018) states that ICBs should employ or have in place a contractual agreement to secure the expertise of designated professionals, including designated professionals for looked after children. NCL ICB meets our statutory responsibility by providing designated doctors and nurses in each of our five boroughs.

Inequalities in health for children and young people is a key priority for the designated professionals. In line with national guidance, most health assessments are delivered face-to-face. For children and young people who find it difficult to engage with face-to-face appointments, a hybrid way of working has been adopted, and this is assessed on an individual basis.

Access to dental care has been identified as a particular challenge for our looked after children resulting from a history of abuse and neglect and often frequent changes in placements across other boroughs and locations. In response, working with NHS England, arrangements have been made for access to community dental services for looked after children and young people on a case-by-case basis.

This year saw an increase in the number of looked after children across NCL from 1613 in 2021/22 to 1638 in 2022/23, notably there was an increase in unaccompanied asylum-seeking children (UASC) presenting in the early part of the year, with UASC accounting for 20% to 25% of looked after children. Some of these UASC were initially assessed by the home office as adults and temporarily housed in hotels in NCL. When identified as children, they were subsequently accommodated

by the local authority and have needed initial health assessments (IHA), in line with statutory requirements. Where needed, looked after children providers, designated professionals, and commissioners have worked jointly to identify additional resources to meet this increase in demand for initial health assessments. The designated professionals continue to monitor UASC data and health needs and work in collaboration with wider partnership organisations to meet the specialist needs of this cohort.

Environmental matters

Green plan, environment, sustainable healthcare

In March 2022, the ICS approved a Green Plan which outlines how we are going to meet the NHS 2040 net-zero carbon target. 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. Our Green Plan supports our purpose in NCL to improve outcomes and wellbeing, through delivering equality in health and care services for local people.

Our success in meeting our collective net-zero goals relies on strong system commitment, resource to deliver, and good partnership working. We co-produced the ICS Green Plan with Trusts, using their plans to inform our plans, and working with their sustainability leads. We have worked closely with VCSE partners and local authorities to identify areas of shared concern and opportunities for collaboration.

The Greener NCL Programme Board has been meeting quarterly to oversee the programme of work and provide a space for challenge and collaboration. Meetings have had focused themes to allow for a deep dive of topic areas such as estates and medicines. Meetings have also provided a space for partners to share their plans such as Camden Council's Climate Action Plan. A highlight report is being developed quarterly and reported to the Greener NCL Programme Board so that progress against our commitments in our Green Plan can be tracked.

In 2022/23, we have been working to deliver the priorities within our plan in line with the national targets. Projects have been delivered and progress is being made across NCL, some examples include:

- commissioned Enfield Climate Action Forum (EnCAF) and Racial Equality Council to engage with people in Edmonton regarding the climate emergency as a health emergency. Outreach and outputs included delivering 15,000 leaflets, producing 25 video stories, 14 knowledge-based webinars some with a reach of 500 to 3,000 people, two focus groups with 30 participants, and 120 people attending two community hubs. The findings will influence the work of partners; for the NHS we need to consider:
    - continued engagement through community hubs
    - use of NHS land (green space, food growing)
    - connecting with EnCAF's air pollution project
- improved opportunities for cycling for NHS staff such as the e-bike trial at Central London Community Healthcare NHS Trust (CLCH)
- Great Ormond Street Hospital (GOSH) has integrated air quality alerts based on a patient's home postcode and has provided guidance to staff to support conversations, as well as template letters to lobby MPs and councillors
- implemented a supply and distribution model within NCL via the Distribution and Storage Hub at Unit 2 Chalk Mill Drive – taking two NHS Supply Chain vehicles per day off the road and reducing congestion at main hospital sites
- included a social value weighting of 10% social value (which includes sustainability) in procurements for taxi and courier services so that providers were required to state how they would minimise impact on the environment as part of the tender
- met our target to reduce desflurane (aesthetic gas) use to less than 5%: all trusts used less than 5% in Oct 2022. The NCL average is 0.7%, with plans to reduce further
- developed and delivered responsible respiratory prescribing training to over 110 clinicians (so far) to reduce emissions from inhalers
- secured support through the Business Climate Change programme for up to 15 GP practices to receive help to improve energy efficiency in March and April 2023
- incorporated sustainability into ICB programmes such as the Long Term Conditions Locally Commissioned Service and the redesign of the surgical hub using the principles of sustainable healthcare

In late 2022, a consultancy undertook a desktop review of our Greens Plans, met with key stakeholders, and shared an analysis and recommendations for our programme. Recommendations were made regarding focusing our activity on the most impactful activities, and to organise our work and our capacity in the most effective way to deliver. In December 2022, the Greener NCL Programme agreed to focus on three priority areas based on carbon impact and opportunity to influence, the priorities are being led by a Trust on behalf of the system. The Trust is tasked with working on the priority area, testing out options and opportunities which can then be replicated across the system (and regionally or nationally as appropriate):

- reusable personal protective equipment (PPE) led by University College London Hospitals (UCLH) – focused on reusable mask trials in UCLH plus another PPE item to then standardise the approach across NCL
- medicines led by Great Ormond Street Hospital with UCLH and Royal Free input – focused on waste management, reviewing pack sizes and packaging and looking at QR codes instead of paper leaflets

  Travel and transport led by Central London Community Healthcare with input from ICB and North Middlesex University Hospital – focused on key national targets for trusts (salary sacrifice, cycling facilities) as well as decarbonising NHS patient transport.

There is a strong working relationship with London's regional sustainability team and leads in other London ICSs to ensure that we are working in the most effective way, building on existing expertise and good practice. NCL have identified areas where regional team support or guidance from the national team is required to make progress including medicines, primary care, patient travel, and adaptation plans.

Improve Quality

Introduction

Ensuring that the resident population of NCL ICS, and others using our services, receive high quality, safe care, along with a positive experience of health and care services from our providers is a statutory function of the ICB. Our experience during the pandemic provided us with the opportunity to maximise our collective resources as a system, allowing us to develop new ways of working with our partners while maintaining oversight of the quality and safety of services provided. This more integrated, system-focused way

of working fits well with the requirements of NHSE and the National Quality Board for ICBs[1] and by sustaining and further building on this learning, we have already made significant progress. We do recognise, however, that we are still at the beginning of our journey.

High quality of care is a fundamental concept within the NCL ICB Population Health and Integrated Care Strategy, and we have developed a single shared vision for quality care based on the principles set out by the National Quality Board and our aspirations for reducing inequalities in health, including unwarranted variation in access, experience, and outcomes of healthcare across NCL.

The visual below sets out our vision:

Delivering Population Health and Integrated Care in NCL:

Our vision is a single shared view of quality

High quality, personalised and equitable care for all, now and into the future

This means that the people working in the system will deliver care that is:

Safe: delivered in a way that minimises errors and maximises delivery of safe care continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.

Well Led: driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Effective: informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

Sustainably Resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on publish health and the environment.

Positive Experience
Responsive and Personalised : shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.
Caring - delivered with compassion, dignity and mutual respect

Quality care is also equitable – everybody should have access to high quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities

Our ICB quality team has worked collaboratively throughout 2022/23 with all our acute, specialist, community, and mental health providers to ensure that quality, safety, and positive patient experience remained central to their work as the COVID-19 pandemic started to abate.

[1] NHS England » National Quality Board: Shared Commitment to Quality

Each of our providers has welcomed the ICB team to their Quality and Safety Committees (QSC) where quality, patient safety and experience is discussed, along with relevant Quality Improvement initiatives. Updates against provider quality priorities as set out in their 2022/23 quality accounts are discussed at these meetings, alongside performance against Infection Prevention and Control and Antimicrobial Stewardship.

Our providers across NCL have positive working relationships with the ICB quality team and have invited the director of quality to attend their stakeholder events during spring 2023 to contribute to their quality priorities for 2023/24.

The 2022/23 System Oversight Framework (SOF) guidance was published in July 2023[2]. The SOF provides ICSs, providers, and commissioners with clarity on how performance and quality of services should be monitored, including details of how identified support required at local and regional level to improve standards and outcomes should be co-ordinated and delivered at a system level.

In line with the requirements of the SOF, the Quality team has worked collaboratively with the ICB performance team supporting recovery programmes for NCL providers currently placed in Segment 3 of SOF – these are RFL, NMUH and TPT.

Monthly provider performance review meetings led by NCL ICB have continued throughout the year, focusing on UEC, RTT and cancer, service and quality improvements, governance, and finance. These meetings focused on the collaborative actions required to deliver sustainable performance and quality improvements, the establishment of exit criteria from SOF 3, and the measures that would enable an exit from SOF3.

The Quality team is also now working very closely with the ICB primary care function to make sure that we also have an aligned and integrated approach across our primary care providers. Similarly, we work closely with other Care Quality Commission and Ofsted regulated organisations which provide health and care for NCL residents across NCL and nationally through continuing healthcare, funded nursing care and complex individualised commissioning through our complex care team.

Care Quality Commission (CQC)

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

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

The CQC has refreshed their strategy following the revised Health and Social Care Act (2022)[3] which established Integrated Care Boards as legal entities. The Act gives the CQC a role in reviewing ICSs under the areas of leadership, integration and quality and safety, along with a new duty to assess how local authorities are meeting their social care duties under part 1 of the Care Act.

The CQC strategy is built on four pillars as outlined in the visual below, along with tackling inequalities.

The CQC has developed a single assessment framework (see below) to assess providers, local authorities, and ICSs with a consistent set of themes, from registration through to

ongoing assessment, and underpinned by best practice standards and guidance as set out in the visual below.

ICBs can drive good quality care and outcomes across their geographical footprint through strong leadership, building relationships with system partners, enabling collaboration and innovation and making effective use of resources.

A single assessment framework

Remaining at the core of our approach

Expressed as "We" statements; the standards againstwhich we hold providers, Local Authorities and Integrated Care Systems to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group

Acute providers

During 2022/23, the CQC inspected maternity services at the RFL and Whittington Health, along with the Portman, North and South Camden Child and Adolescent Mental Health Service and the Camden Adolescent Intensive Support Services within the Tavistock and Portman NHS Trust. The CQC also inspected the emergency department at the North Middlesex University Hospital.

Each of these services were rated highly by the CQC, however as these were targeted inspections the rating does not affect the overall rating of the Trust as set out in the table below:

Trust	CQC inspection report published	Overall rating
University College London Hospitals NHS Foundation Trust (UCLH)	December 2018	Good

Royal Free London NHS Foundation Trust (RFL)	May 2019	Requires Improvement
North Middlesex University Hospital NHS Trust (NMUH)	October 2019	Requires Improvement
Whittington Health NHS Trust	March 2020	Good
Moorfields Eye Hospital NHS Foundation Trust (MEH)	March 2019	Good
Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)	January 2020	Good
Royal National Orthopaedic Hospital NHS Trust (RNOH)	March 2019	Good

Mental health providers

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

Community providers

Trust	CQC inspection report published	Overall rating
Central London Community Healthcare NHS Trust (CLCH)	June 2020	Good
Central North West and London NHS Foundation Trust (CNWL)	June 2019	Good
Whittington Health NHS Trust (WHT) (community services only)	March 2020	Outstanding

Primary care (222 GP practices)

Borough	Number of practices	Outstanding	Good	Requires Improvement	Inadequate
Barnet	51	0	49	2	0
Camden	31	0	29	3	0
Enfield	32	0	31	1	0
Haringey	36	1	29	4	2
Islington	32	0	32	0	0

The Primary Care Contracting Committee retains oversight of the quality and safety of primary care, supported by the Quality team, with targeted support provided to practices rated as Requires Improvement or Inadequate.

The ICB has specific defined statutory responsibilities in relation to Infection Prevention and Control (IPC) as set out in the Health and Care Act 2022,the NHS Oversight Framework and the 2023/24 NHS Standard Contract.

The next section describes our performance as a system in relation to IPC.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

NHS England has set out a national ambition to achieve zero cases of MRSA bacteraemia (blood stream infection) for all ICBs 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.

Note: Data reported up to February 2023. End of year data will be available from 16 April 2023.

Organisation name	MRSA cases 2022/23	MRSA cases 2021/22	Position
North Middlesex University Hospital NHS Trust	1 case	1 case	
Royal Free London NHS Foundation Trust	6 cases	3 cases	
University College London Hospitals NHS Foundation Trust	4 cases	3 cases	
Whittington Health NHS Trust	2 cases	1 case	
Great Ormond Street Hospital NHS Trust	1 case	1 case	
Royal National Orthopaedic Hospital NHS Trust	0 cases	0 cases	

Infection Prevention and Control teams within our NHS trusts have reviewed their individual PIRs and report learning from these through their Infection Prevention and Control Committees. NHS England, in partnership with Skills for Health, launched the IPC education framework in autumn 2022 to support clinical teams to strengthen their IPC knowledge, skills and behaviours across health and social care, supporting the delivery of safe and effective care as outlined in the NHS Long Term Plan and the Tackling Antimicrobial Resistance national action plan 2019-2024..

Clostridium Difficile (C. diff)

To reduce the number of C. diff. infections, NHS England sets out reduction targets every year for providers and ICBs (formally CCGs), measuring how many C. diff infections are diagnosed and attributed to the organisation. NHS England did not set C. diff reduction targets for 2022/23 to allow providers to focus on the pandemic. However, the expectation was that all trusts would continue to report all cases of C. diff to the United Kingdom Health Security Agency (UKHSA) and carry out a Root Cause Analysis (RCA) to establish if a lapse in care had occurred. This approach remains for 2023/24.

The following C. diff cases have been reported from 1 April 2022 - 28 February 2023.

Note: End of year data will be available from 16 April 2023.

Trust	April 22-Feb 23	2021/22	Increase or decrease
North Middlesex University Hospital NHS Trust	29 cases	18 cases	↑
Royal Free London NHS Foundation Trust	97 cases	60 cases	↑
University College London Hospitals NHS Foundation Trust	93 cases	72 cases	↑
Whittington Health NHS Trust	21 cases	14 cases	↑
Great Ormond Street Hospital NHS Trust	11 cases	5 cases	↑
Royal National Orthopaedic Hospital NHS Trust	4 cases	3 cases	↑

The clinical teams responsible for the care of the patient in conjunction with the IPC teams at our providers undertake a root cause analysis on each case of C. diff to identify the contributory factors that may have resulted in the patient developing C. diff. Nationally, there has been an increase in the numbers of patients with a confirmed laboratory diagnosis of C. diff. There are several potential reasons for this. Firstly, it is possible that a reduction in patient mobility, including a general reluctance to attend primary or secondary care sites, as well as a reduction in overall testing, may have under-estimated the true burden of C. diff in the community during the pandemic. Secondly, despite the widespread

use of antibiotics to treat people with COVID-19, the spread of C. diff in our hospital and care environments may have been suppressed due to robust reinforcement of IPC measures, such as frequent handwashing, enhanced cleaning of the environment, use of personal protective equipment (gloves, aprons, and masks), and social distancing. In addition, limited visits to and movement of patients may have indirectly reduced the spread of C. diff.

The ICB's IPC team is undertaking a deep dive into the increase in C. diff reported during 2022/23 and is working with provider IPC teams and microbiology colleagues to understand the increase in the numbers of cases reported across NCL.

Pharmacy colleagues in our providers reported changes to antimicrobial prescribing due to issues with shortages of antimicrobials before Christmas 2022. This resulted in GPs and clinical teams in our providers having to prescribe alternative antimicrobials, which could explain the increases in cases of C. diff. Antimicrobial usage is being monitored closely by pharmacy teams within our providers and reported to each provider Infection Prevention and Control Committee.

NCL ICB has established an ICB Infection Prevention and Control and Antimicrobial Resistance Committee. This is a sub-committee of the ICB Quality and Safety Committee, which will support and provide collective oversight of IPC and antimicrobial activities across the ICB, to improve patient experience and outcomes.

Outbreaks of infection

Our providers across NCL have well-established IPC leadership with robust processes in place to manage outbreaks of infection, including COVID-19, respiratory viruses including influenza and gastro-intestinal, and other infectious organisms such as norovirus. The ICB IPC team has worked collaboratively with our providers, providing system leadership and IPC advice where required. The incidence of COVID-19 reported has continued to decline, resulting in an overall decrease in the numbers of patients with COVID-19 occupying inpatient beds across NCL.

Nationally, there was an increase in the numbers of group A streptococcal infections during the summer of 2022. Guidance on the management of these infections was

published by UKHSA to guide clinicians in both primary and secondary care on antimicrobial treatment and on providing close contacts with medication to prevent illness.

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

The DIPC forum was established in May 2020 in response to the COVID-19 pandemic to provide strategic leadership and direction to our DIPCs from acute, community mental health, independent sector, and partners in primary care and local authorities through the Directors of Public Health across NCL. The forum continues to meet monthly to discuss a range of IPC-related issues and work though solutions, as well as a providing peer support during times of extreme challenge. It is a visible demonstration of progress made with system-level integrated working in NCL.

Antimicrobial prescribing

Oversight and assurance on the ICB's statutory functions in medicines management is provided by the Integrated Medicines Optimisation Committee, a sub-committee of the ICB Board.

In addition, an antimicrobial stewardship (AMS) lead pharmacist was recently appointed to provide system leadership, collaborating with provider organisations and primary care to ensure prescribing practice is optimised and in alignment with NICE guidelines. An AMS sub-committee has been convened to agree on local prescribing policies and performance metrics. This remains a work in progress.

Maternity, Neonatal, Children and Young People's services

Maternity services

Across NCL, maternity services are provided by four NHS trusts, operating from five sites:

- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust and Barnet Hospital

Each of our maternity providers have completed their self-assessment in response to the seven Immediate and Essential Actions (IEAs) set out in the Ockenden report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust.

Each of our maternity units were visited by the NHS England regional maternity team during 2022. The purpose of this visit was to seek assurance that our individual maternity services could evidence the work they had either referenced as part of their self-assessment, or improvement work that they had begun following the gaps identified through the self-assessment process.

Our Local Maternity and Neonatal System (LMNS) oversees the quality and safety of maternity services across NCL, as well as overseeing the work of the NCL Maternity Transformation programme. This programme focuses on collaboration on shared areas for improvement, peer review, system-wide oversight, and providing assurance. NCL ICB is pleased to have been accepted as a pilot site to test and evaluate the role of an Independent Senior Advocate (ISA). The ISA will support parents-to-be, new parents and families to be listened to by their maternity and neonatal care providers, as recommended in the Ockenden review.

The LMNS has recruited a midwife to support the delivery of Midwifery Continuity of Carer (MCoC) Choice and Personalisation. MCoC is provided by midwives organised into teams of eight or fewer. Each midwife aims to provide antenatal, intrapartum, and postnatal midwifery care to approximately 36 women per year, with support from the wider team for out-of-hours care. This work aligns with the ambitions set out in the Core20Plus5 for

maternity services: ensuring continuity of care for 75% of women from ethnic minority backgrounds and from the most deprived groups by March 2024.

NCL has a diverse population of approximately 1.5 million, which is predicted to increase by 9.5% over the next 10 years. The largest populations of people from ethnic minority backgrounds are in Islington (32%) and Enfield (42%). The largest ethnic minority groups in NCL are Turkish, Irish, Polish, and Asian (Indian and Bangladeshi) people. There are also high numbers of people from Black Caribbean and African communities, especially in Haringey and Enfield, and the proportion of people from ethnic minority backgrounds is much greater in younger age groups.

Through the LMNS there are several workstreams underway to reduce inequalities in healthcare access, experience, and outcomes among women from ethnic minority backgrounds and vulnerable groups accessing maternity care. We are working with our ICB Communities team to ensure that we are joined up in our thinking when using the Core20Plus5 approach to reducing health inequalities for pregnant women and those who have given birth. This work is a key element of our ICB Population Health and Integrated Care Strategy.

Through the LMNS we have employed a research midwife to undertake an analysis to understand the reasons behind why Haringey has the highest still birth rate in London (at 6.3 per 1,000 population (MBBRACE report 2022).

Children and Young People Neonatal and Maternity (CYPNM) Programme Board
The CYPNM Programme Board provides system assurance and oversight of all NCL CYPNM programmes of work.

The Community Services Review into CYP was completed in 2022 and the areas identified as priorities were therapies, community paediatrics, nursing, and neurodiversity. Progress against these workstreams is overseen by the CYP Community Transformation Board, a subgroup of the CYPNM Board.

The five NCL boroughs have continued to explore and develop the Integrated Paediatric Service (IPS), an integrated model for facilitating triage, joint clinics and multidisciplinary meetings as a strategic priority and key part of the NHS Long Term Plan. Since the start of

2023, over 300 patients have been discussed at multidisciplinary team meetings across the active primary care network sites in our five boroughs to improve health outcomes for CYP. Just over 60 patients have been reviewed as part of the joint clinic IPS model, with clinicians reporting high levels of satisfaction with this approach, and work will continue on this model throughout 2023/24.

CYP Quality and Safe reviews

In summer 2022, the national Child Safeguarding Practice Review Panel undertook a national review into safeguarding children with disabilities and complex health needs in residential settings. The review focused on the experiences of children placed in three specialist independent residential settings located in the Doncaster area (Fullerton House, Wilsic Hall and Wheatley House) operated by the Hesley Group.

The chair of the Child Safeguarding Practice Review Panel wrote to all Directors of Children's services in England, requesting that they undertake the following actions:

- ensure that Quality and Safety Reviews are carried out for all children with complex needs and disabilities currently living in placements with the same registrations (residential specialist schools registered as children's homes) to ensure they are in safe, quality placements
- the host authority Local Authority Designated Officer (LADO) for each individual establishment to review all information on any LADO referrals, complaints, and concerns over the last three years relating to the workforce in such establishments to ensure these have been appropriately actioned

The ICB Complex Individualised Commissioning team worked collaboratively with our children's commissioning teams across the five NCL local authorities to ensure that Quality and Safe reviews were carried out by the end of November 2022, as instructed by the chair of the Child Safeguarding Practice Review Panel. Each of the boroughs presented the findings of these quality and safe reviews to their Safeguarding Children's Partnership Board for discussion and sign off prior to submission to the Department of Education. These reviews did not identify any concerns with the quality of care provided to our children and young people with learning disabilities and complex needs in residential care.

Special Educational Needs and Disabilities (SEND)

The increased vulnerability of children and young people with Special Educational Needs and Disabilities (SEND) has been highlighted through some of our local Safeguarding Children Practice Reviews. This has increased awareness of the need for early intervention and support for individuals and their families where there are additional needs.

Ofsted and the CQC work together to inspect local education, health, and care services for children with SEND to make sure they are effective.

In March 2023, the London Borough of Enfield was inspected as part of an area SEND inspection under section 20 of the Children Act 2004. The final report, which is expected at the end of May 2023, will be published on the London Borough of Enfield website.

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

Care Homes, supported living, and out-of-area placements

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

ICB Quality and Safety committee

The ICB Quality and Safety committee (QSC) is a subcommittee of the ICB's Board of Members. The role of this committee is to provide oversight, scrutiny, and assurance of the following areas on behalf of the Board of Members and to provide robust recommendations and directions for actions relating to:

- the quality and safety of commissioned services
- reducing inequalities in care
- the effectiveness of patient care and high quality patient experience;
- provider service quality performance and quality improvement initiatives

- continuous quality improvement and shared learning across the system

The committee is made up of 12 members, which include three trust partner representatives, non-executive members, and a Healthwatch representative. Since its inception, the QSC has reviewed the following:

- approval of NCL safeguarding adults and safeguarding children policies
- overview of maternity services across NCL
- update on the Patient Safety Incident Response Framework
- deep dive into the NCL sickle cell disease improvement plan
- Child Death Overview Panel annual report 2021/22
- NCL CCG Safeguarding Children and Adults Statutory annual report 2021/22
- deep dive into Never Events across NCL (serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations)
- Medicines Safety Report
- delivering a dignified death for our residents: Care at the end of life

The Quality team carried over the following quality priorities from the legacy CCG on 1 July 2022:

- sickle cell disease
- maternity services
- addressing the physical health needs of people presenting to emergency departments with mental illness
- restraint and seclusion for people with mental illness in our acute mental health providers and emergency departments in our acute providers
- focus on long-term conditions, such as chronic obstructive pulmonary disease and hypertension

These remain key priority areas as we continue to work closely with colleagues to deliver our NCL Population Health and Integrated Care Strategy, which puts the needs of our local population and reducing health inequalities at the heart of everything we do.

System Quality Group

Quality Surveillance Groups were established in 2013 by the Nursing Quality Board (NQB) in response to the Francis Inquiry. The NQB published a position statement in April 2021, renaming them System Quality Groups in reflection of the shift to greater engagement, collaboration, and learning.

We established our NCL ICB System Quality Group in September 2022 from a wide range of system partners to discuss system-wide issues requiring a system response, such as the implementation of the Patient Safety Incident Response Framework across secondary care.

Wellbeing and support for our staff

The Executive Management team recognises and acknowledges the importance of staff wellbeing, especially at a time when we are all facing challenges associated with the increase in the cost of living and recovering from the impact of the pandemic.

The Organisational Development team within the ICB is working with the Executive Management Team to provide ongoing wellbeing support for our staff, some of which is based on feedback provided through the annual NHS Staff Survey. This includes:

- support through our occupational health service
- NCL Wellbeing Hub
- our Mental Health and Wellbeing Champions
- financial wellbeing advice
- staff benefits
- twice-weekly mindfulness sessions
- our staff networks: BAME staff network, LGBT+ staff network, Disability staff network, Greener staff network

Engaging people and communities

Our commitment to working with people and communities

> "We will support people to live healthier and more independent lives in thriving local communities by working in partnership with local people and communities to design

solutions and services around their priorities, needs, experiences and strengths."
NCL Working with People and Communities Strategy, 2023

NCL ICB is committed to working with people and communities to support our population health improvement ambitions and tackle inequalities.

The formation of NCL's Integrated Care System is a real opportunity to support community-based development, collaborate with NCL's diverse communities, and encourage local people and communities to get involved in the issues that are important to them.

We are committed to ensuring that local people and communities are offered a wide range of opportunities to play an active role in decision-making and that we listen to, and act, on feedback when we commission services. As part of this, we're building on existing strong foundations to further develop collaborative partnerships with NCL's VCSE sector.

The ICB has developed two strategies – Working with People and Communities and Working with the VCSE – which set out our approach, principles and commitments to delivering this. The strategies were formally adopted by the ICB in September 2022.

We developed the strategies using a coproduction approach – with NHS commissioners, our five borough partnerships' joint commissioners, councils, and colleagues from VCSE. Over the past two years we've held a series of conversations with local people, talking about what health and wellbeing means to them, what they want from services, and the impact of the pandemic. Feedback from these discussions have informed our strategies. Both strategies have been recognised by NHS England as best practice.

As part of this approach we have developed our Population Health and Integrated Care Strategy in partnership with local people and community partners, embedding our two community engagement strategies into our population health approach.

We rooted the Population Health and Integrated Care Strategy in the lived experience of our communities by evaluating and building it using existing community insights. We developed the strategy further through engagement with community partners, including local VCSE forums, NCL Healthwatch sessions, and local community networks. We also

worked to co-design the approach with our VCSE Alliance as a key strategic community partner.

The aims of the Population Health and Integrated Care Strategy are also described in the Health Inequalities section of this report.

Embedding the principles and commitments of the ICB strategies

This year, we have worked to embed the principles and commitments set out in the two ICB community engagement strategies, and focused on further developing system and place-based approaches to working with local communities and VCSE partners to ensure VCSE voices are included in our governance structures. We are also building processes so that planning and decision-making is informed by qualitative and quantitative community insights, with a focus on the communities who face the highest health inequalities.

Over the course of this year, we have engaged with local people and communities on a range of ICB programmes and health and care services. We know that the services we commission are more effective when they are designed around the needs of the people we serve. We recognise that certain groups face specific barriers to accessing health and social care services and having their voices heard. Involving local people helps to identify and address health inequalities, ensuring that services are accessible to all and deliver better outcomes as well as value-for-money.

Key elements of our work with local people and communities (summarised below) include:

- engagement governance and assurance
- engaging on system priorities and programmes
- place-based activity
- community-centred approaches to reducing inequalities
- looking ahead to 2023/24.

Engagement governance and assurance

To drive forward the principles of our two strategies, we have ensured that working in partnership with our local communities and VCSE is woven through our governance and decision-making structures. Several important steps were taken in 2022/23 to ensure

residents and communities are heard and that their voices will inform future plans, including:

Assurance through our Integrated Care Board

NCL's Integrated Care Board receives assurance that appropriate community engagement and partnership working with our local communities and VCSE has taken place and that we are meeting our statutory duties for involvement. Where appropriate, our board papers must give evidence of this activity.

VCSE Alliance

The NCL VCSE Alliance is made up of five VCSE umbrella organisations and six representative organisations that focus on homelessness, disability, refugee and migrant deprivation and isolation, and mental health. The Alliance has been focused on co-designing the Working with our VCSE Strategy and two representatives from the Alliance sit on key ICB Committees and ICS Forums.

"The first year of operation of the NCL VCSE Alliance has been a productive one, with a major highlight being the co-production of a robust VCSE Strategy for NCL. We look forward to building on these foundations to grow mutual cross-sector understanding, unlocking the full potential of the VCSE sector to support the health and wellbeing of NCL residents."

Caroline Collier, CEO, Inclusion Barnet and Chair of NCL's VCSE Alliance

We have developed a model with strong VCSE forums in each borough partnership who work alongside the NCL VCSE Alliance. The NCL Alliance acts as facilitator between borough partnerships and ICB and ICS Committees and Forums. We are working with the VCSE Alliance to ensure that the VCSE is seen as a key and equal strategic partner. Part of this has included working with us on the development of the Population Health Improvement and Integrated Care Strategy.

We have confirmed continued funding for the VCSE Alliance for 2023/24, demonstrating our commitment to represent and champion the role of VCSE within the organisation and system.

The role of NCL's Healthwatch organisations

We have developed a new way of working with NCL's Healthwatch organisations – including investing in an NCL system role to represent the five Healthwatch organisations on key ICB committees. We are strengthening our relationships with Healthwatch to ensure we are working closely together, sharing our priorities, and learning from the community insights we gather.

Local Healthwatch organisations are working with the ICB on several projects. All five are working with the ICB on the Core20plus5 Community Connector programme reaching out to residents who may have hypertension. This funding has enabled local Healthwatch to have hundreds of conversations with NCL residents about healthy hearts and lifestyles.

The five Healthwatch organisations have been working together with primary care leads to ensure that evidence we gather informs the delivery of primary care. While we recognise there is a limit to how much commissioners can influence providers, we are working together to ensure that patient voices influence wherever possible. We have also been invited to give a view on several strategies including engagement and population health management.

"We're collaborating but also working on localised issues unique to our residents/demography. Some of the Healthwatch have also been involved in work on mental health, young people with Type 1 Diabetes, community research into primary care access and digital inclusion. Healthwatch liaise across our five boroughs and are funded to bring resident perspectives to three specific ICB committees: Quality and Safety, Primary Care Contracting and an Engagement Group. We look forward to developing our relationship with the ICB further and ensuring that patient/carer/ resident voices influence what's planned and delivered locally."
Emma Whitby, Healthwatch Islington Chief Executive and NCL Healthwatch role

Community Partnership Forum

We established the Community Partnership Forum as a new ICS group in 2022. The aim is for this to be an expert reference group on community engagement and a forum for debate and discussion on emerging strategies and priorities. The group is led by our ICS chair with representation from local VCSE organisations, Patient Participation Groups, Healthwatch and subject matter experts.

You can find out more about the Community Partnership Forum here.

Community Engagement Steering Group

In March 2023, we established the ICS Community Engagement Steering Group to oversee the implementation of our Working with our People and Communities and Working with our VCSE strategies, and bring together skills, insight, and activity across the ICS. The Steering Group has representation across VCSE, Healthwatch, community partners, NCL councils and the ICB (including officers from our engagement, inequalities and borough teams and an executive lead).

Community members

We have a range of community members attending ICB working and oversight groups who bring a diverse range of lived experiences, professional expertise and perspectives as residents and service users.

In early 2023/24, we will start recruitment for new community participant roles. They will sit on several ICB committees and will bring a strategic community perspective into key ICB decision-making forums.

NCL Patient Participation Group (PPG) Network

In NCL, our borough partnerships work with local PPGs as part of their engagement and outreach work. PPGs liaise with GP practices to improve care and provide a wider opportunity for local people to get involved with the NHS and influence the provision of local health services. Moving forwards, NCL ICB is planning to support PPGs from across our five boroughs to come together and form a network to share learning and patient insight, particularly around primary care.

Reimbursement guide

We developed and introduced reimbursement guidance to support delivery of the principles and commitments in our Working with Our People and Communities Strategy. The guidance ensures we recognise the contribution of local people and communities who are involved in our work and covers reimbursement for expenses and for people's time, as well as other forms of recognition, including training and support for vulnerable groups.

This guidance will allow us to focus on those who experience the highest health inequalities but may be unable to participate without some level of reimbursement.

Joint Health Overview and Scrutiny Committee

The ICB regularly presents at the NCL Joint Health Overview and Scrutiny Committee (JHOSC) public meetings. Topics discussed at meetings this year include the Population Health Improvement and Integrated Care Strategy, estates development, and the Health Inequalities Fund. Meeting papers can be found here: JHOSC formal meeting papers

Enabling public and resident access to meetings

To ensure the ICB Board is accessible, we provide opportunities for the public to access papers and submit questions in advance of each meeting, and to join the meetings either in person or virtually.

Engaging on system priorities and programmes

Examples of how we have ensured we were working with local people and communities and that their voice was at the centre of our planning and decision making during 2022/23 include the following:

Residents' Health Panel

NCL's Residents' Health Panel, made up of more than 1,000 residents of Barnet, Camden, Enfield, Haringey, and Islington, helps shape plans and decisions on local health and care services in a range of ways. In 2022/23, panel members shared views on our Start Well programme, Fertility Policy Development, Musculoskeletal Services, COVID-19, and the flu vaccination programme.

We successfully obtained funding from NHS England to develop the Residents' Health Panel in 2022/23. As part of our Working with People and Communities Strategy, we plan to enhance our Residents' Health Panel helping us to build ongoing and lasting relationships with our residents. Ensuring involvement of the panel in a wider range of decision-making at both local and system level will strengthen the connection between the local NHS and communities. This will include work to look at cross-cutting themes such as digital inclusion and health inequalities.

Start Well

Through the Start Well Programme, health and care organisations in NCL ICS have been focusing on maternity, neonatal, and children's and young people's services in acute settings. This long-term programme started in November 2021 and the case for change – a review identifying the need for improvements – was published in June 2022.

A 10-week programme of engagement on the Start Well Case for Change ran between July and September 2022. The engagement process explored whether the themes highlighted in the case for change resonated and captured people's views on opportunities to improve care.

The Start Well team engaged with a wide range of people including patients, residents of NCL, staff, and other stakeholders. Various engagement sessions were held, and a survey was available online and on paper. Qualitative and quantitative data was produced during the engagement, all of which was independently analysed and published in an evaluation report. The findings from the engagement activity have been used to inform the programme and wider work of the ICS around delivery of these services.

Ongoing engagement with residents continues to shape the direction of the Start Well programme. This activity has included youth summits, where children and young people discussed how to improve experiences and outcomes, and clinical leaders benefited from reverse mentoring from young people. The Start Well Patient and Public Engagement Group, chaired by a resident representative who sits on the Start Well Programme Board, has also taken an active role in the formal options appraisal process by setting criteria around patient access.

Community and Mental Health Services – action in response to community insight

In 2022/23, we focused on the implementation and delivery of a co-produced core offer, developed in 2021/22 after a collaborative review of NHS community and mental health services. The aim is to provide a comprehensive, consistent, and equitable level of service that residents can expect to receive across NCL and to improve health outcomes for all local people.

We engaged with a wide range of service users, patients, and carers groups, as well as voluntary and community sector organisations to ensure the service user and carer voice

was central to our work and reflective of the diversity of the communities we serve. The valuable feedback and insight gained was instrumental in helping to shape the core offer and continues to influence the delivery and implementation phase of the programme.

Examples of how we responded to engagement feedback include:

- residents told us that access to services needed to improve and long waiting times needed to be reduced, for example, for autism assessments for children. In response, the core offer includes service response times, for first and ongoing contact. We have also invested additional funding into autism and attention-deficit hyperactivity disorder (ADHD) assessments for children to increase capacity and reduce waiting times

- residents called for a more holistic, person-centred model of care with consideration given to other factors that can impact health, such as housing and environment. We also heard that residents wanted greater involvement in decisions about their care. The core offer supports the personalisation agenda, with more care planning, case management and enhanced patient-led decision making, including proactive support for those with long-term health conditions

- a common theme was that earlier transition planning is required to support children and young people moving to adult mental health services to prevent them falling through the child-adult service gap. In response, we have worked with young adults to co-produce a new young adults mental health strategy, building on nationally recognised good practice in our region

Further examples and more details about the community and mental health services programme are available on the NHS North Central London Integrated Care Board website.

Procurement of a new NHS 111 Integrated Urgent Care (IUC) contract

We engaged closely with local NCL communities to understand their experiences of the existing NHS 111 service and to gather their feedback on the development of the new NHS 111 contract service specification.

This included reviewing patient experience data, running a public survey, and holding a broad range of stakeholder meetings including with VCSE organisations and borough patient groups. Healthwatch Enfield was commissioned to run targeted focus groups with groups who experience high health inequalities and who find accessing the NHS 111 service more challenging. A group of patient champions oversaw the development of the communications and engagement plan and related activities. A Response to Feedback leaflet has been produced that demonstrates how feedback has fed into the service specification.

NCL Fertility Policy

The new single Fertility Policy was launched in July 2022. We developed accessible public information to support awareness and understanding of the new policy. Seven community members formed a readers' panel to assist in planning policy promotion activities and to test the communications materials which included a patient leaflet (also produced in an easy read format), an updated frequently asked questions document, a Response to Feedback leaflet, and explanatory videos in some of the most spoken languages across NCL. These were produced to ensure wide awareness and understanding of the policy across the diverse communities in NCL. Local Healthwatch organisations commended the process.

Personal health budgets

We are engaging with individuals and carers who have direct experience of receiving or managing a personal health budget (PHB), social care direct payment, or integrated budget to lead, shape, and influence the development and delivery of the PHB procurement framework through coproduction.

We undertook an open recruitment process and in March 2023, recruited six 'lived experience members' to participate in monthly coproduction meetings and lead workshops with other service users to gather their views and experiences on personal budgets.

This work will continue into 2023/24, helping the ICB to shape the types of local services that will be available through personal health budgets. The coproduction group is part of the whole procurement process, including the design of the service specification and assessments of the service providers who offer personal health budgets and assist local users to design, organise and manage their care and support.

Campaigns

- **Winter resilience**

We worked with partners across the ICS in 2022/23 to deliver a winter communications campaign aimed at helping local people and their families to take practical steps to stay well, access the right care in the right place, and protect against infectious diseases through encouraging take up of vaccinations.

Our approach was informed by a London Metropolitan University evaluation of our winter 2021/22 campaign and involved early messaging in the autumn to help people prepare, careful targeting of messaging, channels and resources by demographics and geography, and working closely with partners to integrate health and cost of living messaging for residents.

Areas of focus included increasing confidence in community pharmacies for minor health concerns, improving awareness of NHS 111 Online for urgent but not life-threatening health problems, and encouraging uptake of COVID-19, flu, polio and mpox vaccinations and routine childhood immunisations.

A combination of digital, social, and print channels was used to produce clear and accessible information that met the differing needs and preferences of local residents. We worked with voluntary and community sector partners to reach specific communities that are at risk of health inequalities, or face barriers to accessing services. Core materials were available in a variety of accessible formats including a wide range of languages spoken by NCL's communities and easy read for people with mild to moderate learning difficulties.

- **Vaccination programme**

The COVID-19 vaccination programme has delivered over 3.4 million vaccines to date in NCL, with 400,000 delivered in 2022/23. During this year the ICB also mobilised campaigns at short notice to support new vaccination concerns around polio, mpox, measles, and diphtheria. All achievements throughout the year are due to our strong relationships with system and community partners and a great deal of activity was designed collaboratively with them.

- **Boost your immunity this winter**

A joint campaign ran for seven months from September to March to promote COVID-19 and flu vaccines and launched with an engagement event for our system and voluntary and community sector partners. The event provided an opportunity for health and care professionals to ask questions of a panel of experts so that they could confidently promote uptake.

- **Polio**

In June 2022, polio was detected in sewage in north and east London. As a result, all one to nine-year-olds were offered either a catch-up or booster dose of the vaccine. An urgent communications campaign supported this with the ICB team developing local culturally appropriate information videos, sending direct communications to parents, hosting national media visits, and supporting engagement with local communities considered at greater risk due to lower uptake of core vaccination doses.

The ICB website was also the primary source of information for the public and all agencies supporting the campaign in NCL. The next phase of the campaign will begin early in the new financial year.

- **Other developments with childhood immunisation**

As a result of attitudinal surveys in each of our boroughs and engagement with healthcare professionals, we have developed a suite of accessible communication aids and information sheets for health and care professionals talking to parents and carers about childhood immunisations. These materials will help those who don't have English as a first language or have difficulty following conventional text. It will be launched in the new financial year and will be used across London.

- **Mpox, measles and diphtheria**

Over the year we worked flexibility to support the response to localised outbreaks, including outbreaks of measles in Barnet, and diphtheria, which was a risk in local hotels housing refugees. We were also consistent with our messaging around mpox until a sustained reduction in mpox case numbers meant that the vaccination programme was no longer needed as an outbreak control measure.

"To encourage our communities to have life-saving vaccines, we've collaborated with the local NHS and public health teams. We feel listened to and well placed to bridge any gaps between the health and care system and the most vulnerable we serve."
Navinder Kaur, chief executive of Voluntary Action Islington and partner in the spring booster campaign

Developing ICS communications and engagements ways of working

Over the last year, we have worked closely with our communications and engagement colleagues across the ICS – working closely with our local authorities and NHS providers to understand where there are opportunities to work together, share resources and ensure we are aligned. We carried out in-depth engagement including interviews, workshops and focus groups with communications and engagement colleagues across ICS, to develop a shared set of principles and ways of working, and mapping how we connect as a professional community. Each ICS organisation is responsible for how the operating model is applied in their organisation, ensuring key processes and resources are aligned. We are continuing to build on this work.

Developing community centred approaches to reducing health inequalities

We are committed to working with local people and communities to understand what matters to them for their health and wider quality of life. We are working with partners to bring support and services into communities, rather than expecting our diverse communities to come to us.

We are at the start of this journey, but our ambition is to build community-centred approaches that empower people and communities and provide opportunities to strengthen local decision making. By focusing on supporting communities to live well and addressing health inequalities, we can empower local communities.

This year we have begun to build a range of programmes that support this ambition across NCL's system, places and neighbourhoods including the following.

Community Research and Action Programme

The ICB-funded Community Research and Action Programme is rooted in the principles of raising local communities' voices and investing in grassroots VCSE organisations. The

programme supports local communities to access the health and wellbeing services they need through bringing services and support out into local neighbourhoods through navigation and advocacy-type support from the VCSE partnership, alongside designing interventions with local communities such as a health and social care toolkit.

The programme is built upon a successful approach developed in Islington, and in early 2022 work began to develop the model within NCL's five borough partnerships. The insight is used to underpin ICS and borough partnerships' priorities and decisions.

Outcomes for the 2022/23 programme include:

- research into the lived experience of our local communities: their needs, skills and assets to inform, shape and design ICS work programmes
- upskilling VCSE organisations through 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
- community capacity building and co-designing community interventions: offering hands-on interventions so that local communities can access the support that they identify they need

In Islington, the programme has been given additional funding to work with the Core20PLUS5 communities with a focus on our key population health improvement priorities: early cancer screening and healthy lungs. You can read more about this work in the Health Inequalities section of this report.

Community Connectors

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

Community champions represent diverse groups of people and outreach work involved holding a series of events in community settings with a focus on blood pressure checks, sharing information on high blood pressure and the causes, and connecting local people into further support, where appropriate. This form of engagement has led to a greater understanding of community needs and the wider determinants of health.

Our ambition for next year is to map all community-champion style projects across NCL, to share resources and learning and continue to work with champions by organising events on health issues that matter most to them.

Boroughs – working at Place and Neighbourhood

Across each of our borough partnerships, working with local people and communities has been identified as crucial to the success of the partnerships and a key theme or golden thread running through all the work delivered at place and neighbourhood. ('Place' is used to refer to a small geographical area within an Integrated Care System, and 'neighbourhood' is used to refer to an even smaller footprint.)

This collaborative working is demonstrated through the huge range of community engagement and empowerment work that has taken place. Examples from the five partnerships are given below.

Barnet Borough Partnership

- As well as regularly meeting with residents at the Barnet Health Champions Network, the Involvement Board, Voluntary and Community Sector Forum, Barnet Patient Participation Network and the Primary Care Engagement Group, we provided coproduction training to members of the executive and delivery board through our local VCSE.

- The development of the Joint Barnet Dementia Strategy was carried out in partnership with more than 140 people living with dementia and their carers.

- Young people who have been through the transition process led the development of a Transition Board. The group are using their lived experience to inform how transition will take place in the future, learn from what has worked well, and understand where practice and approaches need to change and can be improved.

They also provide peer mentorship for young people currently going through the process.

- We worked with parents and carers of children and young people to develop easy read information about the Dynamic Support Register. The roll-out of this register will support ongoing work to ensure children and young people with a learning disability and autistic children and young people to get the right care at the right time in the right place.

- We have worked with residents with disabilities and those with additional support needs on employment initiatives. This has been led through a resident working group, looking at the current barriers to employment, what support would be useful to enable people to find and maintain secure employment and ensuring those interventions are person-centred and co-produced.

- An ongoing collaborative piece of work between NCL ICB, Barnet Council and Barnet, Enfield and Haringey Mental Health NHS Trust to review the care of patients who have stayed on Ken Porter Ward for a significant length of time. Inclusion Unlimited, an independent user-led organisation, was commissioned to lead coproduction activity to support the review programme. Patients and their families worked with Inclusion Unlimited where they discussed what an ideal day looks like, their aspirations for the future, and anxieties about change. Further work is planned for 2023/24, including coproducing care and support plans.

- In 2022/23, we worked with local charity, Art Against Knives, to support their work with young people in the borough and sustain their project ‘The Lab’. The Lab is a co-designed space offering activities to prevent young people from becoming victims or perpetrators of violent crime. Within these activities, young people are supported to develop greater mental health awareness and learn how to become leaders in their own lives and destinies. The project is supporting our ambition to tackle mental health inequalities in Barnet and has provided employment opportunities to two young people.

- Commissioning activity has begun to design and procure a new version of Barnet’s Wheelchair service. As part of this activity, we have spoken to residents via survey

responses and in one-to-one interviews to understand their experiences of the current wheelchair service and what improvements they felt could be made. During this initial engagement process, we identified two resident representatives, a person who uses a wheelchair and the parent of a child who uses a wheelchair, who joined the project group. Their experience and insight has been used to inform the new service specification and the key performance indicators that will be used to measure the success of the next service. The resident representatives' involvement will continue throughout the commissioning cycle, and they will be key members of the tender evaluation panel later this year.

- As part of the Community Research and Action programme we have worked with Colindale Communities Trust and three other local grass roots organisations to engage with local communities who experience the highest health inequalities and deprivation. We have undertaken in-depth research to understand their experiences of health and wellbeing, managing their health, and what 'neighbourhood' means to them. This research is being used as a key piece of evidence in developing the Barnet neighbourhood model with the most deprived communities. Alongside this we are developing a health and social care toolkit to provide clear and easily accessible information to local grass roots organisations and communities on local health and social care services and support.

Camden Borough Partnership

- We supported the Camden Patient and Public Engagement Group 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 Camden Borough Partnership key programmes, priorities, and strategic planning, and were represented on the Camden Local Care Partnership Board.

- **Health Inequalities Fund**

  Camden Borough Partnership undertook a comprehensive evaluation of all the Health Inequalities Fund projects in place across 2022/23. For the onward funding, the Partnership agreed to several design principles that all projects will have to adhere to. Working with local communities was key to the overall approach and the principles included:

- focus on geographical areas of high deprivation
- collaborative partnership and co-production with community and voluntary partners
- co-design by, and with, local community members
- build social capital within, and between, communities
- demonstrable impact as evidenced through mid-year evaluations and the scoring matrix.

Further information on the Fund can be found in the Health Inequalities section of this report.

- **Outreach Bus**

  The bus aims to reduce barriers of access to healthcare by taking healthcare professionals to communities in a bus, with a focus on under-represented populations who speak little or no English or have limited digital literacy.

  It is led by Brondesbury Medical Centre and part-funded through the Camden borough Health Inequalities Fund and Camden Council. Engagement with local voluntary service organisations, faith groups, community health events and speaking to people directly through door knocking and on the school run has encouraged attendance and shaped the areas the bus visits. Initially the Outreach Bus focused on Kilburn, but following feedback from residents, it has visited 22 locations across the borough.

  This has been a hugely successful project and will continue to make visits across Camden in 23/24, expanding its services to include cancer screening, mental health support, and diet advice.

- **Community Research and Action Camden**

  We co-designed the research brief with council colleagues and focused on the development of neighbourhoods and building an understanding of issues impacting communities in these locations.

Voluntary Action Camden worked with two community collectives:

- Umoja – a partnership organisation of African community-based groups working to improve the quality of life experienced by African communities
- Life After Hummus – a community benefit society, surplus food bank and re-use centre

Community researchers were trained to interview local residents, run focus groups and provide key signposting information in three different neighbourhoods that experienced high deprivation. Each partner has a focus for their research: Umoja is exploring social isolation in the west of Camden and Life After Hummus is looking into healthcare access in the south of the borough.

The programme was supported by UCL.

We carried out further work to analyse the barriers and key enablers of the work using this learning to develop future models of community research and action. Alongside this, in early 2023/24, we are undertaking a workshop session with Borough Partnership senior leads from across providers, the council and ICB to embed the research and subsequent action from the programme.

Enfield Borough Partnership

- During this year we have put in place arrangements to add a new community engagement group to the Borough Partnership governance structure for 2023/24, supported by an agreement with all partners and an equal financial contribution, to drive forward communications and engagement.

- **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 local communities. 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, and considered NHS transition to the new integrated care system as well as discussing a wide range of local and NCL topics including COVID-19, flu, polio, mpox and smallpox, vaccination roll-out, changes to GP

enhanced access, NCL Start Well, diabetes community services, and changes to ophthalmology pathways.

- **Supporting Patient Participation Groups (PPGs)**
  All GP member practices in Enfield have an active PPG and during 2022/23, we continued to facilitate a quarterly network meeting for all PPGs in Enfield, chaired by an elected patient. They shared best practice as well as the opportunity to get involved in wider NHS developments, as well as how to encourage membership and access in the most deprived wards.

  During 2022/23, we worked with practices to audit and develop the PPGs, including supporting a PPG toolkit, based on best practice and developed by our elected PPG Chair. We are now working to commission the support that our local PPGs have requested, including membership of the National Association for Patient Participation, a conference with our PCNs to assist with neighbourhood developments, and an outreach engagement project with the Turkish speaking community to gather feedback on primary care and to encourage more people to join PPGs.

  This work has been recognised by NHS England as national best practice.

- **Vaccines and health inequalities**
  We have undertaken targeted engagement including a behavioural science research project led by Barnet, Enfield and Haringey Mental Health NHS Trust to identify reasons for low or no consent returns for school immunisation forms, enhanced communications for the Gypsy Romany Traveller (GRT) outreach programme, youth engagement with the Revival Christian Church, and an extension of the Eastern European health outreach workers at Edmonton Community Partnership.

  Following a funding bid by public health in January 2022, Enfield Council was awarded £485,000 by the Department for Levelling Up Housing and Communities to reduce inequalities in vaccine uptake. Engagement work has included:

- delivery of critical thinking workshops on misinformation and “fake news” to over 160 young people through theatre in education by Chickenshed Theatre company
- employing two family liaison officers with a specific remit to work with the GRT community
- using COVID-19 marshals to signpost and escort people to vaccine centres
- establishing a community grants programme administered by Enfield Voluntary Action
- question and answer sessions delivered by the Kongolese Children’s Association with local healthcare professionals
- health workshops with the Somali community delivered by Samafal, a service user led organisation supporting disadvantaged communities, with assistance from healthcare professionals
- monthly health and wellbeing ‘town hall events hosted by Revival Christian Church with local healthcare professionals
- recruiting additional Eastern European outreach workers to conduct health workshops.

- **Community Research and Action**
  Enfield Borough Partnership has appointed Northside Youths and Community Connexions as the lead provider for the Community Research and Action project. The project kicked off in February and is focused on understanding local young people’s experience of accessing health services, looking after their wellbeing, mental health, and immunisations. It uses innovative research methods including DJ Academy, street-based outreach, coffee mornings, and engagement through hairdressing and beautician services. It will report into the VCSRG as well as an NCL peer support group.

Haringey Borough Partnership

During 2022/23, we continued to work closely with local partners through the Haringey Borough Partnership (HBP), to improve the health and wellbeing of our local communities.

- Tackling health inequalities remains a priority, and the Healthy Neighbourhoods Programme, with investment from the NCL Health Inequalities Fund, is 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. Work has been undertaken, as part of this programme, to build the local capacity and infrastructure for ongoing engagement with these communities to better understand the wider issues that impact on health, co-design effective solutions and develop capacity within the community to deliver the right care and support. For example, ABC Parents, a group that delivers a range of early years related activities for parents and carers of babies from deprived communities in Haringey and Enfield, is empowering participants with the skills to become parent champions and run support sessions for other parents. The project has been hugely successful and has attracted over 1,000 participants this year. More information can be found in the Health Inequalities section of this report.

- **Access to mental health services and support** is still particularly difficult for some communities, and we wanted to further understand their experiences and what can be done to help individuals maintain good mental health. We held several listening sessions with men of all ages from black African and Caribbean backgrounds, in partnership with Haringey Council and community enterprise, 4U2. The sessions provided an opportunity to gain insights from mental health service users and community workers about their experiences of using local health services and to explore how we could work collectively to develop solutions to improve access and health outcomes for local people. The outputs from the sessions were shared with local health and care system partners to inform service improvements, with particular emphasis on supporting early intervention and prevention, greater cultural sensitivity, and improving the physical health of people with serious mental health conditions.

- The voluntary and community sector continued to play a crucial role in improving the health, wellbeing, and health outcomes of our communities. We commissioned Bridge Renewal Trust to undertake the Community Research and Action Programme to help us identify and explore key inequalities around reach, access, outcomes, and experiences of healthcare services for some local communities. Bridge Renewal Trust has worked with grassroots organisations (Community Cook Up, Dalmar Heritage, Gold and Silver Interprises, House of Polish and European Community, Turkish Cypriot Community Association, You vs You) to conduct

targeted engagement around priorities set out by Haringey Borough Partnership. Priorities included children and young people's mental health and wellbeing, better connecting older people with their communities to address social isolation, and understanding the barriers individuals with multiple complex needs and disadvantages face with accessing health services, but also with securing employment in health and care. Insight has been gathered from over 140 residents across the target communities and the organisations have worked with residents to come up with tangible solutions that can be implemented collectively in the immediate to short term to help make a positive difference.

- Haringey's Engagement Network continued to be an effective forum to engage with communities, residents, and voluntary and community sector organisations. During 2022/23, four meetings were held, and members had the opportunity to share their views on a range of areas including primary care enhanced access, NCL 111 and urgent care service review, proposals for the integrated health and wellbeing hub at Wood Green, Haringey ophthalmology service review and the ICS' draft population health strategy.

Islington Borough Partnership

- **Community Research and Action Programme**
  We have focused on promoting the voices of local communities from ethnic minority backgrounds or those living with disability, experiencing poverty, poor health outcomes and isolation to address barriers to services and provide some support to access services.

  Led by Healthwatch Islington, the programme worked with 12 local VCSE partners via the Diverse Communities Health Voice partnership.

  Running from September 2022 to March 2023, the partners reached over 300 people holding open conversations with local people about what matters to them and what health and wellbeing means for their lives. The programme explored key areas with impacted community groups which included:
    - access to primary care services
    - understanding and awareness of pharmacy services
    - long COVID

- access to mental health support and services
- awareness and experience of employment services

- **Good Neighbours Scheme**

  Based on Islington's New River Green estate, the Good Neighbours Scheme, delivered by Help on Your Doorstep, supports local people to improve their health and wellbeing, especially those who are vulnerable and isolated.

  Working with residents, the project offers a range of activities benefitting residents' physical and mental health. Help on Your Doorstep also provides an advice service offering support over the phone, by email and face-to-face, that can help with a wide range of issues.

  Residents tell us they feel safer, healthier, more confident and more able to look after their own health and wellbeing because of the programme.

  A survey of 80 participants in November 2022 showed:
  - 84% said they are more active because of their engagement with the project
  - 81% said that the project has contributed to them having better mental health
  - 70% said they feel more connected to others

  Between October 2021 and September 2022, the project:
  - engaged 432 residents
  - ran 524 regular activities with 4,980 attendances
  - held 58% of interactions with people living in one of the 20% most deprived areas of the country

Forward view

We are ambitious for our work with people and communities and there is a strong commitment to building on the partnership with local authorities and NHS trusts to expand and continue to improve our approach to community engagement. The Working with our People and Communities and Working with our VCSE strategies set out a variety of mechanisms designed to facilitate community empowerment and support the development of VCSE as a key strategic partner of the ICS.

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 partnerships strengthen the role of the NHS, local authorities and VCSE as civic leaders in championing community power: proactively promoting community engagement and involvement. This will help to build social capital through a range of mechanisms such as ensuring individuals' voices are heard and listened to, and the co-production of services.

Some key areas we are focusing on in the year ahead include:

- building on NCL's best practice community engagement and centred programmes of work
- improving how we report quantitative and qualitative insights and ensure all levels of our organisation listen to and act upon local insight. As part of this, we are developing community insight packs to systematically collate and analyse ICB community insight and research data which we can use alongside population health data
- continuing to strengthen the role of the VCSE Alliance within the ICS
- taking a robust data and evidence-based approach to identifying the communities most at risk of health inequalities so that we can focus our engagement activity more effectively
- building the role of the ICS Community Engagement Steering Group to oversee engagement activity and ensure insight and learning is captured and reported to decision-makers
- carrying out a programme of training to build ICB staff skills around working with people, communities and in partnership with VCSE organisations
- recruiting to new community participant roles by summer 2023/24. They will sit on key ICB committees, bringing a strategic community perspective into our key decision-making forums
- developing an evaluation framework to measure how we are meeting the principles laid out in our two strategies and the impact community engagement and community centred programmes have on local communities
- Residents' Health Panel – In the coming months we will be recruiting 1,000 new members to refresh the panel (existing panel members were recruited in 2019) and ensure that the diversity of voices across North Central London is reflected in the

resident membership. We will also be proactively seeking panel membership feedback to review how we are working with them and ascertain priorities from local communities.

Involving and engaging clinical care professionals in our work

The work of the ICB over the past 12 months has required involvement of, and engagement with, clinical care professionals at multiple levels within ICB, within the provider landscape and across organisational boundaries including social care. This has been to inform multiple functions including strategic design, operational delivery, clinical leadership of transformation programmes, and for the purpose of building collaboration around the delivery of population health improvement. The ICB has also sought to engage, influence, and collaborate with clinical colleagues at regional level and across neighbouring ICBs, for the purpose of optimising services delivery within NCL through a unified approach. Some examples of this work are set out below.

Clinical Leadership model

Over the past 12 months, we have reviewed our clinical and care leadership model, led by NCL's chief medical officer and chief nursing officer. NCL's clinical and care leadership model will play various roles from statutory to strategic, service redesign and quality improvement through to more technical roles.

Our clinical leadership model provides the clinical and multi-professional leadership infrastructure for delivery of the NCL ICS population health strategy, with our aim of improving health outcomes for residents and patients in north central London. The model works to achieve four key pillars:

- clinical and care professional leadership of the ICB's priorities – ensuring timely clinical and care professional involvement and leadership
- bringing together system partners and communities – establishing trusted relationships with ICS partners, facilitating clinical and care professional networks, and working closely with local communities
- establishing a framework for clinical and care professional leadership –placing effective clinical and multi-professional leadership at the heart of the integrated care system
- establishing parameters for clinical input – enabling clear distinction in the responsibilities of the ICB and system partners in providing clinical leadership input

More information on the clinical leadership model and about the different clinical roles within NCL ICB can be found on our website.

Clinical Advisory Group

NCL's Clinical Advisory Group (CAG) was originally established during the early stages of the COVID-19 pandemic. The aim was to provide a local forum to ensure temporary service changes arising from COVID-19 pressures were considered, implications anticipated and mitigated, and decisions appropriately taken and communicated.

In October 2022, following the establishment of the NCL ICB and ICS, a review of the role and function of CAG took place. There was consensus across the system that CAG is a crucial and core component of the ICS architecture. The unique system function of CAG provides clinical advice and guidance, together with bespoke clinical oversight and guidance to new service models, service changes, and new ways of working. The CAG also provides support and challenge on topics such as elective recovery, the vaccine programme, quality and safety group, and discharge. Looking through the lens of population health and patient experience is central to CAG's advice and guidance.

CAG also provides an important interface with the London Clinical Executive Group (CEG) which is the successor body to the London CAG and a local forum for cascade of key information and advice agreed at a regional level.

Clinical networks

NCL has several clinical networks in various stages of maturity based around the medical specialities of critical care, general surge, orthopaedics, pain, ENT (ear, nose and throat) , ophthalmology, dermatology, gynaecology, and urology.

The NCL clinical networks are a hybrid of a clinical and an operational delivery network with the purpose of strategic planning and implementation of clinically driven transformation to aid elective recovery and effective management of demand and capacity.

The networks provide a multidisciplinary forum to support decisions around capacity and demand management and lead on a whole system approach, taking into account population health and health inequalities. The NCL clinical networks provide assurance up

to the Network Oversight Group about its programme of work and delivery against agreed objectives using datasets and GIRFT (getting it right first time) metrics, where applicable. The Network Oversight Group in turn provides assurance to CAG.

Each NCL clinical network is supported by a clinical lead, usually appointed via expressions of interest which is an honorary position, not separately remunerated. They provide senior clinical leadership and subject matter expertise. Working as a leader within the distributed leadership arrangements of the network, clinical leads work collaboratively with network members and wider ICS colleagues to develop innovative system solutions to problems. This puts the needs of patients and equity at the centre of joint decision making, rather than individual institutions working in isolation.

Professional groups

In addition to the clinical networks, other professional groups, such as the chief nurses, chief medical officers, psychological professions, infection prevention control leads, and allied health professionals meet regularly and share information with NCL CAG.

Start Well

Start Well is an NCL ICS long term improvement programme looking at hospital-based maternity, neonatal, and children and young people's services. The programme has been clinically-led from the beginning based on extensive engagement, involvement and collaboration with maternity, neonatal, paediatric and allied health professional teams across NCL. Around 60 clinical leaders were interviewed as part of the initial scoping of the programme.

A clinical representative from each hospital sits on the programme board. During the development of the case for change (November 2021 to June 2022) – the review making the case for an improvement initiative – executive clinical representatives took a lead on one of three workstreams to inform and shape the direction of the programme. These workstreams were informed by wide ranging clinical workshops involving clinicians and wider system partners involving over 70 participants.

Following the publication of the case for change in June 2022, a clinical reference group was established to support the programme. This group involved over 100 clinicians

representing different clinical perspectives, trust clinical leadership roles and NCL system clinical leadership roles.

After the case for change identified opportunities for improvement, the clinical reference group spent some months designing aspirational models of care, that would provide the best, evidence-based approach to care delivery in NCL. These best practice models had broad clinical consensus and were approved by the ICB Board in November 2022. Clinicians are now contributing to the options appraisal to consider the potential implications of implementing these models of care.

Several of the clinical leaders involved in this programme have also received reverse mentoring from children and young people which has been hugely beneficial to both.

Reducing health inequality

Taking a strategic approach to tacking health inequalities

NCL is the second most deprived ICS in London. Across our boroughs there are high levels of health need and inequalities, which are increasing following the pandemic and recent rise in living costs. Improvements in life expectancy across NCL have stalled in recent years with both life expectancy and healthy life expectancy declining following the pandemic. There is a variation of almost 20 years in healthy life expectancy between the most and least affluent areas in NCL. That's why tackling inequalities in outcomes, experience, and access to health and care services are a core purpose of our ICS and are central themes in our Population Health and Integrated Care Strategy, which has been developed over the last year. The strategy outlines how as a health and care system we will deliver our vision for a prevention-oriented, proactive, integrated, holistic and person-centred approach to care designed to improve population health, reduce health inequalities and ensure our health system is sustainable. It has been developed in collaboration with residents and our VCSE, as outlined further in the Engaging People and Communities section.

One core element within our strategy is a Population Health Outcomes Framework, agreed in June 2022, with corresponding indicators across three domains: start well, live well and age well. This was based on population needs identified through our NCL needs assessment, our borough joint strategic needs assessments and joint health and wellbeing

strategies. We have used it as a tool to help identify variation across NCL and prioritise areas where can make a difference working together as a system, and areas which require action at borough or neighbourhood level to reduce inequalities in outcomes. For example, we have used the Outcomes Framework alongside other evidence to identify five 'key population health risks' for action at system-level, where we feel we can make the biggest impact to population health: childhood immunisations, heart health, lung health, cancer, and mental health and wellbeing across the course of people's lives. They were selected as areas where there are known inequalities across different population groups in terms of access, experience, and outcomes and for which there are several common risk factors, with opportunities for prevention.

There are also strong overlaps with the five clinical priority areas for children and adults within Core20PLUS5, the national NHS framework for tackling health inequalities. We have begun work on childhood immunisations, where we know uptake is lower in areas of high deprivation, among some ethnic groups, and communities where different languages are spoken.

Our next step for our five population health risk areas will be to conduct a gap analysis to identify which population groups and geographies we need to focus on to reduce inequalities in these outcomes. This will form the basis of delivery plans to drive improvements. As part of the delivery of the strategy, we will use the indicators which sit within the Outcomes Framework to measure progress in achieving our agreed outcomes at system and borough level and to identify further key population health risks for attention across the system.

Another core element of the strategy is our focus on key population groups who experience inequalities, which builds on the other elements of Core20PLUS5 framework. In the last year, we have scoped and agreed the population groups who will be our 'PLUS' focus groups for adults and young people, and worked with directors of children's and adult's services to align our PLUS populations with local authority priorities to more fully reflect our local key communities. We have also commissioned an Inclusion Health Needs Assessment as well as focused on our most deprived communities (Core20) through the work of our NCL Health Inequalities Fund.

Moving into delivery, the strategy describes our approach to embedding a wide scale understanding of population need and inequalities across those planning and delivering local services, as well as knowledge of our local communities to ensure that population health is everybody's business and that we make every contact count. To support this, we will build our quantitative and qualitative data capacity and capability to better understand and act on inequalities, including those related to ethnicity and deprivation, and through working with our VCSE colleagues and communities. We will use this to better align our resources to our needs and build this into performance metrics to measure how we are making a difference. We want to embed ambitions to improve population health outcomes and reduce health inequalities across all our work, ultimately driving how we deliver care and prioritise our resources.

The strategy draws together and builds on existing work across the Integrated Care System to reduce health inequalities, outlined in more detail below, including the work of the Communities Team, work with Inclusion Health Groups (one of our PLUS populations), the NCL Health Inequalities Fund, the work of the borough partnerships, building our Population Health Management capabilities and recent service transformation programmes. It also builds on our wider work to deliver our NCL Working with our Communities and Working with our VCSE Strategies, outlined in more detail in the Engaging People and Communities section.

Work of the NCL Communities Team

The Communities team was established in 2020 to enable the ICB (then CCG) to make real its commitment to reducing inequalities between residents in access to, and outcomes from, healthcare services. The team's core activities are in line with the ICB's equalities duties and focus on our Core20PLUS5 populations, applying equalities to all our functions by:

- 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 decision-making approaches where this will support greater equity and equality

- fostering and spreading a culture of equality and ensuring that addressing health inequalities is an integral part of everyone's role

Throughout 2022/23, the Communities team has worked on many areas to address health inequalities across NCL which are covered in greater detail below, including:

- 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)
- working with borough-based teams to oversee our NCL Inequalities Fund;
- Focusing on the health of inclusion groups such as people seeking asylum and people experiencing homelessness
- working on specific projects such as digital inclusion
- strengthening our understanding of need through engagement and co-production

Developing anchor approaches across the system

- We worked with anchor institutions across NCL to share and develop a response to the cost of living emergency to make sure staff and residents had access to available support (this included sending a targeted text message to 88,000 patients with long-term conditions).
- 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 including carbon footprint analysis of primary care estate and opportunities for health on the high street.
- Developing and delivering our Greener NCL Plan (detail can be found in the Environment section of this report).
- With funding provided by Health Education England at the end of 2022, the NCL Training Hub is delivering a project to improve pathways into health and care employment which will include VCSE organisations supporting people furthest from employment, training for Job Centre staff, and an improved website.
- Working to become recognised as a London Living Wage system which has included work with our supply chain and our Primary Care Anchor Network lead.
- Further opportunities are being identified through the NCL People Strategy, such as a focus on people with care experience.

- Taking part in the national Health Anchors Learning Network action learning set to share learning across the UK.
- Working with regional partners to develop an evaluation and monitoring framework for our anchor work.

Tackling serious youth violence

- Supporting lead partner Barnet, Enfield and Haringey Mental Health NHS Trust to deliver the London Vanguard approach to tackling serious youth violence, piloting a trauma-informed specialist model of care for young people (aged 16-25 years) across our five boroughs. This offers an opportunity to explore targeted work with young people, parents, and partner agencies to address risk factors and improve life chances for young people. The programme is co-designed and led by local young people and delivered with voluntary sector partners, local authorities, and Camden and Islington NHS Foundation Trust. Haringey, Enfield, and Islington have provided over 107 direct interventions to young people and 25 parenting interventions. Additionally, they have delivered psychologically informed training to several partners including local schools, the youth justice service, and the Integrated Drug Unit.

Reducing blood borne viruses

- Leading the NCL roll out of opt-out testing for HIV, hepatitis B (HBV) and hepatitis C (HCV) in emergency departments. We have established HIV and hepatitis screening in emergency departments at RFL, NMUH, UCLH and WHT. From April 2022 to January 2023, trusts identified over 50 undiagnosed HIV infections, 200 new HBV infections, and over 50 HCV infections. This meant these individuals have received more timely diagnosis, improved access to treatment, and better links to the care they need. Another benefit has been improved care and support for people experiencing inequalities, with 44 HIV patients linked to care for the first time, and 106 patients linked to community support delivered by voluntary and community organisations.

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

- Working with the Public Health team in Enfield to identify opportunities to tackle LGBTQIA+ health inequalities in NCL. This has included discussions with programme leads (including Start Well and Link) to ensure the needs of LGBTQIA+

people are being considered, and discussions with the ICB communication team and people leading a cervical screening campaign to make sure LGBTQIA+ people are reflected in our campaigns. We have also liaised with LGBT Foundation to identify opportunities to engage with their Rainbow Badge and share learning from the Royal National Orthopaedic Hospital (RNOH) who have completed the programme. We are also in conversation with Pride in Practice to ensure that lesbian, gay, bisexual, and trans people have access to inclusive healthcare that understands and meets the needs of our LGBTQIA+ communities.

Digital inclusion

- NCL ICS has established a digital inclusion framework and is in the process of shaping its priorities and plans for work at place and neighbourhood level, starting with improving remote access to primary care consultations and outpatient appointments. This will support us to develop a set of solutions enabled through the NHS, councils, and voluntary sector. This includes how best to identify people at risk of digital exclusion and addressing their underlying issues in this area. For example, we are refreshing our primary care access offer to support patients to develop digital skills in Haringey with the voluntary sector.

NCL Inequalities Fund

The NCL Inequalities Fund was introduced in June 2021 and in 2022/23 it totalled £5m. In 2022/23, the fund maintained its 70% weighting towards the 20% most deprived wards in NCL, with the remainder used to support schemes in NCL which addressed pockets of deprivation existing at sub-ward level.

The aim of this programme was to develop new approaches to address entrenched health inequalities. As part of this approach, the Inequalities Fund has taken public health evidence, for example Kevin Fenton and Michael Marmot's research, and applied this to live issues within health and care services.

These new approaches resulted in several collaborative and innovative experimental schemes being funded, with the expectation that not all schemes would result in an immediate return on investment. This was in part due to the wealth of evidence which shows the importance of getting to the root causes of inequalities – for example, building relationships and trust with underserved populations. This requires ongoing commitment to produce results.

A review of existing Inequalities Fund schemes was undertaken between October and December 2022. Below are some examples of high performing schemes demonstrating that investment in under-served communities, who otherwise cost the ICB a disproportionate amount through increased health and care usage, can result in savings to the system:

- in a project providing whole pathway and multidisciplinary team support for people with severe and multiple disadvantage, who attended A&E or were admitted frequently, there was a reduction of approximately 800 A&E attendances in Haringey and Enfield. This could have prevented approximately 80 emergency admissions
- blood pressure reduction in 50% of those participating in the peer support cardiovascular scheme for those from South Asian, African and Caribbean heritage in Barnet
- in addition to wider work undertaken in Haringey (improving community services, increasing number of GP consultations, and improved proactive care solutions), a heart failure project has contributed to a 5% reduction in A&E admissions for other forms of heart conditions
- overwhelmingly positive reception to Black Health Improvement Programme cultural competency training for GP practices in Enfield
- funding distributed to a wide range of VCSE organisations who represent under-served populations and had not previously engaged with the NHS in Enfield
- NMUH saw the highest reduction (33%) in emergency admissions for those aged 50 and over in the 20% most deprived communities. NMUH serves mostly Haringey and Enfield's deprived populations

To date, the Inequalities Fund has generated wider learning for the boroughs and developments at system level around effective partnership working across multiple stakeholders, including with the VCSE. The fund has contributed to community empowerment and collaboration with diverse communities to deliver change.

Table 1 Percentage of Inequalities Fund schemes per area delivered entirely by VCSE or in collaboration

Area	Organisations involved
Camden 42%	ABC Parenting, Age UK, Assunnah Islamic Centre, Bridge Renewal Trust, British Somali Community Centre, Caribbean & African Health Network, Centro Hispano UK, Citizens Advice, Community cook up, Cooperation Town, Cypriots of Enfield/Cypriot Community Centre, Deep Black, Diverse Community Health Voices, Diversity Living Services, Edmonton Community Partnership, Enfield Carer's Centre, Enfield Connections, Enfield Food Pantries, Enfield Voluntary Action, Finding Your Feet, Free Space Project, Healthwatch, Hopscotch Women's Centre, House of Polish & European Community, Inclusion Barnet, Interstelar, Kurdish Advice Centre, Listen to Act, Manor Gardens Welfare Trust, Mayday Trust, Mental Health Foundation, MIND, New Local, Open Door, Polish and Eastern European Christian Family Centre, Public Voice, RISE Projects, Riverside Enfield, Sewn Together, Somali Youth Development Resource Centre, Somers Town Living Centre, Talk for Health, Tottenham Hotspurs Foundation, Turkish Cypriot Community Association, Turkish Cypriot Women's Project, Wellbeing Connect Services, YouvsYou
Enfield 58%	
Haringey 73%	
Islington 43%	
NCL (includes Barnet) 41%	

Improving outcomes for inclusion health groups

Inclusion Health Needs Assessment

In 2022, the Communities team, in partnership with borough leads and public health colleagues, commissioned an Inclusion Health Needs Assessment (HNA) to better understand the health needs and barriers to healthcare for people experiencing homelessness and other inclusion groups. The HNA consists of a collation of evidence on demographics and health needs of inclusion health groups, lived experience interviews, stakeholder interviews and a staff survey. Emerging findings from the HNA recommend greater integration and partnership working across services, improved training and awareness for staff on the needs and experiences of inclusion health groups, a renewed focus on coproduction and involving people with lived experience in the design and commissioning of services.

Overall, the HNA states that while we have more developed understanding and service provision for people experiencing homelessness and vulnerable migrants, we need to do more to understand the health needs and experiences of sex workers, people with a history of imprisonment and people from the Gypsy Romany Traveller (GRT) ethnic group.

The needs assessment provides us with a framework for describing our inclusion health populations and their health needs, putting us in a stronger position to develop proposals for funding as they arise.

Taking forward inclusion health is a real test for place and system partnership working and has significant potential for increasing collaboration to address the wider determinants that impact this cohort.

We are working closely with each Borough Partnership to develop and implement the recommendations according to the population and needs of each borough, while we work across the NCL system to join up strategically to achieve a greater overall impact as well as continuing to work across NCL on several key programmes as follows:

Improving access and outcomes for those experiencing homelessness

People experiencing homelessness face significant barriers accessing health and care services when compared to the general population. Over the last year we have improved equity of primary care provision for people experiencing homelessness across our five boroughs. This means that we have dedicated GP services for this population that deliver care and support according to their needs. Alongside the primary care service, we have a range of additional support such as health peer advocates and nurse-led outreach in several boroughs, and over the next year we will look at opportunities to spread this learning and practice to other boroughs.

Out of Hospital Care

NCL ICS won a bid to the Department for Health and Social Care (DHSC) and Office for Health Improvement and Disparities (OHID) in 2021/22 to become one of 17 pilot sites across England to provide health and social care support and temporary accommodation to those experiencing homelessness upon discharge from hospital, with work continuing throughout 2022/23. The aim is to decrease discharge delays using discharge from hospital as a positive impetus for the person to be supported to move on from homelessness, with wraparound discharge to assess aligned health and care support.

Since October 2021, through a phased implementation of the model, 545 patients (both with and without recourse to public funds) have been actively supported out of hospital by Move on Coordinators and the Homeless Intermediate Care Team. Colleagues from housing, health and social care have come together to coordinate support and ensure

people have access to temporary accommodation while assessments are completed, and resettlement support is provided outside of the hospital setting. Of the people sleeping rough on admission to hospital, 95% moved on from homelessness.

Further work is ongoing to spread the learning and best approach across NCL ICS, by using additional winter funding. For example, we are providing support at discharge from mental health hospitals with housing officers onsite. We are also developing the NCL ICS hospital housing and homelessness checklist for use in the hospital including emergency departments, as part of our implementation of NHS England's UEC Pathway for Homeless and rough sleeper guidance (December 2022).

Co-occurring Conditions Programme

The Co-occurring Conditions Programme is funded by the Department of Levelling Up, Housing and Communities Rough Sleeping Drug and Alcohol Treatment Grant. It is hosted by Transformation in Health and Care Partners (THCP) and will run from July 2022 to March 2024. The programme aims to improve service accessibility for people experiencing multiple disadvantages of homelessness, rough sleeping, substance use, mental health, and learning disability across the five ICBs in London.

Phase one of the project rolled out in August 2022 to February 2023 with a scoping exercise with three levels of stakeholders (strategic, operational frontline staff and people with lived experiences) across health-funded homeless services in NCL. For evidence-based learning, alongside the scoping exercise, service centres were visited across the five boroughs in NCL. Learning from the scoping exercise highlighted areas of good practice in individual boroughs, gaps and challenges, and insights into areas of improvement for the London-wide transformation programme.

Our co-produced next steps (phase two) rolled out in March 2023 following recommendations from phase one in partnership with THCP consultants. This included a market position statement (to map demand for services as against available supply), substance use service standards (based on Making It Real "I" statements) and a data set (to improve the population visibility). A coproduced film with people with lived experiences who are NCL residents will be launching by the end of April 2023. This film will combat myths and stigma around co-occurring conditions and highlight the importance of trauma informed and psychologically informed approaches to care.

We also aim to create an NCL ICB platform (the Co-occurring Conditions Steering Group) for London-wide project updates, and to enhance partnership and integration among boroughs and service areas. The aim is make sure care is joined up and services are sustainable. A report on phase one and phase two will be made available to all stakeholders as the project progresses.

Healthcare for people seeking asylum

Working in partnership with health services and local authorities, the Communities team has commissioned a locally commissioned service to provide initial healthcare assessments for people seeking asylum who are placed in Home Office accommodation in NCL. An additional LCS was commissioned from March 2022 to offer a similar service for arrivals from Ukraine. Wellbeing and advocacy support for individuals in Home Office accommodation in NCL was commissioned with two local authorities. The Communities team is collaborating with NCL borough partnerships to support planning and service delivery according to the priorities and needs within each borough. At the regional level, the Communities team has been working with pan-London ICBs, UKHSA and OHID colleagues to develop a regional programme within which a key workstream will focus on gathering lived experience of people seeking asylum in Home Office accommodation.

Borough-based health inequalities work

All the borough partnerships, of which the ICB is a key member, have reducing health inequalities as a top priority. The ICB's work in these areas is described below and reflected in other sections of this report. This is not an exhaustive or complete list, but rather gives examples of the range of activities being undertaken in each borough to tackle health inequalities relevant to each borough's population.

Barnet

The Barnet Borough Partnership continues to work across the borough with a range of partners and collaborators to deliver the agreed five strategic priorities for 2022/23; neighbourhood development, health inequalities, coproduction, mental health, and children and young people. A multi-partner follow-up health inequalities workshop was held at the end of 2022 to review the work so far and to establish core, cross-cutting principles for health inequalities for the partnership with key principles and outcome measures to be formulated and embedded in the coming months.

In 2022/23, the NCL Health Inequalities fund has supported several programmes of work in Barnet which focus on tackling health inequalities as follows.

Healthy Hearts, a community-based programme aiming to support increased understanding and behavioural interventions to reduce cardio-vascular disease (CVD) in target communities in Barnet. Delivered by Inclusion Barnet, the programme has targeted Somali and South Asian communities in Burnt Oak, Colindale, Edgware, Hendon, and Golders Green. This peer education intervention has increased understanding of the risks and preventative factors for CVD and has seen increased uptake of blood pressure testing in these groups leading to the diagnosis of hypertension in some people who were unaware of their high blood pressure. This programme has explored how the wider determinants of health affect engagement in health improvement initiatives and health-seeking behaviours as well as identifying structural issues such as access to health services as a barrier for engagement.

> "Healthy Heart has saved lives. After my uncle got his blood pressure taken and was told to see his doctor as it was above 190/100, he saw his doctor and ended up in hospital. It turned that he had a very serious heart problem and got treatment. Without Healthy Heart, he may not have found out until it was too late."
> *Community Leader – Centre of Excellence.*

A programme of work to support hypertension diagnosis in community pharmacy settings has identified a diagnosis gap in primary care and is working to provide opportunities for blood pressure monitoring for targeted individuals in community pharmacy settings. The programme will pilot a process of identification, contact, and monitoring within a target primary care network with a view to identifying opportunities for wider roll out.

Barnet Young Brushers has delivered targeted supervised tooth brushing interventions, education, and training in 47 early years settings in Barnet. The interventions aim to reduce the incidence of dental caries and extractions in children by increasing regular tooth brushing in early years children, with a particular focus on those in more deprived areas.

As part of the development of the neighbourhood model, NCL ICB commissioned a community research programme, delivered by Inclusion Barnet, and supported by community partners, including Colindale Communities Trust, Centre of Excellence and FUSE youth project. The research explored the views and feedback of residents of the Grahame Park estate on what it means to remain well, quality of life, access, and inequality issues. This area is one of the most deprived in the Barnet and is within the 20% most deprived 'Lower Super Output Areas' in the UK census. This coproduced research has identified key themes of access, communication, and trust which will be taken forward with residents as part of the neighbourhood model development.

A collaboration between the Borough Partnership, Barnet, Enfield and Haringey Mental Health NHS Trust and 'Art Against Knives' (AAK, a local VCS organisation), funded by the Borough Partnership launched in September 2022. This work supports young black men to tackle the inequalities they experience, through new, funded peer support roles, and by providing and enabling of creative spaces and activities. The project is also producing a truly co-produced piece of work on how to deliver mental health services for our residents, in particular, young black males, and will feed into our mental health services design. The AAK project is also linking into the mental health inequalities workstream and outreach work with BEH and encouraging use of VCSE-led pathway opportunities for those experiencing mental health issues and concerns alongside the local trust pathway networks.

Childhood immunisation has been a priority programme for Barnet, overseen by a Barnet Borough Partnership multi-partner task group. This has seen an increase in uptake of childhood immunisations and vaccinations for MMR and polio. Initiatives have focused on targeting communities with low uptake through multi stakeholder outreach work including local outreach events in the community, and targeted primary care support through detailed surveys and individual support.

The multi-disciplinary team has supported personalised and holistic care for patients over 65 years who are living with moderate or severe frailty or needing palliative care. After a successful pilot in one primary care network (PCN), this has been rolled out across all PCNs in Barnet and is reducing inequalities in care for those who require specialist support, including dementia care and those in nursing and care homes.

Barnet has the largest learning disability register in NCL and in the last year, there has been a lot of very effective work by the PCNs to increase access to NHS health checks. By February 2023, 79.1% of people on the learning disabilities register had received a health check. The work of a PCN in this borough has been shared at a NHS England webinar on Best Practice in Annual Health Checks for people with a learning disability and autism.

Camden

Understanding and addressing health inequalities is a core priority for the Camden Borough Partnership. During 2022, we saw an opportunity to utilise the Vaccination Outreach Operational Group, set up in response to COVID-19, to focus on wider inequalities with a multi-organisational group to engage with communities across Camden and alter delivery to meet needs. The Camden Health Inequalities Action Group, made up of partners across health, care and the voluntary sector, is now in place to explore where and how partners can act collectively to address health inequalities across Camden. Jointly led by the ICB and the local authority Public Health team, with a GP as chair, the group is taking a data-led approach to understanding inequalities and then taking action. Areas of focus to date have been cancer screening, smoking cessation, and mental health.

The Camden approach to the NCL Health Inequalities Fund has focused on partnership working and bringing visibility to the projects through the Camden Local Care Partnership Board. During 2022/23, Camden had nine projects in place across the borough, all with a focus on known areas of multiple deprivation. The projects have included a mobile health bus taking health care professionals into communities to improve the quality of annual health checks for people with learning disabilities, Other examples are a joint programme between Camden and Islington Foundation NHS Trust (C&I) and Hopscotch, a local VCSE organisation, to improve ways of supporting people with dementia, and a project working to instil mental health resilience in the Bengali and Somali ethnic groups.

One Health Inequalities Fund project to highlight is the Childhood Immunisations project jointly led by the ICB and Community Matters. The project has run several initiatives to raise awareness of childhood immunisations, dispel myths, and increase the uptake of immunisations. The project had community engagement at its core and provided learning sessions for parent champions and, through focus groups, amended approaches and communications to better meet local residents' needs. The project also delivered several pop-up sessions in areas of known low uptake and developed an animation to be used in

health and care settings. Although there is much more work to do, through this project and other initiatives there are the beginnings of an increased uptake in immunisations across Camden. The focus on childhood immunisations is now a chosen priority for the Camden Integrated Care Executive (led by the Director of Public Health). The ICB Primary Care leads have also taken their work to the Health and Wellbeing Board and co-led a multi-stakeholder workshop to develop a population health approach to childhood immunisations. The work in Camden has been designed to be scalable and shared across and between boroughs to ensure that learning is embedded and sustainable.

A further example of a Health Inequalities Fund project is Patient Centred Approaches to Lifestyle Behaviours. This is a joint project between Central Camden PCN, The Living Centre, and C&I. The project is delivered in the community of two of the most deprived wards in Camden (Somers Town and St Pancras) and provides a joined-up, holistic approach to lifestyle changes in one easily accessible community space, with a focus on physical activity and healthy diet. Residents who have been through the programme have reported the benefits to their physical as well as mental health; with people saying “It was a kickstart to get me doing something having lost confidence that I could do anything” and “The programme has made me excited to continue exercising and I have started going to the gym”. Key to a lot of the success of the programme has been the community location for the physical health intervention and the excellent work of the personal trainer, nutritionist, and population health nurses. People are reporting that it has changed the way they interact with food and increased their physical activity. The programme adopted a Plan, Do, Study, Act approach and adapted delivery based on feedback from people going through the project. Such is the success that the Local Care Partnership Board in Camden have agreed to fund the project for another year.

Enfield

Enfield has some of the most deprived neighbourhoods in NCL and are also among some of the most ethnically diverse wards are in the eastern corridor of the borough. The Enfield Partnership Board has provided oversight to the work of the borough Inequalities Delivery Group with our partners across health, social care and our local VCSE. During 2022/23, 23 health inequalities projects in Enfield were funded by the NCL Inequalities Fund.

These projects include:

- supporting people with severe and multiple disadvantages who are high impact users of health and care services
- Black Health Improvement Programme – improving engagement between the black service users and health professionals, including communications issues. The programme acknowledges bias within individuals and helps professionals to recognise that health interventions that lead to better outcomes for all will only happen when we begin to tackle those biases
- Divert and Oppose Violence in Enfield – funding a violence reduction social prescribing case worker to support children and young people identified as at risk of serious youth violence
- reducing the reliance on food banks by addressing some of the underlying causes of food poverty, with a focus on maximizing income and access to affordable healthy food
- Enfield paediatric asthma nursing service – Healthy London Partnership asthma-friendly schools pilot
- Community Powered Edmonton – led by a partnership of a local VCSE, 350 people attended workshops that discussed what it means to live a healthy life and the barriers people face. Events included creative sessions for young people such as dance and poetry performances about racism faced by the local Bulgarian Gypsy Roma Traveller ethnic group. This work is the start of a conversation to build trust with communities
- improving reach, diversity, and inclusion of Enfield's PPG Network

In addition, through the work with the Enfield GP Federation and five PCNs that represent all the GP practices in Enfield, we have continued work to improve the management of care for those patients who have one or more long term conditions, particularly in our deprived communities. We have made good progress in improving the management of diabetes, undertaking physical health checks for those with a severe mental illness, childhood asthma, blood pressure at home, and working with local schools in Edmonton offering lifestyle education and support to children and young people. All this work is supported by our partners including our VCSE organisations though developing care navigators, health champions, and other social prescribing support to individuals.

The Enfield Borough Partnership became one of only seven Core20plus5 Accelerator Sites at the end of December 2022 that are being run by NHS England in partnership with the Health Foundation and the Institute for Healthcare Improvement. The Borough Partnership team will be supported to develop and enhance knowledge and skills in relation to healthcare inequalities and to apply these skills locally. The focus will be on key populations including ethnic minority and inclusion health groups and key gaps in outcomes around smoking, obesity, cancer screening, and physical health checks for people with severe mental illness.

Haringey

Haringey Borough Partnership has continued to work at pace during 2022/23 to address health inequalities and deliver five themed workstreams: empowering local people, healthy start, long-term conditions, improving mental wellbeing, and supporting vulnerable groups. These themes aim to improve the health outcomes of our residents by improving the health, wellbeing and life-chances of local people, improving the quality of access, outcomes, and experience among under-served communities. They also aim to reduce the demand for more intensive or crisis-based solutions, including hospital admissions for the medium to long-term for the community; and strengthen communities and local partnerships by building on the social capital within the borough population.

The year has seen considerable success in projects that have really made a difference to the people of Haringey. A few highlights from the Inequalities Fund projects in Haringey are shown below:

Tottenham Talking is a collaboration between the VCS Bridge Renewal Trust, BEH, and local organisations, offering an alternative to NHS mental health services. The project supports people to achieve their personal goals, manage their wellbeing and helps them with the motivation for change rather than simply a mental health diagnosis. In particular, Tottenham Talking looks at long-term goals around employment, meaningful occupation and enhancing community connection and belonging, which are fundamental to improved mental health and wellbeing. It is a predominantly peer-led organisation that delivers a wide range of groups, activities, and therapy in the community for people who are affected by mental health experiences. To date the project has received over 300 referrals, of which 62% have been from black, Asian, and ethnic minority groups. It has supported over 100 residents through activities including art therapy, cooking for life, mindful writing, and

gardening, giving residents the opportunity to express their feelings, build support networks and develop long-term strategies for improving their mental health.

"Based on my experience and the comments of the residents I work with, I consider Tottenham Talking to be a hugely valuable resource to anyone in Haringey, but particularly to the more marginalised residents, who benefit from all the activities and opportunities provided across the east of the borough"
Feedback from a participant in Tottenham Talking

ABC Parents is a scaled-up programme that targets health and social inequalities by providing hands-on health education for free especially for parents and carers from deprived parts of Enfield and Haringey. The programme is for parents and carers with young children, particularly babies 0-6 months old, expectant parents, and those with vulnerabilities. Having attracted over 1000 participants this year, the project has been hugely successful. ABC Parents has managed a wide range of community activities including activities relating to early years growth and development including breast feeding, resuscitation for children, post-natal fitness, and domestic violence awareness classes. ABC Parents put the parent and child at the centre of the programme to introduce parent education sessions delivered by healthcare professionals and has developed the role of parent champions to run parent groups. This approach means the project has made great strides to ensure a real impact in the lives of children in their early stages of life.

The LTC Heart Failure and Diabetes project supports underserved people at risk of, or who already have, heart failure or diabetes in Haringey's most deprived neighbourhoods in Northumberland Park. Working with Turkish, Greek, black African, and black Afro-Caribbean people who experience the highest health inequalities, the co-produced offer provides comprehensive assessment and optimisation, alongside peer support, and culturally tailored education and self-management. Successes have included partnership collaborations across health, care, VCSE and underserved communities, resulting in a 22% reduction in hospital admissions for those with heart failure and a significant improvement in those managing their diabetes.

Severe Multiple Disadvantage (SMD) – This project is delivered by the Mayday Trust in collaboration with community leaders in Haringey, supporting individuals living with SMD (many with mental health needs) to overcome barriers to access and engagement. The

project takes a trauma-informed and relational approach to work with them, and professionals and services already working with them, to identify what their needs are, and to co-produce solutions. The project offers one-to-one coaching and support for people with SMD and supports individuals with their needs via personalised budgets.

In the last year, the SMD project has supported 150 people and 55 personalised budgets have been used. Significant outcomes for people involved with the project have included: the use of a personalised budget for a course of talking therapies or alternate therapies resulting in them no longer needing mainstream mental health services; using lived experience to develop a community-led therapeutic service for women; the formation of various peer support groups, including a peer group for black bereaved mothers. The project has also had an input into wider work undertaken at place level, sharing learning, and contributing to the local authority's mental health crisis prevention work.

"People are telling us that they are unused to being asked what they want and need, and having more control over their care has been of great benefit to their overall wellbeing"

The Mayday Trust

Islington

The Early Prevention Programme, funded by the Islington Health Inequalities programme and Violence Reduction Unit, is an innovative intervention led by Islington Council with local partners to improve mental health, wellbeing outcomes, and life chances for young black men in Islington. The programme has received media attention for its culturally competent approach.

The programme consists of four workstreams:

- Early Intervention: Becoming a Man – counselling and mentoring in three Islington secondary schools, engaging 173 young black men to date
- Elevate Innovation Hub – a community hub which delivers therapeutic solutions based on culturally competent practice. The hub consists of psychologists and trained Elevate Coaches who support young black men aged 16-25 at risk of poor health, serious youth violence and exclusion from school
- The Barbers Round Chair Project – a programme to equip Islington barbers as community mental health ambassadors

- A cultural competency and anti-racist practice training programme for Islington partners including GPs, social care, and schools aiming to train 700 professionals

Hand in Hand Islington is a volunteer peer travel buddy scheme led by C&I that has recruited, trained, and supported 19 volunteers with lived experience of mental ill health to accompany vulnerable residents to other locations in the borough for appointments, courses, services, access to green spaces, social activities, and events. The service aims to improve access to Islington's health and social opportunities for residents of the borough that experience substantial levels of inequality, stigma, and isolation. It also supports peer buddies by creating a step towards meaningful activity and employment, building confidence, and gaining work readiness through volunteering.

Over the most recent financial year, 19 peer buddies have completed 273 peer buddy journeys. Qualitative research found that for peer buddies involved in Hand in Hand volunteering *"determines whether I get out of bed in the morning"* providing them with substantial motivation and empowerment. The service users were very appreciative of the scheme, explaining that the buddies have helped them to gain confidence, to attend appointments they would normally miss and to deal with anxiety. Hand in Hand will be continuing this work in 2023/24 with further health inequalities funding.

The Community Research Support Programme is a community engagement project led by Healthwatch Islington that talks to residents about their experiences of cancer screening and respiratory services. The aim is to help services and commissioners better understand barriers to uptake within communities where uptake is lower. Resources were developed and have been used by the Diverse Communities Health Voice, a partnership of 12 community organisations across Islington, to engage with local people. The project aimed to directly support more than 100 residents to access appropriate interventions and report improved wellbeing and access. Healthwatch Islington is currently preparing a findings report which will be used to inform the development of a new health inequalities project in 2023/24 aimed at increasing access and overcoming barriers to cancer screening.

Outside of the health inequalities fund, further work has taken place to tackle health inequalities as follows.

- Led by Healthwatch Islington, the Community Action Research Programme works with 12 local VCSE partners via the Diverse Voices Partnership, committed to

hearing and acting on the voices of our local communities in our development of programmes, services and strategic planning. Running from September 2022 to March 2023, the partners reached over 300 residents, holding open conversations with local people about what matters to them and what health and wellbeing means for their lives. The programme explored the following key areas which impacted community groups: appointments in primary care, understanding of medicines management and pharmacy, support for people with long COVID, and access to mental health support and employment support services. The Diverse Voices Partnership also signposted and explained the health offers available across the borough to residents involved in the research.

- Self-care Pharmacy First pilot scheme aims to support socially vulnerable patients in Islington unable to purchase over-the-counter medicines (as part of self-care) due to low income. Self-care medicines includes things like probiotics, vitamins, minerals and medicines for self-limiting, short-term illnesses and minor conditions. This supports residents with a range of conditions such as head lice, scabies and back pain.

- For four years, Islington has been successfully supporting local people into employment in the health and social care sectors through the Islington Health and Care Academy. The academy works with local partners to recruit Islington residents into health and care roles supporting a more diverse workforce, improved wellbeing through employment, and greater community wealth. New programmes are also co-designed as part of the Academy having a specific focus on groups who experience barriers to employment such as care leavers and refugees.

- The Get Ready for Work Scheme is a programme led by Islington Training Hub, Islington Health and Care Academy, and Capital City College. The programme supports local practices to recruit into entry level administrative and reception roles by helping unemployed or underemployed Islington residents to access these roles. In 2022, an initial cohort of 11 trainees were supported over 10 weeks. At the end of the placement, trainees were invited to apply for vacant positions at Islington practices with support from Islington's iWork Health and Social Care employment hub. Five of the cohort have already been supported into good work in the health sector in Islington.

Reducing inequalities through Population Health Management tools

Addressing health inequalities is one of the primary functions of population health management. NCL's population health management platform (HealtheIntent), brings together near real-time data from health and care organisations across our ICS to create an integrated health and care record for each patient. Its purpose is to support the delivery of direct care to patients.

Using a data-driven approach allows us to identify and understand the health and care needs of our population, and to prioritise specific population groups or cohorts for particular services. HealtheIntent represents a step change in the way that health and care professionals can use data across the NCL system to effect change. NCL has two types of HealtheIntent tools:

- **HealtheRegistries** – these give frontline staff a view of the gaps in patients' care against a defined set of measures for a specific population or cohort (for example, adults with severe mental illness, people with a learning disability, people with diabetes). Registries support the identification of 'gaps in care' for individuals (which can be addressed by making every contact count) and populations and can be viewed at patient, practice and PCN level. Achievement is assessed against quality standards such as NICE guidance, and new registries are developed by multi-disciplinary, system-wide groups of topic experts. NCL currently has HealtheRegistries to support care for people with serious mental illness, learning disabilities, cancer, diabetes, atrial fibrillation, and chronic obstructive pulmonary disease (COPD). We are developing new HealtheRegistries to support care for multimorbidity, hypertension, chronic kidney disease, antenatal care, and frailty. We also have Wellness Registries that focus on prevention of ill health
- **HealtheAnalytics dashboards** – these enable users to better understand population health needs and inequalities for the populations they serve, and to do proactive work to address inequalities in health via case finding tools. The dashboards surface where there are inequalities in access, experience, or outcome and give insight into how pathways could be improved to better match the needs and preferences of patients and residents.

As a key enabler for NCL's focus on reducing health inequalities, HealtheIntent offers actionable insights at a population and individual level in two ways:

Embedding the tools to understand and tackle health inequalities in every HealtheAnalytics dashboard

Our population health management dashboard tools, HealtheAnalytics, are used to detect unexpected variation and to support case finding for intervention. All dashboards enable monitoring by different equalities dimensions (including ethnicity, deprivation, gender, and age) to highlight inequities in delivery or care, and health inequalities. They also include filters to enable the stratification of data for specific groups who experience disproportionately poor health (including learning disabilities, serious mental illness, and carers). Data can be shown at GP practice, PCN, borough, provider, and ICS level, with patient level information available for users with the required permissions.

The HealtheAnalytics dashboards also include a customisable case-finding tool, for users to extract a patient list for intervention (for example, to call or recall patients). The case-finding tool includes a wide variety of filters (demographics, inequalities, social factors, long-term conditions, and topic-specific filters) that allow the user to focus activity to tackle health inequalities on the groups they have prioritised.

The HealtheAnalytics workplan focuses on areas where there are clear inequities in uptake or outcomes, taking into account NCL's system priorities. Analytics are already available for: population health needs and inequalities, frailty, COVID-19 and flu vaccination, childhood immunisation, and quality improvement. Between June 2022 and March 2023 analytics have been delivered or progressed (with the above inequalities focus) for:

- diagnostics: consolidated waiting list
- elective recovery: consolidated waiting list
- ethnicity data quality tool
- patient interactions (includes high intensity users)
- valproate prescribing
- long-term conditions locally commissioned services
- population segmentation
- pulmonary rehabilitation
- Quality Improvement dashboards for HealtheRegistries.

We will continue to concentrate on expanding our dashboard offer in line with system priorities. To expand our analytics offer related to medicines optimisation, we are working with a cross-system team to develop a structured work programme. This will be based on key priority areas in medicines optimisation for this year, including cost-savings and ICB priorities. Further work programmes are being developed for diagnostics, implementation of population segmentation, long-term conditions, and quality improvement.

Building specific tools to improve care for groups of people who experience inequalities in health

We have already developed HealtheRegistries for learning disabilities and serious mental illness to improve the quality and uptake of annual physical health checks for people with these conditions. We have registries in development that cover all key areas of care in CORE20PLUS5. All HealtheIntent Registries have a supporting Quality Improvement HealtheAnalytic to allow proactive work to address gaps in care for groups experiencing inequalities in health.

Going forward, the HealtheAnalytics offer will continue to expand for key ICB priority areas as follows.

- We are currently reviewing how housing information can be included for each patient, to ensure that wider determinants data is part of the analytics offer. Housing data would allow for analysis to be carried out by household, to show the disproportionate impact of inequalities on some households. For example, to identify children with diagnosed asthma or respiratory conditions who live in low quality housing. To achieve this, we are working with colleagues from Public Health and Housing at Islington Council to bring together separate workstreams into one product – a HealtheAnalytics dashboard.
- With the development of NCL's Population Health and Integrated Care Strategy, and the focus on CORE20PLUS5 groups, we have also committed to developing an analytics offer based on these groups (a specific dashboard, and filters within existing dashboards, where data is available), to simplify analytics for users and enable a consistent approach to tackling inequalities across NCL.

Tackling health inequalities through our transformation, recovery, and other programmes

Reducing inequalities has also been a core part of other work programmes delivered across the organisation during 2022/23, including some of our major service transformation programmes. A few examples of this have been outlined below.

Tuberculosis (TB) and the Latent TB Screening Programme for new migrants

TB is widely considered a disease of inequality which disproportionately affects people who are chronically disadvantaged. Wider determinants, such as nutrition and quality of housing, play a key role in preventing infection. The ICB has several teams which work with groups at highest risk of testing positive for active TB. The teams include health inclusion teams, the RESPOND refugee health service at UCLH, the Find and Treat service, and the main TB treatment pathway. In addition, NCL works with the NCL TB service delivered by Whittington Health, to identify and screen people for latent TB. The service invites people for latent TB screening if they are aged 16–35 years old and have lived in a country with a high incidence of TB for at least six months within the last five years. People carrying latent TB are not contagious but do have a 10% lifetime risk of active TB which is a risk to their health and that of the wider population.

People diagnosed with latent TB are given a short course of treatment which prevents active TB in the future. Latent TB screening is therefore a very effective prevention strategy, enabling treatment of TB before it can be passed on to others. Over the last six months, the ICB has been working closely with the NCL TB Service to set an ambitious screening trajectory to reach pre-COVID screening levels and improve internal processes. This work is already having an impact. Screening numbers have risen significantly since December 2022 and the TB service is now recruiting new staff to help manage increased activity and maintain the recovery trajectory.

Reducing inequalities in COVID-19 and flu vaccination uptake

The NCL COVID-19 outreach vaccination team, hosted by UCLH, targets our communities with the lowest uptake of vaccinations. Between July 2022 and February 2023, the team supported 260 outreach clinics at around 50 locations. These included: community centres, special education needs schools, homeless centres, drug and alcohol centres, construction sites, sheltered housing, and events to target minority ethnic groups. The team has been upskilled to ‘make every contact count’ and introduced co-administration of

COVID-19 vaccination with flu vaccinations in October 2022, and screening for smoking cessation in February 2023. In the last year, the team has delivered 4,828 COVID-19 vaccinations and 747 flu vaccines, a total of 5,575 vaccinations. The team has screened 121 individuals for smoking, identifying 18 smokers and referring 10 to smoking cessation services. Despite being the second most deprived ICS in London, the NCL uptake rates are above the London average for COVID-19 vaccinations. Community engagement work linked to this is also covered in the Engaging People and Communities section.

Mental health and community service transformation programmes

Our implementation of the Mental Health and Community Services Reviews will deliver a consistent and equitable core offer for our population across NCL. Implementation will take place over a three-to-five-year timeline and will ensure that:

- outcomes for residents are optimised
- our core offer – the level of service every resident in NCL should expect - is in place in every borough
- out of hospital care and prevention will be promoted in a way that reduces pressure on acute services and supports people to stay well within the neighbourhoods where they live
- each borough has the capacity required for community and mental health services to contribute significantly to population health improvement through integrated delivery within partners, including at neighbourhood level

The stages of the review have included a case for change (baseline review) followed by the articulation of a co-produced core offer. This development work engaged partners from all five boroughs and has been co-designed with users.

The programme is being resourced through a combination of national funding (System Development Funding, Mental Health Investment Standard), ICB funding, system savings and productivity and efficiency requirements for providers. This will involve providers working differently within their current financial envelope, reconfiguring how current resources are used to deliver more efficient models of care.

Our baseline review had three key findings:

- firstly, there is significant variation in access, outcomes, and experience per borough within mental health and community services and that higher spend did not

always equate to improved outcomes. An example of this is that 20% of children referred to mental health services in Islington wait over 18 weeks from referral to their first contact with services, compared to 1.2% of children in Barnet and 1.6% of children in Camden

- secondly, community service investment by borough is not correlated with need by borough due to historic variation in funding approaches. For example, in Haringey £98 per head is spent on community health services vs. £192 per head in Islington, which is not proportionate to need within the NHSE need index
- thirdly, in mental health there is variation in need and spend and while mental health investment is correlated with need, investment is required to implement the core offer and improve mental health services across NCL

Further to this, the baseline review identified that in 2020/21, NCL had the highest rate of detentions under the Mental Health Act per weighted population in England, suggesting there is significant opportunity for improvement in service delivery.

Focus areas within 2022/23

The following provides a summary of key areas of improvement within community and mental health services as a result of our core offer implementation work within 2022/23:

Community services (adults and CYP)

- Recurrent investment in extra community nursing and therapy capacity in Enfield and Haringey boroughs for which spend is not correlated with need. This extra capacity will support responsiveness and skill mix, helping avoid more admissions and providing enhanced recovery support post hospital stays.
- The further roll-out of Virtual Wards that support earlier discharge from hospital and support more people to recuperate in their home environment. As of March 2023, there are 128 virtual ward ‘beds’ available across NCL.
- Implementation of Silver Triage, a consultant hotline available to London Ambulance Service staff at the point of potential ambulance conveyance from an NCL care home. When utilised, this has supported people to stay out of hospital 80% of the time.
- Additional recurrent investment to address variation in care for children with SEND, complex or long-term needs, and looked after children, with a focus on reducing waiting times for assessments for children in Barnet, Enfield, and Haringey.

- A stronger universal children's therapies offer to improve identification of speech, language, and communication Needs in our more deprived and diverse communities in Barnet, Enfield and Haringey.
- A two-year programme to trial the delivery of post-diagnostic support for Autistic Spectrum Disorder across NCL, based on Enfield's Atlas model – with a particular emphasis on supporting Turkish, Bengali and Somali families to access greater support.

Mental health (adult and CAMHS)

- Referrals to children and young people's mental health services nationally went up by 39% in 2021/22, but through co-developed plans with partners, we have reduced the total waiting list for CAMHS assessment in NCL from 1,974 in June 2022 to 1,077 in December 2022 – an 83% reduction.
- Through investments into specialist and community eating disorder services, waiting times have reduced from 10 weeks to six weeks. As part of this, we have established a new Community Eating Disorders service that provides holistic assessment and co-production of care plans for children and young people and families.
- Through significant investment in our core offer associated with crisis support for adults, we are responding to the significant variation identified in our baseline review. Examples include meeting the Core 24 service standard across NCL (a mental health assessment within one hour in A&E or 24 hours on wards), investment in crisis houses and crisis cafes with a service now available in every borough, and the integration of the two crisis lines into one single point of access to ensure we can give a more immediate response to adults in crisis.
- Expanded the NCL maternal mental health Maple pilot service across into Camden, Islington and Barnet offering equitable, evidence-based care for women with moderate-to-severe perinatal mental health difficulties or complex needs.
- Rolled out transformed community core teams to 100% of PCNs in 2022/23. Transformed Community Mental Health Services wrapped around primary care, integrated with social care and VCSE for patients with a serious mental illness. We have seen over 16,000 people through these services which provide proactive support in neighbourhoods to support people with their mental health needs.

Community and Mental Health Outcomes Framework

To support population health improvement, programme delivery and benefits realisation, we are working with providers to implement a Community and Mental Health Outcomes Framework. This outcomes framework is aligned with the NCL Population Health Outcomes Measures and will allow partners and providers at place and system level to understand progress in reducing variation on indicators within several domains that community and mental health providers are best able to influence, including Start Well, Age Well, and Live Well.

Elective recovery

The Elective Recovery programme has multiple workstreams designed to help reduce waiting lists and improve health outcomes across NCL. Health inequalities is a common theme in all these workstreams. Key highlights from a few workstreams are detailed below. Others not detailed below, but which support reducing inequalities in waiting lists, have been 'demand smoothing' initiatives; systems of mutual aid to support capacity sharing across trusts; and development of a centralised patient administration service to support inter-hospital transfers.

Outpatient Transformation

The Outpatient Transformation and Recovery Board (OPTRB) has been analysing the causes behind 'Did Not Attends' (DNAs) and the potential health inequalities that exist from differential attendance rates. The analysis suggests that there are certain groups in NCL who miss their appointments more frequently than others. This results in those groups of patients waiting longer to be treated which could be detrimental to their health and impact the wider health system. The OPTRB believe there could be more barriers to specific communities attending appointments, leading to higher DNA rates. Working with the NCL Communities team, the programme will be looking to engage with communities via community ambassadors to understand different communities' experiences of access to and treatment in an outpatient setting.

Surgical hubs

The impact of COVID-19 placed considerable strain on hospitals, with elective care (planned or booked hospital appointments) having to slow down or stop during the pandemic. Of the 260,000 patients that have been seen in hospital, 30,000 are now waiting for surgery. The longer people wait for surgery the more risk there is of their health deteriorating and the complexity of their care increasing. Certain groups of people are

more likely to need surgery, including people aged over 65 and those living with long-term conditions. Patients of working age, particularly from lower income households, may be more impacted by longer waits for surgery as a result of being unable to work.

NCL ICS has established a surgical transformation programme to consider how to build on existing initiatives and achievements to create greater surgical capacity so more patients are seen in a safe, sustainable, and equitable way. One such initiative is surgical hubs which are sites where only elective procedures take place, protected from emergency care. A Health Equality Impact Assessment is being undertaken to understand the impact surgical hubs may have on patients with protected characteristics or inclusion health group status, and to identify any necessary mitigations to address any impact. This will include a travel time analysis to understand the impact of any service changes on patients' journeys to and from proposed surgical hub sites. The surgical transformation programme will monitor and reduce unwarranted variation and inequalities across NCL in clinical outcomes, access to care, experience, and productivity.

Cancer screening – adjusting cancer screening programmes to support participation by people experiencing homelessness

North Central London Cancer Alliance has been working with stakeholders across screening and health inclusion teams to identify barriers to participation in cancer screening for people experiencing homelessness and to implement reasonable adjustments to better support their take up of screening.

The initial phase of this work was informed by NCL's Inclusion Health Needs Assessment – Rapid Evidence Review (detailed above). We held a series of stakeholder engagement meetings and a workshop in February 2023. Colleagues from hostels, screening providers, screening commissioners, health inclusion teams, public health teams, Groundswell homeless charity, and patients with lived experience attended. They identified barriers across the three national screening programmes and discussed proposals for how they could be addressed. Suggestions include providing greater flexibility in screening appointment times, training staff in screening centres and hostels on how they can support individuals, and co-designing information for people experiencing homelessness about the importance of screening and the support they can access to participate.

The next phase of the project will include prioritising the proposals put forward and agreeing with partners across NCL and London how to collaborate to implement them. NCL will lead on piloting some of these proposals and the learning will then be rolled out in other parts of London. Increasing access to screening for people experiencing homelessness will help diagnose potential cancers at an earlier stage, reduce health inequalities, and therefore improve their outcomes.

Start Well for children and young people

The Start Well Programme began in autumn 2021 with the aim of reviewing NCL children and young people's hospital-based services together with maternity and neonatal services. A population approach was taken in evaluating data, with all data cut by both ethnicity and deprivation, and this informed a case for change which was published in June 2022. This highlighted significant differences in the experience of care in NCL. For example, data shows that in 2020/21, babies born to pregnant women and people in NCL from the black ethnic group have twice the rate of admission to a neonatal unit than babies from the white ethnic group, and those from the Asian ethnic group have 1.5 times the rate of babies born to white women and people.

A 10-week targeted engagement programme followed to ensure that Start Well heard from diverse communities across NCL to determine whether the themes highlighted in the case for change resonated. We heard from a broad range of NCL voices; of those answering the survey just over 75% agreed or strongly agreed or strongly agreed with the opportunities for improvement across children, young people, maternity, and neonates. This is also covered in the Engaging People and Communities section.

In November 2022, the ICB agreed a recommendation to move to an options appraisal which will continue over spring and early summer 2023. This will assess three areas against the status quo. First, to look at all the possible site-specific options for having four obstetric-led birthing units co-located with four neonatal units, instead of the current five (excluding the specialist neonatal intensive care unit at GOSH). Second, to look at the option of no longer having a stand-alone midwifery unit within NCL (there is currently one). Third, to set out all possible site-specific options for the creation of a centre, or centres, of expertise for the delivery of children and young people's surgery for low volume specialities and the care of very young children.

The options appraisal will be underpinned by an Integrated Impact Assessment (IIA) that will identify any potential impacts on equality and diversity, sustainable development and health and wellbeing issues. This will include qualitative engagement with groups that are likely to be impacted, which will include a strong focus on population health and groups at risk of inequalities.

Some of the areas highlighted by the case for change and work on the best practice models of care do not require an options appraisal to progress. These will be collated into an action plan, progressed through existing ICS programmes of work, and monitored through the Children, Young People, Maternity and Neonates Board.

All documentation relating to the Start Well Programme including the case for change can be found on the Start Well web pages.

Reducing inequalities in long-term conditions management through a new Locally Commissioned Service

Due to launch in October 2023, a new NCL long-term conditions (LTS) Locally Commissioned Service (LCS) has been developed that will offer a single, consistent approach to LTC management across all five boroughs. This LCS aims to deliver improved outcomes for those in NCL living with or at risk of developing a long-term condition by providing a proactive, personalised, holistic model of care. Additionally, it aims to address health inequalities by focusing on need over demand and the differential effort needed to achieve outcomes with different communities.

Health and wellbeing strategy

During 2022/23, the ICB attended, and was an active member of the five Health and Wellbeing Boards (HWBBs) in North Central London. The ICB is represented on each of the five boards. 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.

During 2022/23, HWBBs have been engaged in the development of the ICS Population Health and Integrated Care Strategy. The health and wellbeing strategies from each

borough have been reviewed, with a thematic analysis undertaken to draw out common priorities and areas of focus. The analysis was shared back with HWBBs for their feedback and validation. HWBBs have also been consulted around the development of the delivery plan for the strategy and will continue to be engaged as the plan is developed to support the ICS progress towards shared priorities for population health improvement.

In addition, partnerships at HWBB level are pivotal to supporting both admission avoidance and discharge services through the Better Care Fund (BCF). In 2022/23, HWBBs have received additional national funding through the national discharge fund, which has helped both NHS and social care partners speed up discharge and help people recover at home, outside of hospital settings. Furthermore, partners across NCL have worked together to scope how they might create a more sustainable discharge system. Implementation on this work will commence at both place and system level in 2023/24 and will involve improving discharge pathways and strengthening our joint work on reablement and recovery.

Barnet HWBB highlights

The Board has focused on several areas relating to different aspects of delivering the Joint Health and Wellbeing Strategy's ambitions, including:

- **Strategic Development -** The Board signed off key place-based strategies and plans, including the Cardiovascular Disease Prevention Programme (2022–2026) and the Cardiovascular Disease Action Plan (2022-2024), Dementia Strategy (2023-2028), and Carers and Young Carers Strategy (2023 – 2028), all of which guide delivery in these particular areas. The Board also received the results of the SEND Inspection and Action Plan, which identifies areas of strength and improvements required for children and young people with SEND.

- **Using evidence to highlight health inequalities -** The Board endorsed an Assessment of the Health Needs of Migrants and the borough becoming a "Borough of Sanctuary". The assessment highlighted areas for further development to address health needs and barriers faced by refugees and undocumented migrants. An exploration of the impact of cost of living on the health and wellbeing of Barnet residents was also presented. The upcoming Director of Public Health

Annual Report will also focus on health inequalities and recommendations for action.

- **Co-design with communities** - Two examples of co-design with communities were presented at Board. The first example, on the Grahame Park hyperlocal neighbourhood working model, involved residents talking about their experiences, ranging from stigmatism, safety, and difficulty accessing services. The second was the COVID-19 Vaccination Champions, where three VCSE organisations talked about their different approaches to working with ethnic, linguistic, and geographical communities to boost vaccination take up. Both have provided important lessons and feedback which can transfer into other areas of community work.

- **Establishing the Barnet Combatting Drugs Partnership** - This reports into the Health and Wellbeing Board, and aims to reduce substance misuse through a whole system approach

- **Consistent tracking of the Health and Wellbeing Strategy Implementation Plan and Key Performance Indicators**

Camden HWBB highlights

The Camden Health and Wellbeing Board explored priorities across health and care services in Camden throughout 2022/23 and had a focus on action and integration to drive transformation and innovation. Highlights for 2022/23 included the following.

- Homelessness System Transformation – Camden appointed a new Head of Homelessness Transformation to provide coordinated leadership, and system-wide partnership and governance to transform support for the homeless population. The transformation programme aims to implement a more integrated, relational population health offer for people experiencing homelessness in Camden. Co-production with residents is a central tenet of the transformation, and people with lived experience will be involved at every level, including through a funded co-production element. This priority is part of the life course approach to the borough partnership programme**.**

- Good Work and employment – taking action to address the workforce challenge is a short-term priority in the Camden Health and Wellbeing Strategy. It is also embedded as a programme of work for the borough partnership, exploring the challenges in health and social care. A report taken to the Board provided strategic context around Good Work, Camden's project to support residents' access to good work, and provided an example of what works, and what more can be done to help address these issues. High impact actions were agreed by all partners to drive integrated initiatives around increasing the opportunities for people with disabilities to get access to good work and employment.

- Health system transformation – a spotlight on integration in neighbourhoods is a new standing item for the Camden Health and Wellbeing Board. This is enabling the Camden Integrated Care Executive and the Local Care Partnership Board to showcase key work from the Camden Borough Partnership, particularly around integration of healthcare services and system transformation. The first item focused on emerging activity to accelerate integrated working arrangements in Camden's neighbourhoods. It outlined the key developments in Camden since the NCL ICS received statutory footing in July 2022, including the emergence of neighbourhood-level integration as a priority for the partnership. A more mature neighbourhood operating model will serve as a key delivery vehicle for a range of partnership ambitions and demonstrate the Camden population health approach.

- Health and wellbeing strategy implementation – Community connectedness and friendships is a short-term priority set out in the Camden Health and Wellbeing strategy and a key enabler that runs through the Camden Borough Partnership programme. Connecting residents to their communities requires a population health approach to explore different issues, and population groups to bring partners together from across the system to identify and prioritise opportunities for collective action and intervention, to understand local need, map and convene stakeholders, identify opportunities and transition to delivery.

- Helping Camden residents with learning disabilities to live a good life – this is a borough-wide priority for Camden and the HWBB looked at a report summarising the action taken and next steps to achieve the vision to support people with learning disabilities in Camden to live a good life as part of the board's short-term strategy to improve 'community connectedness and friendships'. The project is being delivered through three workstreams which support people with learning disabilities to live the life in the way they want, with friendships, personal growth, and having a valued place in society at its core.

Enfield HWBB highlights

Local health and wellbeing priorities in the Enfield Health and Wellbeing Strategy were reviewed alongside the development of the NCL Population Health and Integrated Care Strategy. The Enfield HWBB oversaw and provided a platform for discussion around the following topics.

- The NCL Inequalities Fund –- continued progress with the community participatory research commissioned with NMUH, with a sustained focus on childhood obesity and links to the wider determinants of health and inequalities. Across the borough, 20 inequalities projects were funded by the NCL Inequalities Fund involving a wide range of community groups. The projects were designed to reduce inequalities and address the wider determinants of health.

- The HWBB discussed regular updates on the development of the:
    - NCL Population Health and Integrated Care Strategy;
    - Implementation of the NCL Start Well programme
    - NCL Mental Health and Community Services Reviews and associated transformation programmes.

- Regular, detailed intelligence-led assessments were reviewed on NCL cancer screening uptake and COVID-19 vaccination boosters, polio and childhood immunisations.

- The HWWB continued to follow the development of the Black Health Community Forum and the Community Empowered Edmonton project.

Haringey HWBB

Haringey Borough Partnership has been refining its work programme, defining three priorities for 2023/24 and beyond for each for its four constituent Boards: Start Well, Live Well, Age Well, and Place. Of these three priorities, each Board has identified a single priority issue to work on first. The cross-cutting theme across all Boards is community mental health, to ensure a strong all age offer. Over 2022/23 and ongoing, specific achievements included the following.

- Deployment of 18 projects across two phases of funding from NCL Inequalities Fund which have brought significant investment into east Haringey, the most deprived area in the borough. The projects are tackling health inequalities across areas such mental health or long-term conditions, based on strong co-production with residents and VCSE.

- Further development of our Homeless Health Inclusion Team, provided by Haringey GP federation, which provides outreach support to people experiencing homelessness in Haringey.

- Mental health prevention work including a programme of community and VCSE led initiatives to provide support tailored to Haringey's diverse communities. We also held our second annual Great Mental Health Day in January 2023.

- A 16-week pilot (ongoing) of our Haringey neighbourhood model centred in north Tottenham which sees multidisciplinary and multi-agency staff working in an integrated way to support residents holistically. They are leveraging local assets and providing the right service mix in the right way, based on strong participation work with residents to co-produce the offer and to transfer ownership.

- Childhood vaccinations – the Immunisations Coordinating Group and public health childhood vaccination working groups are driving forward work to improve community accessibility, engagement with key stakeholders, raising public awareness and using evidence and residents' views to inform practice, with the aim of increasing overall uptake of childhood immunisations and reducing inequalities.

- Winter vaccinations outreach for winter vaccinations in partnership with UCLH and local Haringey GP practices resulted in 123 COVID-19 and flu vaccinations administered at settings including Mulberry Junction (for rough sleepers), libraries, churches, and community centres, including targeted outreach for Orthodox Jewish communities in south Tottenham. The COVID-19 and health and wellbeing events for black groups organised by local VCSE organisations and supported by the Bridge Renewal Trust, Public Health, and NHS providers attracted almost 1,500 attendees.

- Children and young people's mental health - the CAMHS waiting list initiative at Haringey has helped stabilise waiting times for first appointments. Haringey CAMHS now provides a broader model of care, involving face-to-face, telephone and video support to assist with young people's recovery and to meet demand. This includes an ADHD weekend clinic which started in January 2023, a digital offer via Kooth, NHS GO and Good Thinking, and the strengthening of the role of VCSE organisations to support children and young people's mental health and emotional needs. Work also included the dissemination of improved and relevant information. This was supported by Haringey CHOICES, an open access self-referral team. The team offers one-to-three therapeutic sessions for support and advice for Haringey residents and their families to enable them to better navigate access to social, emotional, and mental health support offers in the borough.

Islington HWBB highlights

During 2022/23, the Islington HWBB oversaw and provided a platform for discussion around the following themes.

- Integrated Front Door and Integrated Urgent Response and Recovery Programme – the Board oversaw the ongoing development of an integrated care programme initially focused on the development of an integrated front door to create a single place to jointly screen and triage urgent health and all social care referrals, supporting system efficiencies and better outcomes for patients. The integrated front door model links to an improved integrated urgent response and recovery services, effectively aligning urgent health services and social care professionals to prevent unnecessary hospital admission and support hospital discharge. The ongoing integrated care programme in 2023/24 will be a key element of the

developing Islington locality model.

- Children and Families Partnership Board – an Islington Children and Families Partnership Board has been established to strengthen the local approach to improving outcomes for young people. Attended by a range of local partners, the board is establishing oversight of a range of programmes of work (including family hubs and community service reviews) to enhance the collective impact and provide place-based leadership for children and families.

- Islington Health Determinants Research Collaborative – Islington Council has been allocated funding for five years from the National Institute for Health and Care Research to address wider determinants of health at a local level through using research and forming a Health Determinants Research Collaboration (HDRC). The Collaboration will build on a history of local partnership working in Islington, bringing together VCSE organisations, residents, and higher education institutions alongside NHS and the local authority. Together, these groups will build on existing work tackling health inequalities in Islington, a priority and existing workstream for the Borough Partnership. In this way, the HDRC will provide funding to accelerate processes and ideas already in place and embed research and data at the centre of the decisions being made around health and wellbeing in the borough.

- Community Action Research Programme – led by Healthwatch Islington, in collaboration with the Diverse Voices Health Partnership and 10 grassroots voluntary sector organisations, the community action research programme has engaged with over 400 residents experiencing health inequalities. Research has been carried out via structured interviews, focus groups and surveys, focused on listening to feedback and providing information on access to GP services, community pharmacy, long-COVID and employment services. Following a review of the feedback, recommendations will be drawn up and an action plan created with borough partners to support addressing residents' needs.

Financial performance: Q2-4 2022/23 financial review

Introduction

This section of the Annual Report sets out a summary of the ICB's financial performance during its first nine months of operation for the period 1 July 2022 to 31 March 2023 as NHS North Central London Integrated Care Board, following the closure of the North Central London Clinical Commissioning Group on 30 June 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 details on the ICB's financial performance can be found in the ICB's Q2-4 2022/23 accounts at the end of this Annual Report.

Financial duties

During the 2022/23 financial period, the ICB received a £2,528.4 million funding allocation from the Department of Health and Social Care, via NHS England, to commission care services for the local population. The ICB's Control Total, the targeted amount of spending NHS England sets for the ICB, was to deliver a surplus of £25.6 million in 2022/23 for the period of July 2022 to March 2023.

The ICB's funding was set by NHS England to enable the ICB to continue to implement additional measures to respond to the COVID-19 pandemic. The ICB worked within the financial allocations set by NHS England and spent £2,502.6 million, delivering a surplus of £25.8 million and therefore exceeding the targeted surplus by £0.2 million.

The ICB's other financial duties include controlling the amount of spend on the administration function of the organisation. In 2022/23, the ICB spent £23.8 million in this area, which is within the planned spending target.

Financial performance

In 2022/23, the ICB experienced significant financial challenges to deliver against the agreed targets. The block contracts with our NHS providers and the additional funding made available for community and primary care services to meet the demands of the pandemic, enabled the ICB to deliver its surplus target in 2022/23. In addition, the ICB has

a requirement to meet important performance and spending targets in areas such as mental health and primary care and has continued to work with partner organisations across the health, local authority, and third sectors to ensure care is provided in the most appropriate setting.

Of the ICB's total £2,502.6 million expenditure in 2022/23, £1,317.0 million, or 53%, was spent on acute (hospital-based) and integrated care (community-based) services. The vast majority of this spend was on the provision of care services at the ICB's four main acute hospitals: Royal Free London NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, North Middlesex University Hospital NHS Trust, and Whittington Health NHS Trust. The ICB's main providers of mental health services, Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust, accounted for 68% of the £347.7 million spend on mental health services during 2022/23. Smaller contracts were in place with other NHS, community, and voluntary sector providers. Following the closure of the CCG, the ICB 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 ICB spent public funding on the provision of healthcare services for the local population. Children's services are delivered by or in partnership with local councils and incorporated into community services.

Overall spending during 2022/23

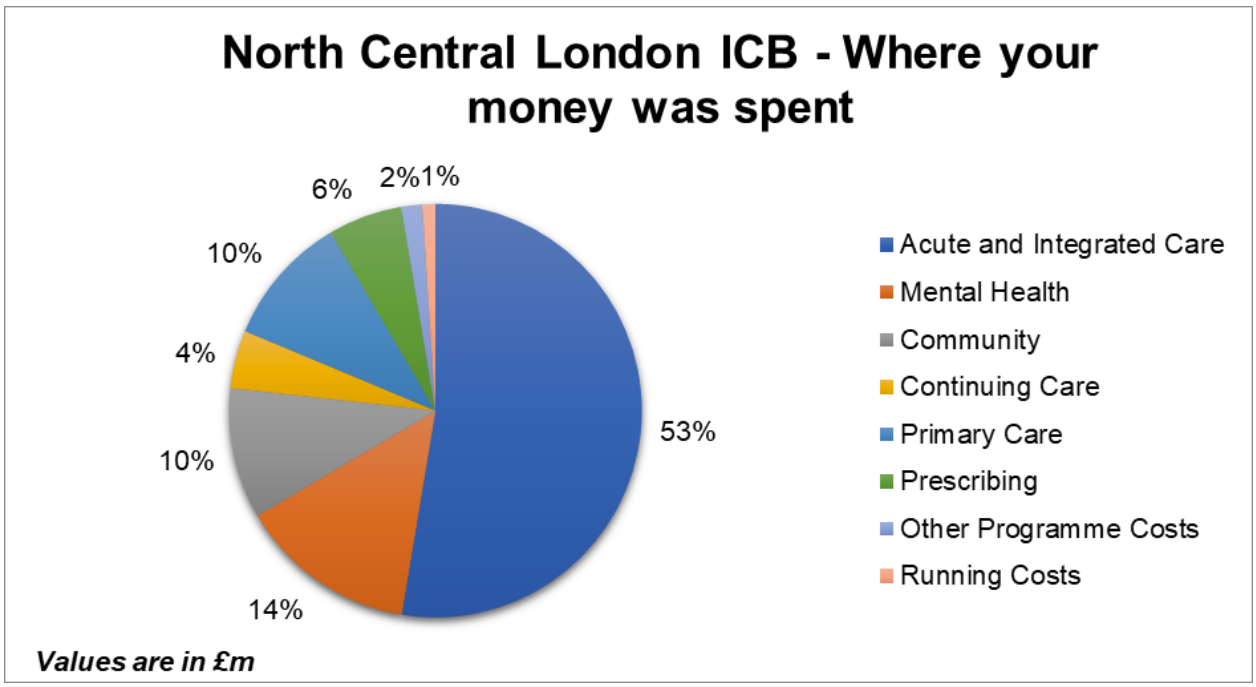


Figure 1: overall spending during 2022/23

By achieving the 2022/23 Mental Health Investment Standard, the ICB continued its commitment to ensuring that spending on mental health services is in line with physical health services.

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

The ICB has delegated responsibility from NHS England to commission primary care services for general practice. During 2022/23, NCL ICB spent £214.5 million in this area, which included payment of GP contracts, quality, and outcomes framework payments and general practice overheads, such as premises-related costs.

Delivering savings and efficiencies through our Cost Improvement Programme

To meet financial planning requirements and improve the quality and efficiency of services, the ICB agreed a £90.0 million cost improvement programme for July 2022 to March 2023. The £90.0 million savings were largely delivered via efficiencies against the acute, mental health and community contracts. In addition, the ICB delivered further savings by applying efficiencies in Continuing Healthcare prescribing and other programme costs.

2023/24 planning guidance and financial outlook for the North Central London Integrated Care Board (NCL ICB)

2023/24 will be the first full year of operations for NHS North Central London Integrated Care Board (NCL ICB) and will continue to be responsible for allocating NHS budgets and commissioning services. NHS England have allocated funding for the full financial year.

The ICB has produced a financial plan for 2023/24, which reports a planned £10.6m surplus against the funding allocation, which contributes to the balanced plan for the NCL system submitted to NHS England in May 2023.

The system is experiencing significant pressures, 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 to ensure the NCL ICS meets the planned breakeven position at the end of 2023/24.

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

The ICB will continue to be required to meet important performance and spending targets in mental health, community services and primary care during 2023/24.

ACCOUNTABILITY REPORT

Frances O'Callaghan

Chief Executive Officer

26th June 2023

Accountability Report

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

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 July 2022 to 31 March 2023, 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

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

Board of Members

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

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

The Board sets the culture of the organisation, taking a supportive approach to subsidiarity – the principle that decisions should always be taken at the lowest possible level or closest to where they will have their effect, for example at borough, place, or neighbourhood level. The Board works with borough partnerships to develop our collective approach and learn what works best in different settings to deliver improved health outcomes for NCL residents and patients. It strives to ensure the organisation functions effectively and efficiently by receiving assurance via regular reports on performance, quality, finance, and risk.

During 2022/23, Mike Cooke was the Chair of the ICB and Frances O'Callaghan was the Chief Executive Officer. The Board comprises 14 voting members and eight standing participants.

The voting membership of the Board in 2022/23 was as follows:

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

- Executive Members
    - Frances O'Callaghan, NCL ICB Chief Executive
    - Phill Wells, NCL ICB Chief Finance Officer
    - Dr Jo Sauvage, NCL ICB Chief Medical Officer
    - Dr Chris Caldwell, NCL ICB Chief Nursing Officer

- Partner Members and other Members
    - Dr Jonathan Levy, Partner Member – Primary Medical Services
    - Dr Simon Caplan, Partner Member– Primary Medical Services
    - Jinjer Kandola MBE, Partner Member – NHS Trusts and Foundation Trusts
    - Baroness Julia Neuberger, Partner Member – NHS Trusts and Foundation Trusts
    - Cllr Kaya Comer-Schwartz – Partner Member – Local Authorities
    - Dominic Dodd, UCL Health Alliance Member (resigned on 23 February 2023)

- Standing Participants
    - Caroline Clarke, Group Chief Executive, Royal Free Hospitals and Accountable Officer, NMUH (resigned on 7 February 2023)
    - John Hooton, Chief Executive, Barnet Council
    - Mark Lam, Chair, Royal Free London NHS Foundation Trust, and North Middlesex University Hospital NHS Trust (from 9 February 2023)
    - Richard Dale, Executive Director of Performance and Transformation
    - Sarah Mansuralli, Chief Development and Population Health Officer
    - Ian Porter, Executive Director of Corporate Affairs
    - Sarah McDonnell-Davies, Executive Director of Places
    - Sarah Morgan, Chief People Office

Register of Interests

NCL ICB maintains and publishes a register of interests online in accordance with NHS England statutory guidance. The register of interests for the following groups are available on the ICB website: Board Members, clinical leads, and senior staff and managers

Personal data related incidents

There were no serious untoward incidents relating to data security breaches for the ICB in 2022/23, and no personal data related incidents were reported to the Information Commissioners Office. The ICB investigates all reported incidents with root cause analysis leading to changes in process where required. The ICB keeps an incident register which is reported to senior management quarterly.

Statement of Disclosure to Auditors

Please note, that in agreement with the National Audit Office, the statement of disclosure to auditors is no longer required. The spirit of this disclosure is met as covered in the final paragraph of the ICB's Statement of Accountable Officer's Responsibilities.

Modern Slavery Act

North Central London Integrated Care Board fully supports the government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2023 is published on our website here.

Statement of Accountable Officer's Responsibilities

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

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

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
- prepare the accounts on a going concern basis
- confirm that the Annual Report and Accounts is fair, balanced, and understandable, and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable

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

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NCL ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the ICB and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NCL ICB's assets (and hence for taking reasonable steps for the prevention and

detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

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

Frances O'Callaghan

Chief Executive Officer

26th June 2023

Governance Statement

Introduction and context

NCL ICB is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The NCL ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 July 2022 and 31 March 2023, the ICB was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

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

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

Governance arrangements and effectiveness

Constitution

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

The Board

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

The membership of the Board is set out in the Members' Report. The Board met five times in 2022/23. All meetings were quorate.

The highlights of the Board's work in 2022/23 include:

- noting progress on the Population Health and Integrated Care Strategy
- approving the signing of the Dentistry, Optometry and Pharmacy (DOP) Delegation Agreement and Memorandum of Understanding
- agreeing the transfer of Enfield Community Services from Barnet, Enfield Haringey Mental Health NHS Trust to North Middlesex University Hospital NHS Trust
- approving the proposed 3–5 years investment approach for both Community and Mental Health Services
- agreeing, as part of the Start Well Programme:
    - the proposed children and young people's care models for long-term conditions, emergency medical care model and planned medical requirements and to commence planning for their adoption
    - to proceed to an options appraisal in respect of the implementation of the proposed maternity and neonatal care models
    - to proceed to an options appraisal in respect of the implementation of the proposed emergency and planned surgical children and young people's care models

- approving the Better Care Fund (BCF) and non-BCF Section 75 schemes and budgets for 2022/23, and the metrics associated with the BCF schemes
- approving the proposed joint review of Section 75 and BCF arrangements with local authority partners
- approving the next steps in developing the Clinical and Care Leadership Model and delegating responsibility to the Chief Medical Officer and Chief Nursing Officer to further develop the model and commence implementation
- endorsing the short-term continuation of the CCG's clinical leadership Individual Funding Requests model in the interim period and the supporting remuneration rates
- approving the Working with our People and Communities Strategy and the Working with our VCSE Sector Strategy
- approving the Standing Financial Instructions (and subsequent amendments)
- approving the Scheme of Reservation and Delegation, Functions and Decision Map (and subsequent amendment) and terms of reference for the Committees (and subsequent amendments)
- delegating to the Chair and Chief Executive Officer the authority to make changes to the NCL ICB Constitution
- delegating to the ICB's Chief Medical Officer and Chair of the Start Well Programme Board, the review and endorsement of the revised children and young people's surgical care models
- receiving as standing items at each meeting, the Finance Report, the Integrated Performance and Quality Report, the Board Assurance Framework and the agreed minutes of the ICB's Committees
- noting the 2022/23 ICB Budget
- noting Chair's Actions taken to:
    - approve additional funding for the Welbourne Primary Care scheme
    - approve amendments to the membership and quorum requirements of the Procurement Oversight Group (POG)
    - approve the removal of the ability of the POG to approve Single Tender Waivers over the limit of the Chief Executive and CFO acting together (currently £1 million) on behalf of the Board of Members
    - approve the addition of the ability for the Finance Committee to approve Single Tender Waivers on behalf of the Board of Members
    - approve the amended SFIs to reflect the two aforementioned changes

In addition to the formal Board meetings, there were four Board seminars. These focused on a wide range of topics, including Current challenges and opportunities, System pressures, Population health, Risk appetite, Start Well Programme progress, System pressures and discharge updates, Specialised commissioning and DOP services delegation, People Strategy update, Enfield Community Services transfer, and NHS 111 procurement update.

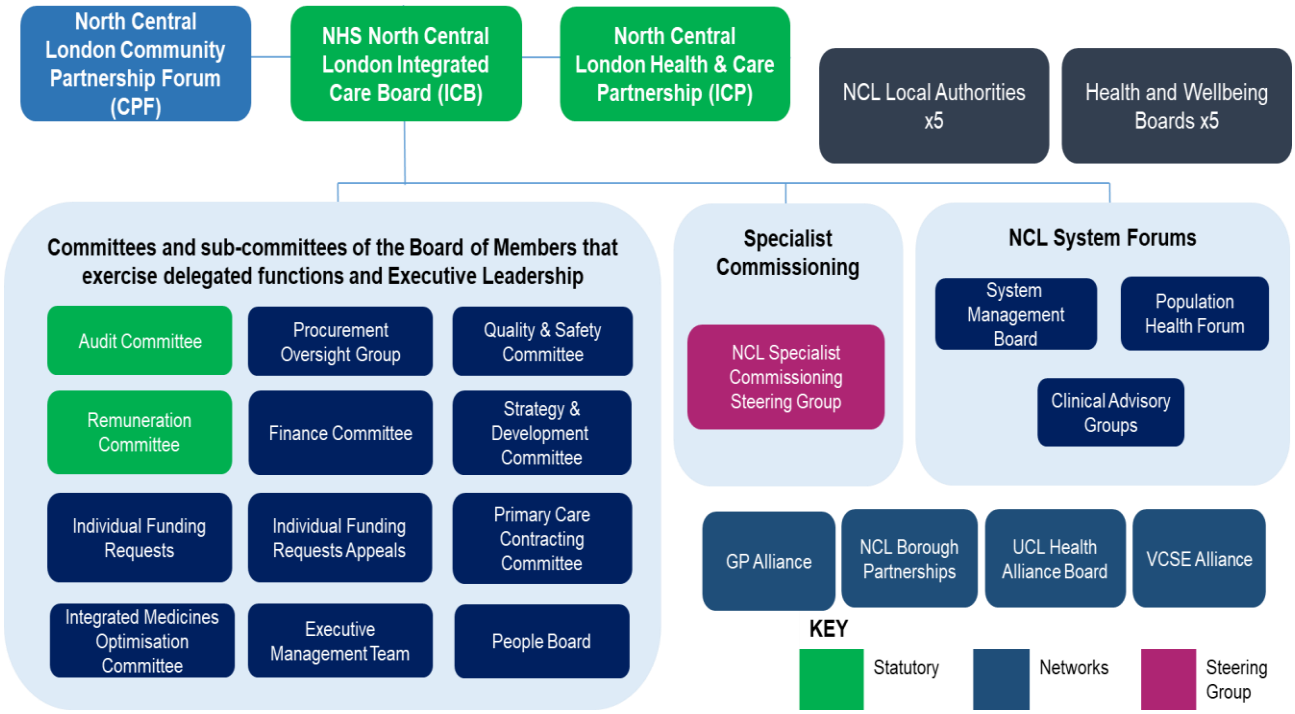
Board Committees

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

The membership and attendance of all committees during 2022/23 onwards is detailed in this report and their full terms of reference are available on the ICB's website.

As a newly formed organisation, we will be undertaking a review of committee effectiveness during 2023/24.

ICB organisational chart



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 Board relies. This includes but is not limited to:

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

The committee met four times in 2022/23 from when the ICB was established on 1 July 2023. 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 NCL Conflicts of Interest policy.

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

- Conflicts of Interest Policy
- Gifts and Hospitality Policy

The committee provided oversight and scrutiny of:

- the CCG Closedown Q1 (1 April to 30 June 2023) and ICB transition
- External Audit Progress Report 2022/23
- Internal Audit Plan 2022/23
- Local Counter Fraud Specialists (LCFS) Workplan Plan 2022/23 (and including the Counter Fraud Functional Standard Return);
- the tendering exercise for the appointment of external auditors and internal auditors as their period of office were due
- the developing risk management approach at an organisational level
- Emergency planning assurance
- Register of Losses and Special Payments
- Tender Waivers Register

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

- Healthcare Financial Management Association - Financial Sustainability Checklist
- Procurement and Contract Management, Newsletter and Technical Brief
- Data Security and Protection Toolkit 2022/23
- Cyber Security

Due to the extended existence of the CCG from 1 April to 30 June 2022, an additional set of report and accounts was prepared during the remainder of the financial year, to reflect the operation of the first quarter in the accounting year. The plan is for the Committee to review the final version in May 2023 prior to submission to NHS England. The Report and Accounts for Q2-4 for 2022/23 will be prepared with the plan for their review and approval by this Committee in June 2023.

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

Finance Committee

The Finance Committee meets bi-monthly, but with the flexibility to meet more regularly if necessary. It met six times in 2022/23. All meetings were quorate and in accordance with its terms of reference. The purpose of the committee is to:

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

During the year, the committee oversaw the following:

- the regular financial reporting at ICB level as well as at system level
- review and further development of Cost Improvement Plans in 2022/23 to take a more system-wide approach, as well as a deep dive and re-prioritisation exercise to help ensure efficiency gains could be realised where possible, and development of a strategy for 2023/24
- review and developing the Risk Register to reflect a more system-wide stance
- procurement pipeline and pipeline of single tender waivers in excess of £1 million
- approval of the Estates Board and Local Care Infrastructure Board Terms of Reference
- prescribing costs
- audit tender process
- NCL ICS – 2022/23 Forecast outturn risk review
- development of a balanced scorecard to reflect the integrated approach to reporting on finance, performance, and quality
- NCL ICS System Plan, which in turn was submitted to NHS England in March 2023

The committee membership consists of eight members, which includes three sector representatives from the trusts and foundation trusts in NCL and three independent, non-executive members. Quoracy requires three voting members: a non-executive member, a Trust member, and an officer. The committee is chaired by Dr Usman Khan, non-executive director on the Board.

Integrated Medicines Optimisation Committee

The Integrated Medicines Optimisation Committee (IMOC) met four times in 2022/23. All meetings were quorate and in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the NCL Conflicts of Interest policy. The purpose of the committee is to:

- provide oversight and assurance on the ICB's statutory functions on medicines
- provide oversight and assurance on medicines to ensure:
    - safe and clinically effective use of medicines
    - improved clinical outcomes
    - best value of medicines use
    - the promotion of proper use of medicines
    - safe and consistent access to medicines in the context of care pathways that cross multiple providers
- oversee the development and implementation of the ICB's medicines management strategy and procedures
- ensure co-operation and consistency of approach to medicines optimisation across the NCL ICS
- oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry

The highlights of the IMOC's work in 2022/23 include the approval of the Cost Improvement plan and noting the following reports:

- NCL Prescribing Recommendations
- Pharmacy Quality Scheme 2022/23 – Prescribing Guidance Document: Oral Nutritional Supplements
- NCL Chronic Kidney Disease Pathway
- GP contract Direct Enhanced Service – Edoxaban
- Finance Report
- Integrating Pharmacy Medicines Optimisation (IPMO) – introduction to programme and key objectives
- NCL Pharmacy Workforce Report
- NCL Medicines Safety Report
- Medicines Governance Review
- Community Pharmacy – Delegated Commissioning

- Community Pharmacy – Pharmacy Integration Programme
- NCL Ocular Lubricants Guidelines
- Diabetes Project Proposal

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

North Central London Integrated Care System People Board

The committee was established during December 2022 and met once (in February 2023). The meeting was quorate and carried out in accordance with its terms of reference. The NCL ICS People Board is scheduled to meet quarterly.

The purpose of the People Board is to:

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

- use Board members' influence to champion the NCL workforce programme, acting as advocates for innovation and change
- enhance and accelerate programme benefits and outcomes across the health and care sector
- challenge NCL organisations and the ICS effectively and constructively
- support NCL workforce programme delivery, ensuring quality and tracking of benefits and resource prioritisation
- ensure effective use of available resources and funding for people development to ensure effective deployment (recognising that statutory accountability may lie elsewhere)
- adhere to the NHS 'people promise' and principles of public life (Nolan principles) and uphold the values of the NHS and public sector

The main areas of discussion included:

- Health Education England: Workforce Update
- The People Picture: 2022/23 Q3
- Integrated Care System People Strategy
- Board Assurance Framework
- People Board Forward Plan

The People Board also arranged a seminar in advance of its first board meeting to consider strategic direction and priorities.

The committee has five voting members: four ICB members (Non-Executive Member, Chief Executive, Chief People Officer, and Chief Nursing Officer) and a (trust or foundation trust) Partner Member. In addition, the People Board has a broad representation of participants to embody the nursing, pharmacy, education, training, primary care, adult social care, equality, diversity and inclusion, local authorities, and the voluntary sector.

Primary Care Contracting Committee

This is a sub-committee of the Strategy and Development Committee.

Its purpose is to:

- provide oversight, scrutiny and decision making for primary medical services
- make decisions in relation to the commissioning and management of primary medical services contracts

- oversee GP practice quality and performance
- provide oversight and assurance of the primary care budget delegated from NHS England

During 2022/23, the committee met four times and considered regular reports on finance, quality and performance, and risks for primary care medical services, as well as making several decisions relating to GP contracts in NCL. The committee had recently overseen the development of the quality and performance report to provide greater breadth of the indicators reviewed, and the opportunity to consider themes within it in more depth.

Committee decisions included:

- practice mergers, relocations, changes in control of contract holders, extension of caretaking contracts and changes to practice boundaries
- the addition and retirement of GP partners
- changes to practice reimbursements for premises costs and premises improvement grants
- procurement and commissioning decisions for Alternative Personal Medical Services (APMS) contracts
- PCN composition

The committee membership consists of four members of the ICB Board. Quoracy requires three voting members: the Chair, an Executive Director, and a Clinician. The Committee is chaired by Usman Khan, a non-executive member of the ICB Board, who is supported by Sarah McDonnell-Davies who is the Executive Director of Place and Dr Dominic Roberts who is an independent GP.

The committee has standing attendees from Public Health, Healthwatch, VCSE Alliance, the Local Medical Committee and two community participants. The Committee is also supported by the clinical and management members of the ICB Primary Care Team.

Procurement Oversight Group

The Procurement Oversight Group (POG) was established as a committee of the ICB Board in July 2022 and meets bi-monthly. It met three times in the reporting period, as well as making one decision via the virtual decision-making protocol. All meetings were quorate and acted in accordance with its terms of reference.

The overall purpose of the POG is to:

- be a non-conflicted forum which provides oversight and scrutiny of key procurements undertaken by the ICB and ensure that the procurement regime is followed correctly, properly evidenced, is transparent, and that conflicts of interest are appropriately managed
- provide assurance to the Board and other committees and sub-committees as appropriate, that conflicts of interest are properly managed throughout the development of the business case, the approval process, and that the procurement routes for services are appropriate
- ensure that procurement processes are proportionate to the cost and complexity of the services to be procured
- approve service models where these have been remitted to the Procurement Oversight Group by the Board or one of its committees or sub-committees
- have oversight of any procurement where the contract value is £500,000 or greater across the life of the contract, and any other procurement where the Board or any of its commissioning committees request oversight by the POG

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

- approval of procurement plans for NHS 111 re-procurement (including Invitation to Treat documentation and interview questions), and the proposal of a Primary Care Extended Access procurement
- approval of the opening up of the Termination of Pregnancy Services framework to test the market for new providers, as well as extending current contracts, and the uplift of Any Qualified Provider rates by 1.7%
- scrutiny of the transfer of the Enfield Community Services to an alternative provider, and the proposal of a long-term procurement

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

The POG consists of three voting members, which includes the Chief Finance Officer, an independent non-conflicted clinician, and the Executive Director of Corporate Affairs. The Group is chaired by Phill Wells, Chief Finance Officer. Quoracy for POG meetings is three Committee members which must include the Group Chair, a clinician, and an officer.

Quality and Safety Committee

The Quality and Safety Committee is a sub-committee of the ICB Board. The committee is chaired by a non-executive member of the ICB, consisting of 12 members including the ICB Chief Medical Officer, ICB Chief Nursing Officer, Executive Director of Transformation and Performance, ICB Chief People Officer, along with ICB non-executive members, quality and safeguarding representatives, system partners representing our providers, NCL local authorities, and Healthwatch.

The purpose of this committee, as set out in the terms of reference, is to provide oversight, scrutiny, and assurance of the following areas on behalf of the Board of Members, and to provide robust recommendations and directions for actions:

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

The Quality and Safety Committee met for the first time in September 2022, following the establishment of the ICB in July 2022. The committee met four times during 2022/23. 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 NCL Conflicts of Interest policy.

During the year, the committee considered and reviewed:

- the ICB Quality and performance report at each meeting
- the Medicines safety report from the ICB Integrated Medicines Optimisation Committee
- the ICB approach to oversight of the implementation of the new NHS Patient Safety Incident Response Framework

The committee approved:

- the Child Death Oversight Panel 2021-22 Annual Report
- NCL Safeguarding Adults and Safeguarding Children Policies

- 2021/22 NCL CCG Safeguarding Children and Adults Statutory Annual Report

The committee also undertook ‘deep dives’ into the following key priority quality and safety areas for the ICB:

- Sickle cell disease, maternity and neonatal services
- ‘Never events’
- End of Life care

The work of the committee is evolving, ensuring that it is aligned to the NCL Population Health and Integrated Care Strategy, focusing on the priorities of the ICB to:

- improve population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Remuneration Committee

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

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

The committee met three times in the financial year. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the NCL 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:

- remuneration for Partner Members – Primary Medical Services
- remuneration for NCL ICS Integrated Care Board roles
- remuneration for Clinical Leads
- Additional Responsibility Allowance
- 2022/23 pay uplift for ICB staff on non-Agenda for Change terms and conditions
- 2022/23 annual pay increase recommendation for Very Senior Managers
- Notice of redundancy and redundancy payments regarding displaced Executive Management Team members

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

Strategy and Development Committee

The purpose of the Strategy and Development Committee is to:

- oversee the development of the NCL system plan, the ICB's commissioning and service development strategies, ideally at the formulation stage to ensure that there is early input and involvement to plans that are in development stage. The strategies and plans will enable the ICB to:
    - improve outcomes in population health and healthcare
    - tackle inequalities in outcomes, experience and access
    - enhance productivity and value for money
    - help the NHS support broader social and economic development
- approve the service development and commissioning or procurement plans for health services that deliver the NCL system and ICB's vision and ambition with regard to population health outcomes
- approve the ICB's commissioning and service development strategies
- provide assurance to the Board of Members that the ICB is discharging its statutory functions effectively
- ensure that all the ICB's service development plans and priorities are aligned and deliver the NCL system and ICB's vision and ambition with regard to population health outcomes
- oversee the Primary Care Contracting Committee, the Individual Funding Request (IFR) Panel, and the IFR Appeals Panel

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

The committee met twice in 2022/23. Both meetings were quorate.

Key decisions taken by the committee included:

- approving the committee's terms of reference
- approving the strategic approach to putting in place effective caretaker arrangements for Enfield Community Services via North Middlesex University Hospital NHS Trust
- approving the direction of travel of the Better Care Fund plans, subject to further discussions about the ambitions
- supporting the strategic case presented for a population health approach to long-term conditions across general practice and endorsing progression to the final business case
- approving the Evidence Based Interventions and Clinical Standards (EBICs) Policy for implementation from 1 April 2023
- approving the proposed approach to the financial and non-financial implementation of the EBICs Policy
- approving the proposed approach to reviewing activity and implementing agreements to manage Royal London Hospital for Integrated Medicine activity in line with updated EBICs Policy
- approving procurement options for the Barnet Wheelchair Service contract

The committee received and reviewed reports on the following:

- the proposed approach and scope for a Value for Money review of Section 75 agreements
- the delegation of Dentistry, Optometry and Pharmacy Services (DOP) and Specialised Commissioning
- the draft Population Health and Integrated Care Strategy.

The committee also receives the Risk Report and minutes and reports from the Primary Care Contracting Committee, IFR Panel and IFR Appeals Panel as standing items.

The committee, which is chaired by Mike Cooke, consists of 12 voting members: the ICB Chair, a non-executive member, two Partner Members and the UCL Health Alliance Member, the Chief Executive, the Chief Finance Officer, the Chief Medical Officer, the Chief Nursing Officer, the Chief Development and Population Health Officer, the Executive Director of Place, and the Executive Director of Transformation and Performance. Quoracy requires at least five voting members, including the ICB Chair; the Chief Executive or Chief Finance Officer; the Chief Medical Officer or Chief Nursing Officer; a Partner Member or the UCL Health Alliance Member; and the Chief Development and Population Health Officer or Executive Director of Place or the Executive Director of Transformation and Performance.

Standing participants include the Chief People Officer and two representatives from the VCSE Alliance.

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. This is a sub-committee of the Strategy and Development Committee. It is important to note that IFR function transferred from the London Shared Service (North East London Commissioning Support Unit as was) to the ICB with effect from July 2022. The panel is chaired Dr Peter Christian. The panel met once between 1 July 2022 and 31 March 2023, at which one case was discussed. The members of the panel are Dr Peter Christian (Chair), Dr Chitra Sankaran (GP), Ian Bretman (Lay Member) and Claire Johnston (Nurse).

Individual Funding Requests Appeals Panel

This is a sub-committee of the Strategy and Development Committee. The purpose of the Appeals Panel is to consider applicants' appeals against decisions made by the IFR Panel and give proper consideration to appeals when determining the outcome, and act with reference to the ICB's Constitution and IFR Policy. The panel is chaired by Dr Kevan Ritchie. The Appeals Panel did not meet between 1 July 2022 and 31 March 2023.

Data quality

The ICB ensures the information and data quality used by Board members are of high standards. Board members are satisfied with the quality of the data provided by the ICB.

Attendance records

Board of Members and Committee Members	Position	Board of Members meeting	Audit Committee	Finance Committee	Integrated Medicines Optimisation Committee	Primary Care Contracting Committee	Procurement Oversight Group	People Board	Quality and Safety Committee	Remuneration Committee	Strategy and Development Committee
Mike Cooke	ICS Chair (Chair of Strategy and Development Committee)	5/5		3/5						2/2	2/2
Frances O'Callaghan	ICB Chief Executive	4/5		4/5				1/1		1/2	2/2
Phill Wells	ICB Chief Finance Officer	5/5	4/4 **	5/5			3/3				2/2
Dr Jo Sauvage	ICB Chief Medical Officer	4/5			3/3	3/4			4/4	1/1 ***	2/2
Dr Chris Caldwell	ICB Chief Nursing Officer	4/5			1/1	0/1	1/3	1/1	4/4	2/2 ***	
Kay Boycott	Non-Executive Member (Chair of Audit Committee)	5/5	4/4	4/5					3/3	3/3	2/2
Dr Usman Khan	Non-Executive Member (Chair of Finance and Primary Care Contracting Committee)	4/5	4/4	5/5		4/4				2/2	
Liz Sayce	Non-Executive Member (Chair of	5/5	4/4	5/5	3/3	4/4		1/1	4/4	3/3	

	Remuneration and Quality and Safety Committees)										
Dr Jonathan Levy	Partner Member – Primary Medical Services (Chair of Integrated Medicines Optimisation Committee)	5/5			3/3				3/3		
Dr Simon Caplan	Partner Member – Primary Medical Services	4/5	3/4								2/2
Jinjer Kandola MBE	Partner Member – NHS Trusts and Foundation Trusts	5/5						0/1			
Dominic Dodd	UCL Health Alliance Member	3/4									2/2
Baroness Julia Neuberger	Partner Member – NHS Trusts and Foundation Trusts	3/5									0/2
Cllr Kaya Comer-Schwartz	Partner Member – Local Authorities	3/5									
Caroline Clarke	Group Chief Executive, Royal Free Hospitals and Accountable Officer, NMUH	3/4		3/4							
John Hooton	Chief Executive, Barnet Council	4/5									
Dr Alpesh Patel	Interim Chair, GP Provider Alliance	1/5						0/1 **			
Richard Dale	Executive Director of	4/5	3/4	5/5					4/4		2/2

	Performance and Transformation										
Sarah Mansuralli	Chief Development and Population Health Officer	5/5		5/5		1/4	2/3 **				2/2
Ian Porter	Executive Director of Corporate Affairs	4/5	3/4				2/3			2/2 **	
Sarah McDonnell-Davies	Executive Director of Places	4/5	1/1		3/3	4/4					1/2
Sarah Morgan	Chief People Officer	4/5				2/4		1/1		1/1 **	2/2 **
David Probert	Chief Executive Officer, UCLH			5/5							
Jonathan Wilson	Chief Finance Officer, Deputy Chief Executive Officer, Moorfields			4/5							
Nicola Theron	Director of Estates			2/2 **							
Mark Eaton	Director of Strategic Commissioning & Procurement	2/2 **	2/2 **	1/1 **		1/1 *	1/1 ***				
Rebecca Booker	Director of Financial Management		4/4 **	5/5 **							
Helena Ndlovu	Assistant Director of Financial Management	4/4 **	4/4 **								
Anthony Browne	Director of Finance Strategic Commissioning			5/5 **							
Gary Sired	Director of System Financial Planning and Assurance			5/5 **							
Vince McCabe	Director of Transformation			4/5 **							
Karl Thompson	Deputy Director of		4/4 **								

	Corporate Affairs										
Andrew Spicer	Head of Governance and Risk		3/4 ** 1/1 *				3/3 ** 1/1 ***				
Chris Hanson	Deputy Head of Governance and Risk					1/1					
Kate McFadden-Lewis	Governance & Risk Lead					1/1					
Darshna Pankhania	Deputy Director of HR, OD and EDI									1/1 ***	
Michelle Chadwick	Executive Director of HR Transition									1/1 ***	
Alex Smith	Director of Transformation										
Sarah Rothenberg	Director of Finance			1/1 **		4/4					
Dominic Roberts	Non - Conflicted Independent Primary Care Clinician					4/4					
Dr Peter Christian	Clinical Director for Primary Care					4/4 **					
Deidre Malone	Interim Director of Quality	1/1 ***			2/2	3/4 **			4/4		
Vanessa Piper	Assistant Director of Primary Care (Commissioning & Contracting)					3/4 **					
Su Nayee	Assistant Head of Primary Care (Commissioning & Contracting)					4/4 ** 1/1 ***					
Anthony Marks	Assistant Head of Primary Care (Commissioning & Contracting)					4/4 ** 1/1 ***					
Honorine Focho	Senior Primary Care Commissioning Manager					1/1 **					

	(Commissioning & Contracting)										
Kostakis Christodoulou	Community Member					4/4 **					
Mark Agathangelou	Community Member					4/4 **					
Usha Banga	Commissioning Manager (Commissioning & Contracting)					1/1 **					
Nita Naran	Senior Corporate Finance Manager/Head of Finance – Primary Care					2/2 **					
Dudu Sher-Arami	Public Health Representative					1/3 **					
Kirsten Waters	Public Health Representative					1/3 **					
Diane McDonald	Interim Strategic Estates Finance Lead					3/4 *** 1/1 **					
Sarah Mcilwaine	Director of Primary Care					3/4 **					
Deborah McBeal	Director of Integration, Enfield					2/4 **					
Riyad Karim	Interim Head of Primary Care, Enfield					2/2 ***					
Clare Henderson	Director of Integration, Islington				3/3	4/4 **					
Liam Beadman	Assistant Director of Primary Care, Islington					1/1					
Simon Wheatley	Director of Integration, Camden					3/4 **					
Kamran Bhatti	Assistant Director of Integration, Camden					2/2 ***					
Rachel Lissauer	Director of Integration, Haringey					3/3 **					
Aklasur Ahmed	Interim Head of Primary Care, Haringey					1/1 ***					

Colette Wood	Director of Integration, Barnet					4/4 **					
Toyin Akinyemi	Interim Head of Finance – Primary Care					2/2					
Emma Whitby	Healthwatch Representative					4/4 **			2/2 **		
Ken Kanu	VCSE Alliance Representative					3/4 **					
Jamie Wright	LMC Representative					1/2 **					
David Pennington	Director of Safeguarding					1/1 ***			4/4		
Linzi Roberts-Egan	CEO, Islington Council								1/1		
Baljinder Heer-Matiana	Assistant Director of Public Health, Camden & Islington Public Health										
Christina Keating	NCL Child Death Overview Panel Lead Nurse										
Rosie Peregrine-Jones	Assistant Director of Quality										
Tracy Luckett	Chief Nurse – Trust Provider								3/3		
Jatinder Harchowal	Interim Chief Pharmacist				3/3 **			1/1 **			
Professor Aroon Hingorani	Chair of Joint Formulary Committee (JFC)				1/1 **						
Iris Samuel	Medicines Optimisation Lead Pharmacist - Royal Free Hospital				3/3 **						
Stuart Richardson	Chief Pharmacist, Whittington Health NHS Trust				3/3 **						
Lucy Reeves	Chief Pharmacist,				2/2 **						

	Camden and Islington NHS Foundation Trust										
Paul Gouldstone	Head of Medicines Management (Enfield)			1/1 **	3/3 **						
Suzanne Lever	Head of Medicines Management (Barnet)										
Amalin Dutt	Head of Medicines Management Islington				2/3 **						
Efa Mortty	Head of Medicines Management (Haringey)				1/1 **						
Maninder Kaur Singh	Head of Medicines Management (Barnet)				2/2 **						
Robin Offord	Director of Clinical Pharmacy, UCLH				1/1 **						
Peter Magennis	Sector Member Primary Care				2/2 **						
Charlie Boggis	Head of Finance, Primary Care				3/3 **						
Dharmesh Patel	Sector Member Community Pharmacy				2/2 **						
Gulsen Gungor	Assistant Director of Transformation				1/1 **						
Mandeep Butt	Director IPMO Programme team (for 1 item)				1/1 **						
Caroline Weaver	Senior Prescribing Adviser – Camden				1/1 **						
Darshna Pankhania	Deputy Director of HR, OD and EDI										

Shaju Jose	Head of Procurement, London Shared Commercial Hub						2/3				
Daniel Glasgow	Director of Vaccination Transformation						1/1 *				
Ahsan Haji	Deputy Head of Procurement, London Shared Commercial Hub						1/1 ***				
Rachael Clark	Assistant Director of Medicines Optimisation				2/2 **						
Ed Nkrumah	Director of Performance				1/1 ***						
Mark Lam	Chair, Royal Free Hospitals and NMUH										
Sandi Drewett	Director of Workforce and OD, Moorfields Eye Hospital							1/1 **			
Rebecca Graham	Chief People Officer, UCL Partners							1/1 **			
Sheila Adam	Chief Nursing Officer, Moorfields							1/1 **			
Julie Hamilton	Chief Nurse, Royal Free London							1/1 **			
Gillian Smith	Chief Medical Officer, Royal Free London							1/1 **			
Dominique Allwood	Chief Medical Officer and AHSN Deputy, UCL Partners							1/1 **			
Carmel Clancy	Academic Dean Faculty of Health, Social Care and Education, Middlesex University							1/1 **			

Judy Brook	Associate Dean for Partnerships and Placements, City University							1/1**			
Michael Fox	Executive Lead, NCL Training Hubs							1/1**			
Ruth Barton-Anderson	Deputy Head of Workforce Transformation							1/1**			
Fiona Young	Divisional Manager, UCLH							1/1**			
Mark Livingston	Chair of Council, Allied Health Professionals							1/1**			
Swarnjit Singh	Joint Director of Race Equality, Diversity and Inclusion and Trust Secretary, Whittington Health							1/1**			
Marion Phillips	Employer Engagement Manager, Islington Borough Council							1/1**			
David Burns	Director of Economy, Regeneration and Investment, Camden Council							1/1**			
Mike Bailey	Locality Manager (London and South East), Skills for Care							1/1**			
Geoffrey Ocen	Chief Executive, Bridge Renewal Trust							1/1**			
Ali Burton	Head of Workforce							1/1**			

	Programme, NCL ICS										
Edgar Hine	Programme Manager, NCL ICS							1/1 **			
Ragini Patel	Director of People, Royal Free London							0/1 **			
Vanessa Sweeney	Acting Chief Nurse, UCLH							0/1 **			
Sanjiv Sharma	Chief Medical Officer, Great Ormond Street Hospital							0/1 **			
Debra Salmon	Dean, City University							0/1 **			
Prof Julie Attenborough	Associate Dean, City University							0/1 **			
Katherine Gerrans	Director of Primary Care Nursing, NCL Training Hub							0/1 **			
Jess McGregor	Director of Adult Social Care, Camden Council							0/1 **			
Rachel Roberts	Primary Care Dean, Health Education England							0/1 **			
Helen Price	Manager, Enfield Voluntary Action							0/1 **			

* Deputising for voting member

** Non-voting member or regular attendee

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

UK Corporate Governance Code

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

Discharge of statutory functions

NCL ICB has reviewed all the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all the ICB's statutory duties.

Risk management arrangements and effectiveness

During Q2-4 of the financial year 2022/23, NCL ICB, following its establishment on 1 July 2022, successfully maintained a comprehensive and robust risk management framework to assist the ICB in dealing effectively with its key risks. The framework was developed in accordance with Management of Risk best practice guidance issued by the Office of Government Commerce, part of the Cabinet Office, and built upon the strong foundations inherited from the legacy Clinical Commissioning Groups in NCL, including NCL CCG. The framework includes the Risk Management Strategy, an organisational risk appetite, the Risk Management Policy and Process Guide and comprehensive risk registers with the most serious organisational risks being overseen by the ICB Board and/or its committees. The introduction of Integrated Care Systems and the move to Integrated Care Boards introduced a system leadership requirement on Integrated Care Boards when compared to Clinical Commissioning Groups. Integrated Care Boards have a greater focus on system risks. Therefore, the ICB's risk management approach is changing and developing to support both the ICB's wider system leadership role and system partners working together to manage key system risks. This includes:

- a strong organisational focus on developing a system approach to risk management, including enhanced oversight by the Audit Committee
- the Governance and Risk Team hosting a national discussion on system risk management which was attended by 70 delegates from across the NHS in England, and also being members of the NHS England national working group to develop principles of system risk management
- system risks being identified and overseen by the ICB Board and its committees as appropriate
- greater collaboration and working between organisations across the NCL ICS
- a Governance Leads Network was formed between the ICB and the statutory NHS organisations in NCL which meets monthly and considers the key risks facing the system. These are escalated to the relevant Executive Directors across the ICS as appropriate

In 2022/23, the ICB had a risk management audit which showed that the ICB achieved a 'substantial' (green) assurance rating. This was a positive achievement for the new organisation and maintained the 'substantial' assurance rating achieved by the legacy Clinical Commissioning Group in previous financial years.

The ICB'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 ICB's objectives
- have a grasp of key risks at all levels of the organisation
- empower staff to manage risks effectively
- promote and support proactive risk management
- help create a culture that recognises uncertainty and supports considered, measured and appropriate risk taking and effective risk management
- support new ways of working and innovation
- provide clear guidance to staff
- have a consistent, visible and repeatable approach to risk management
- support good governance and provide internal controls
- evidence the importance of risk management to the ICB

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

Staff are encouraged to proactively identify, manage, and control negative risks (threats) to help ensure they are dealt with before they become issues. The ICB Board has overall responsibility for risk management and sets the organisation's risk appetite. This risk appetite informs the ICB's decision making.
The ICB ensures that Equality Impact Assessments are integrated into our core business and is supported in doing so by the ICB's Equality, Diversity and Inclusion Lead. The ICB visibly demonstrates its commitment to robust Equality Impact Assessments by requiring staff to identify these, as appropriate, on the coversheets for all ICB Board and ICB Board committee reports.

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

Capacity to handle risk

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

- an open, honest and transparent risk management culture
- staff being trained and empowered to manage risks appropriate to their authority and duties with solid reporting lines to management
- all teams within the directorates being required to meet regularly to discuss their risks. Risks are reviewed by executive directors, directors, managers and their teams
- all risks within a directorate being owned by the relevant executive director, with each directorate having its own risk register that captures the key risks in the directorate
- key risks from the directorate risk registers that are assessed at the corporate level to have a current risk score of 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 ICB Board committee at each meeting. These committees provide oversight and scrutiny of these risks and hold the senior management team to account for the management of risks
- risks on the Corporate Risk Register with a current risk score of 15 or higher are reported to both the ICB Board and the appropriate ICB Board committee to ensure that there is the highest level of oversight of these risks
- in addition to the above, every ICB Board and ICB Board committee report must identify its key risks in the report coversheet. This enables the organisation to have oversight and control of its key risks at all levels

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

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

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

Risk assessment

All ICB risks are assessed continually throughout the year and have appropriate oversight as set out above. There were four major governance, risk management and internal control risks over the reporting period as set out below.

Risk	**Mitigating Actions**
Failure to base CHC and CIC Commissioning cycle and service on reliable data (Threat) **CAUSE:** If the ICB fails to source and process reliable data for the commissioning, management, and development of CHC and CIC services **EFFECT:** There is a risk that the ICB will not commission appropriate services (packages of resources) and not identify potential improvements for existing packages	The ICB put several robust controls into place and took several actions to mitigate this risk. These include: • borough improvement plans and improvement programme • a standardised protocol, and training programme including a Caretrack Business Intelligence Module • a merged Caretrack platform and data cleansing programme • standardised policy and procedures, including the NCL CHC Policy, and standardised package of care authorisation • quarterly Activity Performance Data reports for CIC

IMPACT: This may result in a negative impact on patient care and financial sustainability.	
Failure to implement the findings of February 2021 CHC internal audit (Threat) **CAUSE:** If the ICB 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 ICB is unable to deliver services in accordance with the national framework and meet its statutory duties, and the Board will continue to receive no assurance in relation to CHC. **IMPACT:** This may result in the ICB facing ongoing financial unsustainability, reputational damage and legal directions. This may also negatively impact	The ICB put several robust controls into place and took several actions to mitigate this risk. These include: • established directorate leadership • a remedial action plan • new contracts agreed with providers, and data entry via Brokerage Process • Caretrack data management training • Audit Committee scrutiny of delivery on management actions • implementation of the CHC Policy and supporting procedures • centralised CIC Brokerage approach • this risk has been fully mitigated and is no longer on the ICB's Corporate Risk Register

provider sustainability, and patient care.	
Failure of the Integrated Care Board in effectively managing the risks of devolution for Dental, Optometry and Pharmacy Services from April 2023 onwards (Threat) **CAUSE:** If the Integrated Care Board fails to manage the transfer of Dental, Optometry, and Community Pharmacy Services from April 2023 effectively **EFFECT:** Risks associated with the transfer (financial, ICB staffing, reputational) crystallise with negative impacts on commissioning and/or provider sector, that the ICB might need to divert budgets and management effort to address **IMPACT:** Inability to realise the potential benefits of delegation of these services, for example, improve quality and transform service in line with population health vision. This may also have a negative impact on the reputation and function of the ICB, and in the	The ICB put several robust controls into place and took several actions to mitigate this risk. These include: • ICB engagement with the London delegation working groups, steering groups, and London Primary Care Board • shared learning from the Specialist Commissioning delegation process • participation in regional stress testing and scenario assessment sessions • developing the supporting governance, including Memorandum of Understanding to support the delegation

worst case, may result in NHS England intervention.	
Failure of the Integrated Care Board in effectively managing the risks of devolution for Specialist Commissioned Services from April 2023 onwards (Threat) **CAUSE:** If the Integrated Care Board fails to manage the transfer of risks (Financial, Clinical and Operational) for Specialist Commissioning Services from April 2024 effectively, then the system could be left with significant challenges in the short to medium-term. **EFFECT:** There is a risk of significant overspend and negative impacts on such areas as outcomes and access that the ICB might need to divert budgets and management effort to address, therefore reducing the ability to invest in other service priorities. **IMPACT:** This may result in an inability to invest as desired to improve patient care, and a threat to existing services and impact negatively on the improvement in	The ICB put several robust controls into place and took several actions to mitigate this risk. These include: • NCL Leadership on Pillar 2 (Strategic Commissioning) and Pillar 5 (Data) of the National Programme on behalf of London • NCL engagement with London Directors of Strategy, and weekly planning co-ordination meetings with NHSE Region • establishment of NCL Transition Steering Group • analysis of service data • Pre-delegation Assurance Framework

outcomes. This may also have a negative impact on the reputation and function of the ICB, with NHS England taking action against the ICB.	

Other sources of assurance

Internal control framework

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

Whistleblowing

The ICB has effective speaking up and whistleblowing arrangements in place. These include:

- a supportive culture that recognises the benefits of speaking up and whistleblowing, and values and provides protection to staff who speak up or whistleblow
- a comprehensive and clear Speaking Up (Whistleblowing) Policy
- two Freedom to Speak Up Guardians who are both Executive Directors, one for clinical matters and one 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 Chief Executive 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

- two Speak Up Ambassadors. Our Ambassadors are staff volunteers who have been trained to be a point of contact for any ICB employee who wishes to speak up or find out more information about the process. They listen to concerns, help guide staff through the process, signpost to the right place 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 Ambassadors
- comprehensive training for Freedom To Speak Up Guardians and Ambassadors
- training for all staff across the ICB on speaking up and whistleblowing

Internal and external auditors

To ensure that the ICB's internal control mechanisms are effective, they are subject to regular targeted review by RSM, our internal auditors, and by KPMG LLP, our external auditors. This ensures that:

- our internal control mechanisms are subject to external assessment by expert and independent third parties
- we are not overly reliant on our own assessment of the effectiveness of our control mechanisms
- we can incorporate lessons learned from other organisations into our internal control mechanisms to make them more effective

Peer review

The ICB has a Corporate Affairs 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 ICB's Constitution is the organisation's primary governance document which sets out how the organisation is governed. ICB Board members are engaged extensively on any proposed constitutional changes. NHS England must also give its approval to any proposed changes and carries out its own assurance process.

The ICB's Constitution sets out its Board of Members which includes five Partner Members, four Non-Executive Members (including the independent Chair) and a UCLH Provider Alliance Member. Representatives from key stakeholders also attend ICB Board members as Standing Participants. This ensures that knowledge and expertise from a broad range of sectors are included in the ICB's deliberations, and that colleagues from the wider system, including social care, influence Board of Members' decisions using their collective perspective, expertise, and challenge.

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

The system of internal control has been in place in the ICB since it became a statutory body on 1 July 2022 and to the year ending 31 March 2023, as well as 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 (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

The annual internal audit of conflicts of interest was published in January 2023. The audit included a review of the governance arrangements, declarations of interest (including gifts and hospitality), statutory registers, policies, decision making and staff training.

The audit found that taking account of the issues identified, the Board of Members 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.

Data quality

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

Information governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular, personal identifiable information and special category data. The NHS Information Governance Framework is supported by the Data Security and Protection Toolkit (DSPT) which is submitted annually to NHS Digital. The annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently, and effectively. The ICB achieved a score of “standards exceeded” on its 2022/23 submission for the DSPT.

The ICB responded to 317 requests under the Freedom of Information Act 2000 (FOIA) with a 100% compliance record with regards to Section 10 of the FOIA that specifies that organisations must comply promptly, and no later than 20 working days following the date of receipt of the request.

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 an established information governance culture and have developed information governance policies, processes, and procedures in line with the DSPT and our own objectives for information security. We have ensured staff undertake annual information governance training and have a full suite of policies and all-staff procedures to follow that are regularly audited to ensure they are fit for purpose and reflect the ICB’s strong governance values.

There are processes in place for incident reporting and investigation of serious incidents. We have information risk assessment and management procedures, and a programme established to fully embed an information risk culture throughout the organisation against identified risks. This programme includes root cause analysis, a training needs analysis, and high-level reporting which is mandatory for all serious incidents.

Business critical models

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

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

The ICB's Information and Communication Technology (ICT) and business intelligence functions are provided by the ICB's in-house ICT and System Productivity teams. Business critical models in use within the services are subject to several quality assurance processes which link into the overall framework and management commitment to quality.

Business critical models in use within business intelligence include processes which support 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

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

The third-party services provided to the ICB are assured through a robust contracting model which includes contract review meetings, and regular effectiveness reviews and periodic audits are undertaken by RSM, our internal auditors.

Control Issues

In financial year 2022/23, GP IT was identified as a significant control issue. This related to performance against NHS England's key performance indicators relating to the ICT service area, backup restoration testing and ensuring regular reviews of the Business Continuity Plan.

The ICB has put in place several management actions to robustly address the control issues. These include:

- establishing a comprehensive action plan to address each area of concern led by the relevant Executive Director
- robust Audit Committee oversight and scrutiny including regular progress reporting

The ICB remains committed to ensuring a robust system of controls is maintained.

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

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

- the Board of Members receives a finance report from the Chief Finance Officer at each of its meetings
- the Board of Members has established the Finance Committee, which receives regular finance reports and provides scrutiny and oversight of financial planning, budgets, costs, and financial performance
- the Audit Committee receives regular reports on financial governance, monitors the internal audit programme and reviews the draft and final annual accounts
- the Board of Members has established the Strategy and Development Committee, which oversees the ICB's commissioning strategies and plans and ensures that they enhance productivity and value for money, as well as support broader social and economic development
- the Procurement Oversight Group provides oversight and scrutiny of key procurements undertaken by the ICB
- the ICB has a programme of internal audits that provides assurance to the Board of Members and Executive Management Team of the effectiveness of its internal processes
- the ICB's annual accounts are reviewed by the Audit Committee and audited by our external auditors. Following completion of the planned audit work, our external auditors will issue an independent and objective opinion on the Integrated Care Board's arrangements for securing economy, efficiency and effectiveness in the use of resources
- the ICB has a System Efficiency Plan in place to deliver cost and efficiency savings

- the ICB has a robust risk management system in place with key risks being reviewed by the Board of Members and its committees at every meeting
- the ICB has robust and appropriate policies in place

Delegation of functions

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

- the Strategy and Development Committee which oversees the ICB's commissioning strategies and plans
- the Primary Care Contracting Committee which oversees and makes decisions on the commissioning of primary medical care services
- the Procurement Oversight Group which provides oversight and scrutiny of key procurements undertaken by the ICB
- an Audit Committee which provides oversight and scrutiny of the ICB'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 Board of Members meetings
- a robust corporate governance framework with a strong system of internal controls. In 2022/23, the internal auditors undertook a review of the ICB's conflicts of interest management. It was rated as having 'substantial assurance' (green)
- a robust risk management framework and risk management processes. In 2022/23, the internal auditors undertook a review of the ICB'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
    - Clinical Procurement Policy
    - Any Qualified Provider Policy
- robust internal audit and counter fraud arrangements and plans. These are overseen by the Audit Committee

- an Executive Management Team to ensure efficient and effective operations of delegated functions

Counter fraud arrangements

The ICB is committed to reducing fraud and bribery against the NHS to a minimum. We have appointed a team of accredited Local Counter Fraud Specialists (LCFS) through RSM our internal auditors. The LCFS work to a risk-based annual plan which has been agreed by the Chief Finance Officer and the Audit Committee. The plan is designed around the Government Functional Standard: 013 Counter Fraud, and NHS Counter Fraud Authority's NHS Requirements designed to implement these for the NHS. Compliance with these Requirements is reported to the Audit Committee on an annual basis.

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

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 July 2022 – 31 March 2023 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance, and internal control. The Head of Internal Audit concluded that: "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 period, Internal Audit issued the following audit reports.

Area of audit	**Level of assurance given**
Board Assurance Framework and Risk Management	Substantial Assurance
Conflicts of Interest	Substantial Assurance
Governance	Substantial Assurance

Primary Care Networks	Reasonable Assurance
Secure Remote Working, Information Security and Operational Resilience	Reasonable Assurance
Digital Primary Care Access (draft)	Reasonable Assurance
Fit and Proper Persons	Reasonable Assurance
GP IT	Partial Assurance
Population Health Improvement	Advisory
Financial Sustainability Healthcare Financial Management Association (HFMA) Review	Advisory
Integrated Care System	Advisory

Based on the work undertaken on the ICB's system of internal control, the ICB concluded that there were significant control issues relating to GP IT to be reported within the governance statement. Management actions have been identified with regards to the design and application with the control framework to address the issues identified. The ICB has agreed appropriate plans and actions to address the 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 ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports. In addition, our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

Conclusion

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

One significant control issue which related to GP IT was identified and resulted in a ‘partial assurance’ opinion from the ICB’s internal auditors. The ICB has put a comprehensive plan in place to address each of the areas of concern and is addressing the issues identified.

No other significant internal control issues were identified in financial year 2022/23. However, where there are further enhancements to the framework of risk management, governance, and internal control to ensure it remains adequate and effective, these are being addressed through robust action plans. With the exception of these other less significant internal control points, the review confirms that the ICB has a generally sound system of internal control, which supports the achievements of its policies, aims and objectives.

Remuneration and Staff Report

Remuneration Report

Introduction

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

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

This section of the report outlines how those recommendations have been implemented by the ICB during the reporting period 1 July 2022 to 31 March 2023.

Remuneration Committee

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

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

The committee met three times in the financial year. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the NCL 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:

- Remuneration for Partner Members – Primary Medical Services
- Remuneration for NCL ICS Integrated Care Board roles
- Remuneration for clinical leads
- Additional Responsibility Allowance
- 2022/23 Pay Uplift for ICB staff on non-Agenda for Change Terms and Conditions
- 2022/23 Annual Pay Increase Recommendation for Very Senior Managers; and
- Notice of redundancy and redundancy payments regarding displaced executive management team members

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

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

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

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	10%	N/A
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	28%	N/A

Pay ratio information – subject to audit

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

The banded remuneration of the highest paid director/member in NHS NCL ICB in the reporting period 1 July 2022 to 31 March 2023 (annualised) was £195,000-200,000.

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

2022/23	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£27,216	£48,584	£69,698
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£22,858	£38,879	£54,899

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
2022/23	7.29	6.78	4.08	3.98	2.84	2.82

During the reporting period 01 July 2022 to 31 March 2023, no employee received remuneration in excess of the highest-paid director/member. Remuneration ranged from £0-5,000 to £195,000-200,000.

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.

Our Remuneration Committee approves the remuneration of Very Senior Managers (VSM) posts which form part of the Clinical and Care Leadership model and posts which are not in line with nationally agreed terms and conditions and office holders.

NCL ICB does not operate a system of performance-related pay for VSM. Remuneration for senior managers is set in accordance with nationally agreed (Agenda for Change) terms and conditions.

Remuneration of Very Senior Managers

During the 2022/23 financial year, three VSMs have been paid more than £150,000 (2021/22, one).

Senior manager remuneration – subject to audit

Salaries and allowances of senior managers: **1 July 2022 to 31 March 2023**		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Independent Members (Voting)				
Mike Cooke	NCL Chair, Non-Executive member	45-50	0	45-50
Kay Boycott	NCL Audit Committee Chair, Non-Executive member	10-15	0	10-15
Liz Sayce	NCL Remuneration Committee Chair, Non-Executive member	10-15	0	10-15
Usman Khan (Start date 1/9/2022)	NCL Primary Care Contracting Committee Chair, Non-Executive member	10-15	0	10-15
Executive Members (Voting)				
Frances O'Callaghan	NCL Chief Executive Officer	150-155	227.5-230	380-385
Phill Wells	NCL Chief Finance Officer	125-130	27.5-30	155-160
Dr Josephine Sauvage[1]	NCL Chief Medical Officer	125-130	85-87.5	215-220
Dr Christine Caldwell	NCL Chief Nursing Officer	115-120	82.5-85	195-200
Partner Members (Voting)				
Dr Jonathan Levy[1]	GP – Primary Medical Services	35-40	0	35-40
Dr Simon Caplan[1]	GP – Primary Medical Services	20-25	0	20-25
Jinjer Kandola MBE[2]	Chief Executive Officer, C&I NHS Foundation Trust and BEH Mental Health NHS Trust	0	0	0

Baroness Julia Neuberger[2]	Chair, UCLH NHS Foundation Trust and Whittington Health	0	0	0
Cllr Kaya Comer-Schwartz[2]	Leader, Islington Council	0	0	0
Dominic Dodd[2]	UCL Health Alliance Member	0	0	0
Standing Participants (Non-Voting)				
Sarah McDonnell-Davies	NCL Executive Director of Places	95-100	25-27.5	120-125
Ian Porter	NCL Executive Director of Corporate Affairs	100-105	25-27.5	125-130
Sarah Morgan	NCL Chief People Officer	105-110	35-37.5	140-145
Sarah Mansuralli	NCL Chief Development and Population Health Officer	115-120	72.5-75	190-195
Richard Dale	NCL Executive Director of Performance and Transformation	105-110	42.5-45	145-150
Caroline Clarke[2] (End date 7.2.2023)	Group Chief Exec, Royal Free Hospital NHS Foundation Trust and Accountable Officer North Middlesex University Hospital NHS Trust	0	0	0
Mark Lam[2] (Start date 9.2.2023)	Chair, Royal Free Hospital NHS Foundation Trust	0	0	0
John Hooton[2]	Chief Executive, Barnet Council	0	0	0
Dr Alpesh Patel[2]	Interim Chair, GP Provider Alliance	0	0	0

Notes

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

[2]No remuneration received from the ICB and board member in capacity as partnership representative

The table above includes GP remuneration for non-Board member work as follows:

- Dr Josephine Sauvage – £10k-£15k
- Dr Jonathan Levy – £10k-£15k

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

Pension benefits at 31 March 2023

Pensions

Most staff, including executive senior managers, are eligible to join the NHS pension scheme. The NHS scheme's employer's contribution for the period was 20.68% of the individual's salary as per the NHS Pensions regulations.

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

Salary and pension entitlements of directors and senior managers – subject to audit

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

Pension entitlements 1 July 2022 to 31 March 2023	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash equivalent transfer value at 1 July 2022 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 31 March 2023 £'000
Frances O'Callaghan	10-12.5	25-27.5	75-80	180-185	1,222	209	1,483
Phill Wells[1]	0-2.5	0	10-15	0	88	10	122
Dr Josephine Sauvage	2.5-5	7.5-10	20-25	60-65	420	86	531
Dr Christine Caldwell	2.5-5	2.5-5	45-50	25-30	637	71	756
Sarah McDonnell-Davies[1]	0-2.5	0	10-15	0	86	6	108
Ian Porter[1]	0-2.5	0	15-20	0	159	13	190
Sarah Mansuralli	2.5-5	5-7.5	50-55	85-90	841	73	949
Richard Dale[1]	2.5-5	0	25-30	0	230	16	265
Sarah Morgan	2.5-5	0-2.5	25-30	10-15	287	20	342

Notes

[1]No mandatory lump sum as advised by the NHS Pensions Agency

The ICB was only able to obtain confirmation of the movement in the cash equivalent transfer values for the directors' pension entitlements for the period from 1 April 2022 to 31 March 2023. As a result, the ICB has apportioned the movement on a straight-line basis to estimate the cash equivalent transfer value at 31 March 2023. This is considered to be a reasonable approximation of the movement in the value of the entitlements during the year.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

Cash equivalent transfer values

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

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

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

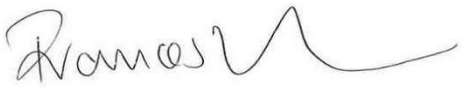
This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office – subject to audit

No payments were made during the reporting period 1 July 2022 to 31 March 2023.

Payments to past directors – subject to audit

No payments were made to past directors during the reporting period 1 July 2022 to 31 March 2023.



Frances O'Callaghan

Chief Executive Officer

26th June 2023

Staff Report

Number of senior managers

As of 31 March 2023, there were 10 individuals on a Very Senior Manager grade in NCL ICB.

As of 31 March 2023, there were 31 Senior Managers on Band 9.

Staff numbers and costs (for staff numbers see Note 4.2 of accounts) – subject to audit

1 July 2022 to 31 March 2023	Admin			Programme			Total		
	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits									
Salaries and wages	13,841	2,027	**15,868**	16,299	4,280	**20,579**	30,140	6,307	**36,447**
Social security costs	1,551	-	**1,551**	2,162	-	**2,162**	3,713	-	**3,713**
Employer contributions to the NHS Pension Scheme	3,269	-	**3,269**	2,629	-	**2,629**	5,898	-	**5,898**
Other pension costs	5	-	**5**	5	-	**5**	10	-	**10**
Apprenticeship Levy	135	-	**135**	-	-	**-**	135	-	**135**
Other post-employment benefits		-	**0**	-	-	**-**	-	-	**-**
Other employment benefits		-	**0**	-	-	**-**	-	-	**-**
Termination benefits	387	-	**387**	-	-	**-**	387	-	**387**
Gross employee benefits expenditure	**19,188**	**2,027**	**21,215**	**21,095**	**4,280**	**25,375**	**40,283**	**6,307**	**46,590**

Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**19,188**	**2,027**	**21,215**	**21,095**	**4,280**	**25,375**	**40,283**	**6,307**	**46,590**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits excluding capitalised costs	**19,188**	**2,027**	**21,215**	**21,095**	**4,280**	**25,375**	**40,283**	**6,307**	**46,590**

Staff composition

Gender breakdown of NCL ICB members on 31 March 2023

	Female	Male	Total
Voting	5	3	8
Non-Voting	3	2	5
Total	**8**	**5**	**13**

Note: 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 of 31 March 2023

Pay Group	Female	Male	Total
Band 2	4	2	6
Band 3	29	5	34
Band 4	8	3	11
Band 5	40	15	55
Band 6	51	26	77
Band 7	69	43	112
Band 8a	69	34	103
Band 8b	58	36	94
Band 8c	63	35	98
Band 8d	32	26	58
Personal Spot Salary*	5	0	5
Senior Managers (Band 9 and above inclusive of VSM)	26	15	41
Grand Total	454	240	694

Note: Staff on outward secondment are included in the staffing information in the above table.

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

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 ICB/CCG for the calendar year 1 April 2022 to 31 March 2023 as follows.

Absence FTE %	Absence days	Absence FTE	Available FTE
2.35%	5,088	4,834.72	205,831.36

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 ICB/CCG for the calendar year 1 April 2022 to 31 March 2023 as follows:

Turnover rate (12m)	Percentage
Turnover Rate	**15.3%**

Staff engagement percentages

NCL ICB took part in the annual NHS staff survey. The survey ran from October to November 2022. The 2022 Staff Survey Results for the ICB are published on the NHS Staff Survey Results Website.

Staff engagement scores are calculated for key questions from the NHS Staff survey, 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	6.9

Motivation	• Often/always look forward to going to work • Often/always enthusiastic about my job • Time often/always passes quickly when I am working	6.7
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 ICB in the 2022 NHS Staff Survey was 6.7. Compared to the national scores this is slightly lower than the average of score of 6.9, with the worst score being 6.3 and best score being 7.4.

Diversity and Inclusion

Preparation for the 2022-2023 equality reports (Workforce Race Equality Standard (WRES), Working Disability Equality Standard (WDES), Gender Pay Gap Report and Equality Information Report is underway. Work is also underway to meet the requirements of EDS2022. Further information on how the ICB fulfils its equality duties and obligations and all equality reports can be viewed on the NCL ICB website.

Staff policies

HR Policies and Procedures

The ICB has commenced a programme of work to review and refresh HR policies and procedures to ensure they remain in line with current legislation and HR best practice. The HR policies associated with change management have been prioritised to ensure that they meet best practice requirements ahead of the formal consultation during the organisational change programme. An HR policy prioritisation plan for review and implementation has been developed and will continue into 2023/24.

All HR policies are being developed in accordance with the national framework for the development of people policies that has been agreed for NHS organisations and with the aim of developing a standard set of simplified HR policies by 2025. All HR policies are subject to Equality Impact Assessments to ensure due regard to the public sector equality duty, reviewed and developed in partnership with trade union colleagues, and formally ratified via the Joint Partnership Group and Remuneration Committee.

Inclusion

The ICB's approach to Equality Impact Assessments (EQIA) has been reviewed and refreshed with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process.

Work is underway to meet the requirements of EDS2022. Further information on how the ICB fulfils its equality duties and obligations and all equality reports can be viewed on the NCL ICB website.

2022 Staff Survey Results

The 2022 staff survey results represent the first results following the establishment of the ICB, with a response rate of 66%. Our results show that the 2022 results for each theme are broadly comparable to last year with no significant changes.

While the ICB's results are just below the national ICB average against all the People Promise themes, the ICB is broadly comparable or scores slightly more positively in several areas in comparison to other London ICBs.

The most positive result is the improvement on support for staff who require reasonable adjustments which has improved by 13%. The number of staff recommending the organisation as a place to work has improved by 5% on the 2021 score, from 52% to 57%. Although not back to 2020 levels (58%), this is positive given the amount of change staff have experienced over the past year.

Where we do need to focus is wellbeing, which has considerably worsened with an 8% reduction in staff feeling we take positive action; providing the right access to learning and development which has slightly declined from last year with 17% below ICB national average; acting fairly regarding career progression which has worsened; as well as acting on concerns that are raised.

The full ICB staff survey results are available to view on the national NHS staff survey website.

Trade Union Facility Time Reporting Requirements

Reference	Question	Figures
Relevant union officials	Number of employees who were relevant union officials during the relevant period	4
	Full-time equivalent employee number	4
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
	1-50%	4
	51%-99%	0
	100%	0
Percentage of pay bill spent on facility time	Total cost of facility time	£4,115
	Total pay bill	£40,736,000
	Provide the percentage of the total pay bill spent on facility time	0.01%

Other employee matters

Following the establishment of the ICB on 1 July 2022 and the appointment of the NCL ICB Chief People Officer, a number of new and improved workforce initiatives have or are being implemented to lead our people and create a work environment that is safe, healthy, compassionate and inclusive for all our staff. This journey is continuing to 2023/24 and beyond to achieve the Chief People Officer's ambition to make the ICB a great place to work.

Professional and Leadership Development

The ICB has been strengthening our approach to leadership and management development to enable managers and leaders to effectively lead with compassion and support their team members to achieve their potential.

A Core Skills for Managers programme has been designed and rolled out to enable the ICB to strengthen and enhance management capability across the organisation, ensuring staff at every level are provided with the right skills and knowledge to develop, grow, and support their staff and teams. As of 31 March 2023, 31 managers had completed the programme with a further 30 managers starting the programme from April 2023. The programme will continue to run on a rolling basis for all managers to access.

The programme is a stepping stone to developing and rolling out a Leadership and Management Development framework that will enable the ICB to strengthen and enhance management and leadership capability across the organisation.

The ICB continues to support learning and development for our registered professionals to enable them to maintain their professional accreditation requirements.

Organisational Change Programme

Following the establishment of the ICB on 1 July 2022, which included the transfer of services and staff from London Shared Services, the Executive Management Team (EMT) focused on creating the vision for the organisation, developing our ambitious Population Health and Integrated Care Strategy, and understanding the capacity and capability that exists across the organisation.

The vision created for the ICB is centred around three key pillars:

1. Deliver the priorities, set out in the Population Health and Integrated Care Strategy, that will provide our communities with better care and support through more joined-up and sustainable health and care services
2. Ensure structures and processes are fit for purpose
3. Meet the Running Cost Allowance reduction set by NHSE

To meet this vision, the ICB has launched an organisational change programme to redesign the structure of the organisation and the way that we work to better meet the needs of our population, our people, our system, and our partners.

The organisational change programme has three components –organisational design, ways of working and organisational development – and involves three phases of work over a period of nine months that will roll into 2023/24:

Phase 1: Setting the design foundations and defining the ICB's future operating model
Phase 2: Engagement and consultation with staff and key stakeholders on the outputs of phase 1
Phase 3: Implementation of final structures and organisational development to support new ways of working

Our commitments to staff during the organisational change programme are to run the process as quickly and smoothly as possible, to meaningfully engage and provide staff with an opportunity to contribute, to communicate clearly and regularly, and to manage any changes in a transparent, fair and equitable way.

Organisational Development

As part of the implementation of the future ICB structure, there will be a thematic programme of organisational development work to build the skills and capabilities of the workforce and support new ways of working. The organisational development programme plan will incorporate areas of focus identified in the staff survey results, equality reports (Workforce Race Equality Standard and Workforce Disability Equality Standard), and alignment to the ICS People Strategy.

It is hoped that the organisational development plan will enable the ICB to create a thriving and re-energised culture as part of the implementation of the new organisational structure.

Expenditure on consultancy

1 July 2022 to 31 March 2023		
Admin £'000	**Programme £'000**	**TOTAL £'000**
-	1,230	1,230

Off-payroll engagements

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

For all off-payroll engagements as at 31 March 2023 for more than £245[1] per day:

	Number
Number of existing engagements as of 31 March 2023	35
Of which, the number that have existed:	
for less than one year at the time of reporting	35
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

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

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

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245[1] per day:

	Number
Number of temporary off-payroll workers engaged between 1 July 2022 and 31 March 2023	127
Of which:	
Number not subject to off-payroll legislation[2]	0
Number subject to off-payroll legislation and determined as in-scope of IR35[2]	87
Number subject to off-payroll legislation and determined as out of scope of IR35[2]	40

The number of engagements reassessed for compliance or assurance purposes during the reporting period	0
Of which: number of engagements that saw a change to IR35 status following review	0

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll board member / senior official engagements

For any off-payroll engagements of board members or senior officials with significant financial responsibility, between 1 July 2022 and 31 March 2023

Number of off-payroll engagements of board members, or senior officers with significant financial responsibility, during the reporting period (1)	0
Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements (2)	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 – subject to audit

Table 1: Exit packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000			1	2,973.91	1	2,973.91		
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000	1	66,666.67						
£100,001 - £150,000								
£150,001 – £200,000	2	320,000						
>£200,000								
TOTALS	3	386,666.67		Agrees to 2 below	1	2,973.91	0	0

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

Table 2: Analysis of other departures

	Agreements	Total Value of agreements
	Number	£s
Voluntary redundancies including early retirement contractual costs		
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice*	1	2,973.91
Exit payments following Employment Tribunals or court orders		
Non-contractual payments requiring HMT approval**		
TOTAL	**1**	**2,973.91**

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

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

**includes any non-contractual severance payment made following judicial mediation, and 0 relating to non-contractual payments in lieu of notice.

0 (number) non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

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

Parliamentary Accountability and Audit Report

NHS North Central London ICB is not required to produce a Parliamentary Accountability and Audit Report 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 197.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS North Central London Integrated Care Board ("the ICB") for the nine month period ended 31 March 2023 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 01.

In our opinion the financial statements:

- give a true and fair view of the state of the ICB's affairs as at 31 March 2023 and of its income and expenditure for the nine month period then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 26 April 2023 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis, as they have not been informed by the relevant national body of the intention to either cease the ICB's services or dissolve the ICB without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the ICB over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the ICB will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

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

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, we performed procedures to address the risk of management override of controls, in particular the risk that ICB management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as prescribing and continuing health care *accruals*.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity.

We also identified a fraud risk related to the completeness and accuracy of expenditure in response to the pressure to achieve financial performance targets.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included self approved journals.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- For a sample of expenditure items paid in the period before and after the end of the financial period, assessing whether the expenditure has been recognised in the appropriate accounting period.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

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

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

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

Firstly, the ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the ICB is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, and employment law, recognising the regulated nature of the ICB's activities and its legal form. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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

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

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as 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, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial period is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 127, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting

unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

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

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the ICB to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 127, the Accountable Officer is responsible for ensuring that the ICB exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the ICB had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

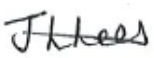
We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Board of NHS North Central London Integrated Care Board, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS North Central London ICB for the nine month period ended 31 March 2023 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

30 June 2023

ANNUAL ACCOUNTS

Frances O'Callaghan

Chief Executive Officer

26th June 2023

CONTENTS

Statement of Comprehensive Net Expenditure for the period ended 31 March 2023

	Note	2022/23 31-Mar-23 £'000
Income from sale of goods and services	2	(23,997)
Total Operating income		**(23,997)**
Staff costs	4	46,590
Purchase of goods and services	5	2,479,565
Depreciation and impairment charges	5	726
Provision expense	5	(614)
Other operating expenditure	5	299
Total Operating expenditure		**2,526,566**
Net Operating Expenditure		**2,502,569**
Finance expense	7	22
Net Expenditure for the period		**2,502,591**
Total Net Expenditure for the financial period		**2,502,591**
Comprehensive Expenditure for the period		**2,502,591**

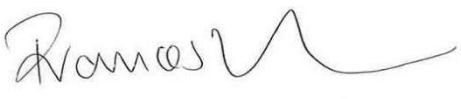
The accompanying Notes forms part of these Financial Statements

Statement of Financial Position as at 31 March 2023

	Note	2022/23 31-Mar-23 £'000	2022/23 1-Jul-22 £'000
Non-current assets			
Right-of-use assets	9	2,803	3,406
Total non-current assets		**2,803**	**3,406**
Current assets			
Trade and other receivables	10	36,639	35,551
Cash and cash equivalents	11	392	0
Total current assets		**37,031**	**35,551**
Total assets		**39,834**	**38,957**
Current liabilities			
Trade and other payables	12	(345,252)	(327,868)
Lease liabilities	9	(1,027)	(718)
Borrowings	13	-	(5,752)
Provisions	14	(2,358)	-
Total current liabilities		**(348,637)**	**(334,338)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(308,803)**	**(295,381)**
Non-current liabilities			
Lease liabilities	9	(1,720)	(2,624)
Provisions	14	(992)	(3,964)
Total non-current liabilities		**(2,712)**	**(6,588)**
Assets less Liabilities		**(311,515)**	**(301,969)**
Financed by taxpayers' equity			
General fund		(311,515)	(301,969)
Total taxpayers' equity		**(311,515)**	**(301,969)**

The accompanying Notes forms part of these Financial Statements

The financial statements were approved by the Audit Committee under delegated authority from the Board of Members on the 6th of June 2023 and signed on its behalf by:



Frances O'Callaghan
Chief Executive Officer

Statement of Changes In Taxpayers' Equity for the period ended 31 March 2023

	Note	General Fund £'000	Total Reserves £'000
Changes in NHS ICB taxpayers' equity for 2022-23			
Net operating expenditure for the financial period		(2,502,591)	**(2,502,591)**
Transfers by absorption to (from) other bodies	8	(301,969)	**(301,969)**
Net Recognised NHS ICB expenditure for the financial period		**(2,804,560)**	**(2,804,560)**
Net funding		2,493,045	**2,493,045**
Balance at 31 March 2023		**(311,515)**	**(311,515)**

Statement of Cash Flows for the period ended 31 March 2023

	Note	2022-23 31-Mar-23 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial period		(2,502,591)
Depreciation and amortisation	5	726
Movement due to transfer by modified absorption		(298,069)
(Increase)/decrease in trade & other receivables	10	(36,639)
Increase/(decrease) in trade & other payables	12	345,252
Increase/(decrease) in provisions	14	(614)
Net Cash Inflow (Outflow) from Operating Activities		**(2,491,935)**
Cash Flows from Investing Activities		
Interest paid		22
Net Cash Inflow (Outflow) from Investing Activities		**22**
Net Cash Inflow (Outflow) before Financing		**(2,491,913)**
Cash Flows from Financing Activities		
Net Funding Received		2,493,045
Repayment of lease liabilities		(740)
Net Cash Inflow (Outflow) from Financing Activities		**2,492,305**
Net Increase (Decrease) in Cash & Cash Equivalents	**11**	**392**
Cash & Cash Equivalents (including bank overdrafts) at the Beginning of the financial period		-
Cash & Cash Equivalents (including bank overdrafts) at the End of the financial period		**392**

The statement of cash flows analyses the cash implication of the actions taken by the ICB during the financial period. The operating activities (total operating costs for the period adjusted for payables and receivables working balances) are netted off by the actual cash funding received from NHS England, resulting in a period end cashbook balance of £392k.

The accompanying Notes forms part of these Financial Statements

Notes to the financial statements

1 Accounting policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual (GAM) 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the 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 31 March 2023 the ICB had net liabilities of £311,515,000.

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICBs) across England and abolished Clinical Commissioning Groups (CCGs). ICBs took on the commissioning functions of CCGs. The CCG functions, assets, and liabilities were transferred to ICBs on 1 July 2022.

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.

When CCGs ceased to exist on 1 July 2022, the services continued to be provided by ICBs (using the same assets, by another public sector entity). The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Accounting convention

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

1.3 Movement of Assets within the Department of Health and Social Care Group

As public sector bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public

sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.
For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach should be applied. For these transactions only gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

1.4 Pooled budgets

The ICB has entered into a pooled budget arrangement under Section 75 of the NHS Act 2006 with the London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

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

Details are disclosed in the pooled budgets note.

1.5 Operating segments

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

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- as per paragraph 121 of the Standard the ICB will not disclose information regarding the performance obligations part of a contract that has an original expected duration of one year or less
- the ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with the value of the performance completed to date
- the government financial reporting manual (FReM) has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application

The main source of funding for the ICB is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee benefits

1.7.1 Short-term employee benefits

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

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

1.7.2 Retirement benefit costs

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

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Property, plant and equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential will be supplied to the ICB
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably, and
- the item has a cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control, or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost

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

1.9.2 Measurement
All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

1.9.3 Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

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

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives ranging from two to five 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 ICB checks whether there is any indication that any of its property, plant and equipment assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

1.10 Leases
A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 The ICB as lessee
A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise of:

- fixed payments
- variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement
- the amount expected to be payable under residual value guarantees
- the exercise price of purchase options, if it is reasonably certain the option will be exercised
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is re-measured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short-term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 Cash and cash equivalents

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

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

1.12 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.13 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.14 Non-clinical risk pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Financial assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- financial assets at amortised cost
- financial assets at fair value through other comprehensive income
- financial assets at fair value through profit and loss

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9 Financial Instruments and is determined at the time of initial recognition.

1.15.1 Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15.2 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal

to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.16 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16.1 Financial guarantee contract liabilities

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

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

1.17 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.19 Critical accounting judgements and key sources of estimation uncertainty

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.19.1 Critical accounting judgements in applying accounting policies

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

1.19.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the ICB makes an accrual based on the contractual arrangements that are in place and its legal obligations.

Prescribing liabilities

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

Primary Care - Premises

The 22/23 budget for premises is based on estimates from the Estates team or the actual claims from the practices. Practices have up to 6 years to claim for any GP reimbursements so the ICB have no control over when the claims will be submitted and so the accruals are estimated based on the current rental payments until which time the claims come through and it's switched over to actuals.

Primary Care - Quality & Outcome Framework (QOF)

The Quality and Outcome Framework (QOF) achievement for 22/23 has been estimated based on the 21/22 achievement uplifted for the 22/23 QOF prices. There are no changes to QOF indicators or payment thresholds from previous years. The final figure will be paid once information has been validated the information and confirmed the calculations.

Primary Care - Investment and Impact Fund (IIF)

IIF Achievement for 22/23 has been estimated at 100% as the programme is relatively new and there are no historic trends (was first introduced in Oct 21), this is the first full year.

Continuing Healthcare (CHC) accrual

The CHC accrual is primarily driven from the CHC client database "Care Track" where patient activity and financial commitments are captured and monitored. The basis for the accrual takes into account all commitments due for payment and is adjusted for invoices already paid. In addition to this there are further accruals for income and expenditure not recorded on the CareTrack database, primarily with Local Authorities.

1.20 New and revised IFRS Standards in issue but not yet effective

- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2. Other Operating Revenue

	2022/23 31-Mar-23 Total £'000
Income from sale of goods and services (contracts)	
Non-patient care services to other bodies	18,957
Other contract income	5,040
Total Income from sale of goods and services	**23,997**
Total Operating Income	**23,997**

Income does not include cash received from NHS England, which is treated as equity

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

	Non-patient care services to other bodies £'000	Other Contract income £'000
Source of Revenue		
NHS	1,272	3,230
Non NHS	17,685	1,810
Total	**18,957**	**5,040**

	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue		
Point in time	18,957	5,040
Total	**18,957**	**5,040**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2022-23 31-Mar-23 Total £'000
Employee Benefits			
Salaries and wages	30,140	6,307	36,447
Social security costs	3,713	-	3,713
Employer contributions to NHS Pension scheme	5,898	-	5,898
Other pension costs	10	-	10
Apprenticeship Levy	135	-	135
Termination benefits	387	-	387
Gross employee benefits expenditure	**40,283**	**6,307**	**46,590**

4.2 Average number of people employed

	Permanently employed Number	Other Number	2022-23 31-Mar-23 Total Number
Total	672.27	76.06	**748.33**

4.3 Exit packages agreed in the financial period

	2022-23 31-Mar-23 Compulsory redundancies Number	£	2022-23 31-Mar-23 Other agreed departures Number	£	2022-23 31-Mar-23 Total Number	£
Less than £10,000	-		1	2,974	1	2,974
£50,000 to £100,000	1	66,667	-	-	1	66,667
£150,000 to £200,000	2	320,000	-	-	2	320,000
Total	**3**	**386,667**	**1**	**2,974**	**4**	**389,641**

Analysis of other agreed departures

	2022-23 31-Mar-23 Other agreed departures Number	£
Contractual payments in lieu of notice	1	2,974
Total	**1**	**2,974**

These tables report the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Terms and Conditions.

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

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows.

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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5. Operating expenses

	2022/23 31-Mar-23 Total £'000
Purchase of goods and services	
Services from other ICBs, CCGs and NHS England	55
Services from foundation trusts	946,446
Services from other NHS trusts	817,952
Purchase of healthcare from non-NHS bodies	295,345
Purchase of social care	5,131
Prescribing costs	156,184
GPMS/APMS and PCTMS	225,407
Supplies and services – clinical	1,194
Supplies and services – general	19,995
Consultancy services	1,230
Establishment	3,493
Transport	3
Premises	2,846
Audit fees	224
Other non-statutory audit expenditure	
• Internal audit services	129
• Other services	26
Other professional fees	2,098
Legal fees	190
Education, training and conferences	1,617
Total Purchase of goods and services	**2,479,565**
Depreciation and impairment charges	
Depreciation	726
Total Depreciation and impairment charges	**726**
Provision expense	
Provisions	(614)
Total Provision expense	**(614)**
Other operating expenditure	
Chair and Non-Executive Members	276
Other expenditure	23
Total other operating expenditure	**299**
Total operating expenditure	**2,479,976**

The fee for the ICB's external auditors for the nine-month financial period to 31 March 2023 is £187,000 excluding VAT of £37,400.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, the ICB is required to disclose the limit of its auditor's liability. The contract signed states that the liability of KPMG LLP, its members, partners, and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

The ICB will be required to obtain assurance from the external auditors over reported compliance with the requirements of the Mental Health Investment Standard.

The fee for Mental Health Investment Standard 2022/23 is £21,000 excluding VAT.

6. Better Payment Practice Code

Measure of compliance	2022/23 31-Mar-23 Number	2022/23 31-Mar-23 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the period	32,005	566,229
Total Non-NHS Trade Invoices paid within target	30,120	509,656
Percentage of Non-NHS Trade invoices paid within target	**94.11%**	**90.01%**
NHS Payables		
Total NHS Trade invoices paid in the period	1,104	1,786,677
Total NHS Trade Invoices paid within target	970	**1,783,736**
Percentage of NHS Trade invoices paid within target	**87.86%**	**99.84%**

The BPPC requires the ICB to pay 95% of all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
No payments were made during the period in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998.

7. Finance costs

	2022-23 31-Mar 23 £'000
Interest	
Interest on lease liabilities	22
Total interest	**22**
Total finance costs	**22**

8. Net gain/(loss) on transfer by modified absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Transfers occurred via a modified absorption approach, where assets and liabilities transfer, the gain or loss resulting is recognised directly in Reserves.

The below table provides a breakdown of the assets and liabilities transferred to the ICB via absorption. The Parent Entities transfer represent the London Shared Services entity balances, which dissolved on the 30th of June 22 and inherited by the ICB. NHS England also transferred the total value of legacy NHS Continuing Healthcare provisions (PUPOC) to the ICB in total £614k. The ICB have disclosed the comparative SOFP and related notes in it's Statutory accounts in order to provide the user with a greater understanding of the balances that have been transferred to the ICB

		2022/23	
	Total £'000	NHS England Parent Entities £'000	NHS England Group Entities (non parent) £'000
Transfer of Right of Use assets	3,406	-	3,406
Transfer of receivables	35,551	11,781	23,770
Transfer of payables	(327,868)	(8,714)	(319,154)
Transfer of provisions	(3,350)	(2,398)	(952)
Transfer of Right Of Use liabilities	(3,342)	-	(3,342)
Transfer of borrowings	(5,752)	-	(5,752)
Transfer of PUPOC provision	(614)	(614)	-
Net loss on transfers by absorption	**(301,969)**	**55**	**(302,024)**

9. Leases

9.1 Right-of-use assets

	2022/23 31-Mar-23	2022/23 31-Mar-23	2022/23 01-Jul-22
	Buildings excluding dwellings	Of which: Leased from other DHSC Group bodies	
	Total		Total
	£'000	£'000	£'000
IFRS 16 Transition adjustment	-	-	3,646
Additions	123	-	
Transfer (to) from other public sector body	3,646	1,632	
Cost/Valuation	**3,769**	**1,632**	**3,646**
Charged during the period	726	326	
Transfer (to) from other public sector body	240	109	240
Depreciation	**966**	**435**	**240**
Net Book Value	**2,803**	**1,197**	**3,406**

Carrying value of Right-of-use assets split by counterparty

	2022/23 31-Mar-23	2022/23 01-Jul-22
	Total	Total
	£'000	£'000
Leased from other DHSC Group bodies	1,197	1,523
Leased from other bodies externally	1,606	1,883
Total	**2,803**	**3,406**

9.2 Lease liabilities

	2022/23 31-Mar-23 Total £'000	2022/23 31-Mar-23 Of which: Leased from other DHSC Group bodies £'000	2022/23 01-Jul-22 Total £'000
IFRS 16 Transition adjustment	-	-	(3,646)
Additions purchased	(123)	-	
Interest expense relating to lease liabilities	(22)	(10)	(8)
Repayment of lease liabilities (capital and interest)	740	332	247
Transfer (to) from other public sector body	(3,342)	(1,525)	
Other	-	-	65
Lease liabilities	**(2,747)**	**(1,203)**	**(3,342)**

Carrying value of lease liabilities split by counterparty

	2022/23 31-Mar-23 Total £'000	2022/23 01-Jul-22 Total £'000
Leased from other DHSC Group bodies	(1,203)	(1,525)
Leased from other bodies externally	(1,544)	(1,817)
Total	**(2,747)**	**(3,342)**

9.3 Lease liabilities – Maturity analysis of undiscounted future lease payments

	2022-23 31-Mar-23 Total £'000	2022/23 31-Mar-23 Of which: Leased from other DHSC Group bodies £'000	2022/23 01-Jul-22 Total £'000
Within one year	(1,051)	(443)	(740)
Between one and five years	(1,737)	(775)	(2,655)
After five years	-	-	(5)
Balance	**(2,788)**	**(1,218)**	**(3,400)**
Balance by counterparty			
Leased from other DHSC bodies	(1,218)	(1,218)	(1,551)
Leased from other group bodies externally	(1,570)		(1,849)
Balance	**(2,788)**	**(1,218)**	**(3,400)**
Effect of discounting	**41**	**15**	**58**
Included in:			
Current lease liabilities	(1,027)	(434)	(718)
Non-current lease liabilities	(1,720)	(769)	(2,624)
Balance	**(2,747)**	**(1,203)**	**(3,342)**

The Right-of-use asset and Lease liability from other DHSC Group bodies consist of office accommodation in Euston Road, London, leased from University College London NHS Foundation Trust.

9.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2022/23 31-Mar-23 £'000
Depreciation expense on right-of-use assets	726
Interest expense on lease liabilities	22
Expense relating to short-term leases	20

9.5 Amounts recognised in Statement of Cash Flows

	2022/23 31-Mar-23 £'000
Total cash outflow on leases under IFRS 16	740

10. Trade and other receivables

	Current 2022/23 31-Mar-23 £'000	Current 2022/23 01-Jul-22 £'000
NHS receivables: Revenue	8,786	13,833
NHS accrued income	9,239	1,483
Non-NHS and Other WGA receivables: Revenue	9,929	13,289
Non-NHS and Other WGA prepayments	321	1,175
Non-NHS and Other WGA accrued income	8,871	5,415
Expected credit loss allowance-receivables	(2,025)	(2,025)
VAT	1,512	1,791
Other receivables and accruals	6	590
Total Trade and other receivables	**36,639**	**35,551**
Total current and non-current	**36,639**	**35,551**

10.2 Receivables past their due date but not impaired

	2022/23 31-Mar-23 DHSC Group Bodies £'000	2022/23 31-Mar-23 Non DHSC Group Bodies £'000
By up to three months	2,490	2,884
By three to six months	449	1,250
By more than six months	4,949	4,169
Total	**7,888**	**8,303**

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Transfer by Absorption from other entity	(2,025)	**(2,025)**
Allowance for credit losses at 31 March 2023	**(2,025)**	**(2,025)**

11. Cash and cash equivalents

	202223 31-Mar-23 £'000
Balance at 1 July 2022	-
Net change in period	392
Balance at 31 March 2023	**392**
Made up of:	
Cash with the Government Banking Service	392
Cash and cash equivalents as in statement of financial position	**392**
Balance at 31 March 2023	**392**

12. Trade and other payables

	Current 2022/23 31-Mar-23 £'000	Current 2022/23 01-Jul-22 £'000
NHS payables: Revenue	13,837	14,329
NHS accruals	17,536	19,253
Non-NHS and other WGA payables: Revenue	85,128	101,928
Non-NHS and other WGA payables: Capital	-	119
Non-NHS and other WGA accruals	221,646	186,811
Social security costs	658	447
Tax	673	461
Other payables and accruals	5,774	4,520
Total Trade and Other Payables	**345,252**	**327,868**
Total current and non-current	**345,252**	**327,868**
Other payables include outstanding pension contributions	2,703	2,577

13. Borrowings

	Current 2022/23 31-Mar-23 £'000	Current 2022/23 1-Jul-22 £'000
Bank overdrafts:		
- Government banking service	-	5,752
Total overdrafts	**-**	**5,752**
Total Borrowings	-	5,752

13.1 Repayment of principal falling due

	Other 2022-23 31-Mar-23 £'000	Total 2021-22 01-Jul-22 £'000
Within one year	-	5,752
Total	**-**	**5,752**

14. Provisions

	Current	Non-current	Current	Non-current
	2022/23 31-Mar-23 £'000	2022/23 31-Mar-23 £'000	2022/23 1-Jul-22 £'000	2022/23 1-Jul-22 £'000
Legal claims	-	740	-	740
Continuing Care	-	-	-	614
Other	2,358	252	-	2,610
Total	**2,358**	**992**		
Total current and non-current	**3,350**		**3,964**	

	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 July 2022	**-**	**-**	**-**	**-**
Reverse unused		(614)	-	(614)
Transfer (to) from other public sector body under absorption	740	614	2,610	3,964
Balance at 31 March 2023	**740**	**-**	**2,610**	**3,350**
Expected timing of cash flows:				
Within one year	-	-	2,358	**2,358**
Between one and five years	740	-	252	**992**
Balance at 31 March 2023	**740**	**-**	**2,610**	**3,350**

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England was 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 remained with the CCG. NHS England transferred the total value of legacy NHS Continuing Healthcare provisions to the ICB in September 2022. The balance is nil.

Other Provisions consist of dilapidation costs provided for the ICB's office accommodation currently under lease agreement, as disclosed in Note 9 Leases. The ICB also inherited from London Shared Services a dilapidation provision for vacated premised due.

15. Financial instruments

15.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

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

15.1.1 Currency risk

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

15.1.2 Interest rate risk

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

15.1.3 Credit risk

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

15.1.4 Liquidity risk

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

15.1.5 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.

15.2 Financial assets

	Financial Assets measured at amortised cost 2022-23 31-Mar-23 £'000	Total 2022-23 31-Mar-23 £'000
Trade and other receivables with NHSE bodies	5,786	5,786
Trade and other receivables with other DHSC group bodies	20,903	20,903
Trade and other receivables with external bodies	10,142	10,142
Cash and cash equivalents	392	392
Total at 31 March 2023	**37,223**	**37,223**

15.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022-23 31-Mar-23 £'000	Total 2022-23 31-Mar-23 £'000
Trade and other payables with NHSE bodies	3,527	3,527
Trade and other payables with other DHSC group bodies	30,029	30,029
Trade and other payables with external bodies	313,112	313,112
Total at 31 March 2023	**346,668**	**346,668**

16. Operating segments

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

17. Joint arrangements - interests in joint operations

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

17.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2022-23 31-Mar-23 Income £'000	Expenditure £'000
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Barnet	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(469)	29,848
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Camden	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(9,142)	45,326
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Enfield	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	23,232
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Haringey	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(6,020)	64,702
Section 75 Pooled Budget	NHS NCL ICB & London Borough of Islington	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	26,916

18. Related party transactions

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

The transactions listed below are payments made during the reporting period 2022-23 to the related parties declared by NHS North Central London ICB's Board of Member (other than payments to practices, other NHS bodies, and other government departments):
Details of related party transactions with individuals are as follows.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Camden Health Partners	340	0	340	0
Enfield Health Partnership Limited	543	0	0	0
Enfield Healthcare Alliance	334	0	160	0
Enfield Healthcare Cooperative	2,632	0	3,247	0
Enfield One Ltd	799	0	161	0
Federated4Health	2,152	0	2,241	0
Welbourne PCN	313	0	3	0
Health Financial Management Association (HFMA)	9	0	42	0
Islington GP Federation	6,548	0	875	0
Jewish Care	1,420	0	85	0
Kentish Town South Primary Care Network	172	0	0	0
Kings Fund	1	0	0	0
NCL Training Hub	0	3	0	0
South Islington PCN	0	0	333	0
UCL Partners Ltd	14	0	2,277	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS North Central London ICB's Board of Members during the reporting period in 2022-23. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments as follows.

City Road Medical Centre	0	0	120	0
Evergreen Surgery	3,189	(398)	619	0
James Wigg Practice	0	0	237	0
White Lodge Medical Practice	0	0	126	0

The Department of Health is regarded as a related party. During the reporting period 2022/23 NHS North Central London ICB has had a significant number of material transactions (expenditure more than £1 million) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including the following.

Barnet, Enfield and Haringey Mental Health NHS Trust	166,410	(467)	700	(168)
Barts Health NHS Trust	21,986	0	264	0
Camden and Islington NHS Foundation Trust	98,052	(60)	3,580	0
Central and North West London NHS Foundation Trust	35,480	0	392	0
Central London Community Healthcare NHS Trust	43,416	0	11	(13)
Chelsea and Westminster Hospital NHS Foundation Trust	3,116	0	0	(41)
Community Health Partnerships	1,784	0	735	0
East and North Hertfordshire NHS Trust	1,074	0	0	0
Great Ormond Street Hospital for Children NHS Foundation Trust	18,800	(100)	1,658	(136)
Guy's and St Thomas' NHS Foundation Trust	13,449	0	30	(752)
Health Education England	0	(1,816)	0	0
Homerton Healthcare NHS Foundation Trust	13,977	0	0	(26)
Imperial College Healthcare NHS Trust	17,180	0	0	0
King's College Hospital NHS Foundation Trust	2,474	0	491	0
London Ambulance Service NHS Trust	58,357	0	16	0
London North West University Healthcare NHS Trust	13,137	0	138	0
Moorfields Eye Hospital NHS Foundation Trust	18,190	(60)	352	(60)
NHS England - London Regional Office	(8)	(1,370)	177	(5,365)
NHS North East London ICB	0	(8)	1,346	(91)
NHS Property Services	511	0	1,525	(4)
NHS South West London ICB	0	0	1,125	0
North Middlesex University Hospital NHS Trust	229,177	(100)	482	(113)
Royal Free London NHS Foundation Trust	457,758	(100)	16,550	(100)

Royal National Orthopaedic Hospital NHS Trust	24,829	(60)	257	0
South London & Maudsley NHS Foundation Trust	1,316	0	0	0
St George's University Hospitals NHS Foundation Trust	1,217	0	122	0
Tavistock and Portman NHS Foundation Trust	12,259	(60)	0	(341)
The Princess Alexandra Hospital NHS Trust	1,102	0	0	0
The Whittington Health NHS Trust	237,421	(100)	2,034	(101)
University College London Hospitals NHS Foundation Trust	265,938	(100)	0	(10,275)
West Hertfordshire Teaching Hospitals NHS Trust	1,530	0	0	0

During the reporting period 2022-23 NHS North Central London ICB has had several material transactions with other government departments and other central and local government bodies. The material transactions have been with the following.

Barnet London Borough Council	23,011	(1,141)	20,190	(3,998)
Camden London Borough Council	28,548	(9,602)	22,257	(3,700)
Enfield London Borough Council	21,777	(697)	16,404	(909)
Haringey London Borough Council	16,699	(6,096)	16,023	(9,457)
Islington London Borough Council	33,580	(151)	23,985	(58)

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties are also deemed to be related parties of the ICB. Below are the transactions from the related parties within NCL ICB declared by DHSC.

Ministers and Senior Officials.

Leeds Teaching Hospitals NHS Trust	59	0	0	0

19. Events after the end of the reporting period

No events to report.

20. Financial performance targets

NHS North Central London ICB have several financial duties under the NHS Act 2006 (as amended).
The ICB performance against those duties were as follows.

	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	2022/23 31-Mar-23 Duty Achieved
Expenditure do not exceed income	2,552,398	2,526,588	25,810	Yes
Capital resource use does not exceed the amount specified in Directions	131	123	8	Yes
Revenue resource use does not exceed the amount specified in Directions	2,528,401	2,502,591	25,810	Yes
Revenue administration resource use does not exceed the amount specified in Directions	25,572	25,530	42	Yes

21. Losses and special payments

Special payments

	Total Number of Cases 2022/23 31-Mar-23	Total Value of Cases 2022/23 31-Mar-23
	Number	**£'000**
Compensation payments	1	23
	1	**23**