NHS
North East London
Clinical Commissioning Group

NEL Clinical Commissioning Group Governing Body

16 June 2022 at 12.00pm – 1.00pm, MS Teams

	Item	Time	Lead	Attached/ verbal	Action required
1.0	**Welcome, introductions and apologies**	**12.00**	**Chair**		
1.1	Declaration of conflicts of interest			**Attached**	**Note**
1.2	Minutes of the meeting held on 25 May 2022			**Attached**	**Approve**
1.3	Matters arising			**Attached**	**Note**
2.0	**Annual report and annual accounts – 2021/22**	**12.05**	**MP/HB**	**Attached**	**Approve**
3.0	**Questions from the public**	**12.35**	**Chair**	**Verbal**	**Discussion**
4.0	**Any other business and close**	**12.50**	**Chair**	**Verbal**	**Discussion**

Glossary of terms and abbreviations

Term	Explanation
BH	Barts Health NHS Trust
BP	Borough Partnership
BHR	Barking and Dagenham, Havering and Redbridge
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
C&H	City and Hackney
CAMHS	Children and Young People Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHC	Continuing Healthcare
DoH	Department of Health
ELFT	East London NHS Foundation Trust
GBAF	Governing Body Assurance Framework
HUH	Homerton University Hospital NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NEL	North East London
NELCA	North East London Commissioning Alliance
NELFT	North East London Foundation Trust
NELHCP	North East London Health and Care Partnership
NHSE/I	NHS England and Improvement
PELC	Partnership of East London Co-operatives
PHE	Public Health England
PBP	Place Based Partnership
PPGs	Patient Participation Groups
PPI	Patient and Public Involvement
PTL	Patient Tracking List
RTT	Referral to Treatment
TNW	Tower Hamlets, Newham and Waltham Forest
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
WX	Whipps Cross Hospital

North East London Clinical Commissioning Group

- Declared Interests as at 17/03/2022

Name	Position/Relationship with CCG	Committees	Declared Interest	Name of the organisation/busines s	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Anil Mehta	Redbridge Clinical Chair	BHR ICP Health and Care Cabinet BHR ICP Primary Care Management Group BHR ICP Quality and Performance Oversight Group (QPOG) BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	Fullwell Cross Medical Centre	GP Partner	2013-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Metropolitan Police	Forensic Medical Examiner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHSE	GP Appraiser	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Healthbridge Direct	Shareholder	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Fouress Enterprise Ltd	Director	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Prescon	Ad-hoc screening work	2018-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	The Cleaning Company	Sister-in-law is owner	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Healthwise Ltd (non- trading)	Director	2009-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	GMC	Associate	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NEL CCG	Registered as a patient at a GP practice in NEL.	2000-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Redbridge Health and Wellbeing Board	Vice Chair	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Anglia Ruskin University Medical School	Lecturer	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	QMUL	GP Tutor	2021-01-01		Declarations to be made at the beginning of meetings
Archna Mathur	Director of Performance and Assurance	NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Quality Committee	Indirect Interest	NHSX	Husband employed as Director of Platforms at NHSX	2020-04-01	2021-04-01	Declarations to be made at the beginning of meetings
Atul Aggarwal	Havering Clinical Chair	BHR ICP Finance Sub- committee BHR ICP Health and Care Cabinet BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body	Financial Interest	Maylands Healthcare	GP Partner	2013-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Maylands Healthcare Ltd	Director and shareholder in on-site pharmacy	2013-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Essex Medicare LLP	Part-owner (which owns Westland Clinic, Hornchurch. Space rented out to: · Inhealth (Diagnostics) · Nuffield Health (Brentwood) · Communitas Clinics (Dermatology and gynaecology)	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Havering Health Ltd	Shareholder. GP partner at Maylands Surgery (Dr joti) is a Director	2014-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Parkview Dental Practice	Sister is NHS Dentist within Havering she is an associate and does not own the business	1996-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Westlands Clinic (Langton Dental) who has an outsourced contract with BHRUT for oral surgery)	Spouse is dentist	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Barking, Dagenham and Havering LMC	Co-opted member	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Havering and Wellbeing Board	Member	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Anglia Ruskin University Medical School	Lecturer	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	NEL CCG	Registered as a patient at a GP practice in NEL.	1990-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Buxton Medica LTD	Prather at Surgery who is director or company - I am a shareholder	2021-10-31		Declarations to be made at the beginning of meetings
Charlotte Harrison	Independent Secondary Care Specialist	NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Quality Committee NEL CCG Primary Care Commissioning Committee (PCCC)	Non-Financial Professional Interest	South West London and St Georges Mental Health NHS Trust	Clinical Director and Consultant Psychiatrist	2021-10-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	CYP Covid-19 Recovery Steering Group	Co-Chair	2020-01-01		Declarations to be made at the beginning of meetings
Christopher Cotton	Director of Strategy and System Transformation	NEL CCG Governing Body	Non-Financial Personal Interest	Hillsborough Court Limited	Director	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	PA Consulting, PwC LLP	Previous employee	2011-01-01	2021-01-01	Declarations to be made at the beginning of meetings
Diane Jones	Chief Nurse	NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee	Non-Financial Professional Interest	Royal College of Nursing (RCN)	Professional membership	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Midwives (RCM)	Professional membership	1994-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Nursing & Midwifery Council (NMC)	Professional membership	1992-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Clinical Senate	Member	2017-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Homerton Hospital	Midwife (honorary contract)	2015-01-01		Declarations to be made at the beginning of meetings

			Non-Financial Personal Interest	Group B Strep Support (GBSS)	Director and Trustee	2020-01-01		Declarations to be made at the beginning of meetings
Fiona Smith	Independent Board Registered Nurse	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group TNW Quality, Safety and Improvement Sub-committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee	Financial Interest	Honesta Partners Ltd (a healthcare management consultancy)	Director and co- owner	2015-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Honesta Partners Ltd	Spouse is a shareholder	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	First Community Health and Care, Surrey	Non-Executive Director	2019-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	First Community Health and Care CIC	I am a Non- Executive director at FCHC. FCHC is a community services social enterprise provider, in Surrey and West Sussex.	2019-11-01		Declarations to be made at the beginning of meetings
Henry Black	NEL CCG Chief Finance Officer and Chief Finance & Performance Officer Designate of the Integrated Care Board for NEL	NEL CCG Governing Body BHR Integrated Care Partnership Board (ICPB)/ Area Committee BHR Integrated Care Executive Group (ICEG) TNW ICP Area Committee/ Delivery Group	Indirect Interest	BHRUT	Wife is Assistant Director of Finance	2018-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Tower Hamlets GP Care Group	Daughter is Social Prescriber	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Clinical Commissioners	Board Member	2018-01-01	2021-07-31	Declarations to be made at the beginning of meetings
Jagan John	NEL CCG Chair	BHR ICP Health and Care Cabinet BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Governing Body NEL CCG Quality Committee NEL CCG Remuneration Committee	Financial Interest	Parkstone Holdings Ltd	Director	2020-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Aurora Medcare (previously known as King Edward Medical Group)	GP Partner	2020-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Parkview Medical Centre	GP Partner	2020-05-01		Declarations to be made at the beginning of meetings
			Financial Interest	Together First Limited (GP Federation)	Practice is a shareholder	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Harley Fitzrovia Health Limited	Director and Shareholder	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Diagnostics 4u (previously Monifieth Ltd)	Director and Shareholder	2020-10-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Aurora Medcare (previously known as King Edward Medical Group)	Other GPs are family members	2020-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	New West Primary Care Network	Brother / GP Partner is the Clinical Director	2020-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Personalised Care - Healthy London Partnerships and NHS England London Region	Clinical Lead	2017-05-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London Foundation Trust - Barking and Dagenham Community Cardiology Service	GPWSI in Cardiology	2011-08-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Barking and Dagenham Health and Wellbeing Board	Deputy Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Buxton Medica	GP partner is director and practice is share holder	2021-10-31		
Kash Pandya	Lay Member Governance and Audit Chair	BHR ICP Finance Sub- committee BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	Southend-on-Sea Borough Council	Independent Audit Committee Member	2016-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Essex Police, Fire and Crime Commissioner's Audit Committee	Independent Audit Committee Member	2021-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	University of Essex	Independent Audit Committee Member	2014-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Brentwood Citizen's Advice Bureau	General Advisor	2009-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Metro Bank	Son is Procurement Manager	2019-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Accenture	Son is a Legal Director	2017-01-01		Declarations to be made at the beginning of meetings
Ken Aswani	Waltham Forest Clinical Chair	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group NEL CCG Finance & Performance Committee NEL CCG Governing Body	Financial Interest	Allum Medical Centre	GP Partner	1990-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NEL RCGP Faculty	Member	1995-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Financial Interest	Fednet	Member Practice	2014-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Financial Interest	CQC	GP Inspector (Not in NE London)	2014-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Clinical Panel	Advisory Role (Not in NE London)	2015-01-01	2021-04-29	Declarations to be made at the beginning of meetings
Khalil Ali	Lay Member for PPI	NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Remuneration Committee NEL CCG Quality Committee NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	NEL CCG	Registered as a patient at a GP practice in NEL.	2019-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	St Francis Hospice, Havering	Spouse is a regular donor	2017-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Cancer Research UK	Spouse is a regular donor	2017-01-01		Declarations to be made at the beginning of meetings
Marie Price	Director of Corporate Affairs	NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Remuneration Committee	Indirect Interest	Greater London Authority	Partner works as NE London Region Lead	2017-01-01		Declarations to be made at the beginning of meetings

			Non-Financial Personal Interest	Lower Clapton GP Practice, Hackney	Registered as a patient at a GP practice in NEL.	2008-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Cadence Partners	Close friends with managing partner and head of operations. Cadence Partners is an executive search firm.	2018-12-03		Declarations to be made at the beginning of meetings
			Indirect Interest	Hackney Council	Close friend with Strategic Director Engagement, Culture and OD (also responsible for communications)	2020-01-01		Declarations to be made at the beginning of meetings
Mark Rickets	City and Hackney Clinical Chair	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	GP Confederation	Nightingale Practice is a Member	2022-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Homerton University Hospital NHS Foundation Trust	Non-executive Director	2022-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Nightingale Practice (CCG Member Practice)	Salaried GP	2022-02-02		Declarations to be made at the beginning of meetings
			Indirect Interest	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	2022-02-02		Declarations to be made at the beginning of meetings
Muhammad Naqvi	Newham Clinical Chair	NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) TNW ICP Area Committee/ Delivery Group	Financial Interest	Woodgrange Medical practice	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee	2012-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Newham Health and Wellbeing Board	Co-Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee	2021-01-01		Declarations to be made at the beginning of meetings
Noah Curthoys	Lay Member (Performance) NEL CCG	TNW Finance & Performance Sub-committee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Remuneration Committee	Non-Financial Professional Interest	Democratic Society	Council Member - unremunerated non-exec role, previously a paid Senior Partner from 2016 to 2019. Demsoc has contracted with NHS England in the past.	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Coastal West Sussex CCG	Chief of Corporate Affairs	2013-01-01	2015-01-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Wallands Community Primary School	Governor - Co- opted governor, unremunerated, ended in July 2021	2014-01-01	2021-06-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Priory School	Vice Chair and Local Authority Governor - unremunerated, voting member	2021-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Bridgenor Group Ltd	Director and owner of this market research consultancy, no contracts with the NHS	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Northshott Counsulting Ltd	Director and owner of this strategy consultancy, no contracts with the NHS	2011-01-01		Declarations to be made at the beginning of meetings
Sam Everington	Deputy Clinical CCG Chair and Clinical Chair Tower Hamlets	NEL CCG Governing Body	Financial Interest	Bromley By Bow Partnership - based at the Bromley by Bow Centre Charity 1999	Partner	1989-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NEL CCG Board (Tower Hamlets)	Committee member	2021-04-01		Declarations to be made at the beginning of meetings
			Financial Interest	Health & Wellbeing Board - (London Borough Tower Hamlets & Tower Hamlets ICP)	Deputy Chair	2016-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHS Resolution	Associate non- executive	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	East London Foundation Trust	Non-executive Director	2020-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Bromley-by-Bow Ltd - Joint venture with Greenlight venture	Director	1st Jan 2020	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Council member	1st Jan 1989	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	MDDUS (Insurance for GP Partnership)	Member	1st Jan 2010	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Queen Mary University London	Honorary Professor	1st Jan 2015	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Queens Nursing Institute	Vice President	1st Jan 2016	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	College of Medicine	Vice President and Council member	1st Jan 2010	-	Declarations to be made at the beginning of meetings

			Non-Financial Professional Interest	NESTA Advisory Board	Board Member	1st Jan 2018	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of GPs	Member	1st Jan 1989	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Health Education England	Medical Apprenticeship Committee - Chair	1st Jan 2021	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Health Education England	GP Pilot Committee - Member	1st Jan 2018	-	Declarations to be made at the beginning of meetings
			Indirect Interest	Bromley-by-Bow Partnership	Partner is a partner and a director of nursing (runs - XX Place, St Andrews and Bromley-by-Bow Health Centres.)	1st Jan 1999	-	Declarations to be made at the beginning of meetings
			Indirect Interest	Bromley-by-Bow Partnership	Son is employed as receptionist	2020-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Vice President	2015		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Strategic Infrastructure Board	Board Member	2020		Declarations to be made at the beginning of meetings
Simon Hall	Director of Transformation	NEL CCG Governing Body NEL CCG Quality Committee	Non-Financial Professional Interest	University Schools Trust (Charitable Academy Trust responsible for running schools in the London Borough of Tower Hamlets and the Royal Borough of Greenwich)	Trustee	2018-05-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Metro Charity Ltd (diversity and equalities charity based in Woolwich running HIV, youth, mental health and disability services in the south of London and south east of England; organisation also has lead charitable role in both Greenwich and Lewisham boroughs).	Unpaid role. Metro does have some pan- London contracts for HIV and sexual health work.	2018-05-15		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	The Keep Residents' Association Ltd. (residents' association in Blackheath, unpaid elected role)	Director	2015-11-10		Declarations to be made at the beginning of meetings
			Indirect Interest	Homerton University NHS Trust	Relative works in the governance team	2017-01-01		Declarations to be made at the beginning of meetings
Siobhan Harper	Director of Transition TNW ICP, NEL CCG	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group TNW Quality, Safety and Improvement Sub-committee TNW Transformation and Innovation Committee NEL CCG Governing Body	Indirect Interest	Health and Justice at NHSE	Sister is Head of HJ	2021-01-01		Declarations to be made at the beginning of meetings
		NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee						
Steve Collins	Executive Director of Finance	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) BHR ICP Finance Sub- committee BHR Integrated Care Executive Group (ICEG) BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Remuneration Committee	Non-Financial Professional Interest	Trisett Limited (business support service)	Director	2003-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Sevenoaks Primary School	Chair of Governors	2002-01-01	2021-01-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Hope Church Sevenoaks	Chair of Trustees	2020-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Fegans (charity)	Wife is Chair of Trustees	2017-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	PwC	Daughter is Senior Associate	2019-01-01		Declarations to be made at the beginning of meetings
Sue Evans	Lay Member Primary Care	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Remuneration Committee	Non-Financial Professional Interest	Worshipful Company of Glass Sellers' of London (City Livery Company) Charity Fund	Company Secretary / Clerk to the Trustees'	2014-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	North East London NHS	Self and family users of healthcare services in NEL	2017-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	St Aubyn's School Charitable Trust	Trustee and Director of	2013-01-01		Declarations to be made at the beginning of meetings

					Company Ltd by Guarantee			
Zina Etheridge	NEL CCG Accountable Officer and Chief Executive Officer Designate of the Integrated Care Board for NEL	NEL CCG Governing Body	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine	2022-03-17		Declarations to be made at the beginning of meetings

North East London
Clinical Commissioning Group

- Nil Interests Declared as of 17/03/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Ceri Jacob	Managing Director; BHR ICP	BHR ICP Finance Sub-committee BHR ICP Primary Care Management Group BHR ICP Quality and Performance Oversight Group (QPOG) BHR Integrated Care Executive Group (ICEG) BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee	Indicated No Conflicts To Declare.

North East London
Clinical Commissioning Group

NEL CCG Governing Body
25 May 2022 - 12.30pm, MS teams

Draft minutes

Members	
Dr Jagan John (JJ) - Chair	Chair, and Clinical Chair Barking and Dagenham
Zina Etheridge (ZE)	Chief Executive Officer Designate
Khalil Ali (KA)	Lay Member for Patient and Public Involvement
Dr Ken Aswani (KA)	Clinical Chair, Waltham Forest
Henry Black (HB)	Chief Finance & Performance Officer Designate
Sue Evans (SEva)	Lay Member for Primary Care and Deputy CCG Chair
Professor Sir Sam Everington (SEve)	Clinical Chair, Tower Hamlets and Deputy CCG Clinical Chair
Charlotte Harrison (CH)	Secondary Care Consultant
Dr Anil Mehta (AMe)	Clinical Chair, Redbridge
Dr Muhammad Naqvi (MN)	Clinical Chair, Newham
Kash Pandya (KA)	Lay Member for Governance
Noah Curthoys (NC)	Lay Member for Performance
Dr Mark Rickets (MR)	Clinical Chair, City & Hackney (from 1.25pm)
Fiona Smith (FS)	Registered Nurse
In attendance	
Marie Gabriel (MG)	NEL ICS Chair Designate
Steve Collins (SC)	Executive Director of Finance, NEL CCG
Archna Mathur (AMa)	Director of Performance and Assurance, NEL CCG (until 2pm)
Marie Price (MP)	Director of Corporate Affairs, NEL CCG
Siobhan Harper (SH)	Transition Director, TNW - NEL CCG (until 2pm)
Ceri Jacob (CJ)	Managing Director, BHR- NEL CCG (until 2pm)
Diane Jones (DJ)	Chief Nurse, NEL CCG
Anne-Marie Keliris (AMK)	Head of Governance, NEL CCG
Laura Anstey (LA)	Chief of Staff, NEL CCG
Sophia Beckingham (SB)	Emergency Response & Resilience Planning Lead, NEL CCG
Anna McDonald (AMc) (minutes)	Senior Governance Manager, NEL CCG
Apologies	
Dr Atul Aggarwal (AA)	Clinical Chair, Havering
Rachel Patterson (RP)	Director of People and OD, NEL CCG

1.0	**Welcome, introductions and apologies**
	The Chair welcomed everyone to the meeting and apologies were noted. The following members of the public were in attendance: Andy Tibbs, Sarah Bundy, Sophia Jacques.

1.1	**Declaration of conflicts of interest**
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the CCG. No additional conflicts were declared. Declarations declared by members of the governing body are listed in the CCG's Register of Interests. The Register is available either via the Governance Team or the CCG's website.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held on 23 March 2022 were agreed as a correct record.
1.3	**Matters arising**
	The Governing Body noted the action taken since the last meeting.
2.0	**Chair and accountable officer reports**
	2.1 Chair's report The Chair presented his report which covered the following key areas of work over the previous months: • HSJ partnership awards • NEL Integrated Care Board (ICB) constitution • NEL ICB development and clinical leadership • Personalised care • NEL Urgent and Emergency Care (U&EC) same day emergency care • NEL U&EC restoration • Post Covid-19 Programme Board and proactive case finding • London Clinical Advisory Group. The Chair concluded that he has met with many health and care professionals across the system since the last meeting which has highlighted all the good work that colleagues are achieving on a daily basis in addition to the transition work. The Governing Body noted the report. **2.2 Chief Executive Officer's report** ZE presented her update. Key areas covered in the report were: • Visits across north east London including Newham's roving bus, the Royal London Hospital, Whipps Cross Hospital and an event to celebrate the success of the vaccination campaign • Update on executive appointments and other appointments to the ICB • Partnership working • Workforce including the staff survey and the Workforce Race Equality Standard (WRES) workshop • CCG staff awards event taking place on 26 June 2022. Discussion points included: • An update was given on concerns raised in recent months by a number of GPs across NEL that those on office holder terms do not have access to the same terms and conditions that CCG employees have in relation to

	maternity leave and annual leave. It was agreed that a summary of the decision made by the Remuneration Committee to seek further evidence would be shared with the appropriate groups. **Action RP.** It was noted that the final decision will be made by the ICB's Remuneration and Workforce Committee. The Governing Body noted the report.
3.0	**People and patient engagement**
	3.1 Questions from the public No questions had been received from the public in advance of the meeting, however, the Chair advised that a question relating to future ICB board meetings had been received after the deadline for submitting questions and that a response would be provided after the meeting. **3.2 Patient and public involvement update** KA updated the Governing Body on the patient engagement work across NEL since the last meeting and highlighted the following key points: • NEL ICS Working with People and Communities Strategy. • NEL Voluntary Community and Social Enterprise (VCSE) Alliance • Cancer • Mental health crisis lines implementation • Maternity • Babies, Children and Young People (BCYP) • Personalisation and social prescribing • BHR, TNW and C&H local level updates Discussion points included: • The significant input from everyone involved in progressing the NEL ICS 'Working with People and Communities' Strategy. • The importance of widening current levels of engagement with community and social care professional partners to include areas such as dentistry, pharmacy and optometry was emphasised. The Governing Body noted the progress on developing patient and community engagement.
4.0	**Governing body assurance**
	4.1 Governing body assurance framework MP presented the Governing Body Assurance Framework (GBAF) and gave an overview of the current key risks for the CCG. The current key risks relate to: • Underperformance against 2022/23 Operating Plan, specifically elective recovery • Continuing healthcare • Use of resources and finance balance • Health inequalities Discussion points included: • Support given by members of the CCG's Audit & Risk Committee in regard to the development of the Risk Strategy for the ICB. • Health inequalities risk – the score has been increased in in response to the discussion held at the last governing body meeting to ensure it mirrors

	some of the pressures that communities across north east London and nationally are facing, particularly cost of living pressures and the impact that is having on our residents and workforce. • The London minimum wage – the ICS is actively seeking assurance that this is adhered to across health and social care including the wider social care and health care providers. Where there are difficulties or gaps, system partners will work collectively to see what can be done to address the challenges. • The need to understand the high-risk areas and have a systematic approach to primary and secondary care prevention. • The risk relating to the vaccination of front-line health and social care staff – it was noted that this risk has been removed as it is no longer a requirement. Staff will continue to be encouraged to have the vaccine. The Governing Body noted the report.
5.0	**Quality, finance and performance**
	5.1 Performance report AMa updated the Governing Body on performance across North East London and some of the points highlighted were: • Growth is being seen in the overall patient tracking list (PTL) mainly in the non-admitted pathway. The key specialities driving the growth are neuro surgery, oral surgery, respiratory and urology. • Long waits position – a decrease is starting to be seen primarily driven by Barts Health with key reductions in ENT, gynaecology. • The impact from the recent appointment slot incident at BHRUT was referenced and governing body members were assured that there is confidence in the trajectory and the expectation is that BHRUT will achieve its zero trajectory by the end of June 2022 with the exception of highly complex patients and those relating to patient choice. • Over 52 week-wait trend – a reduction is being seen month on month, the most significant reduction is at Barts Health in the admitted and non-admitted pathways. BHRUT has seen a slight increase due to the appointments slot issue and Homerton Hospital have seen a small increase. • Faster Diagnosis Standard (FDS) – performance remains complaint at 85% against a 75% target. • Advice and Guidance – will be moving to 'Advice and Refer'. • Mental Health standards – remain an area of significant concern. Future reports will provide a breakdown by borough in order to have a clearer understanding of areas of inequality in regard to mental health delivery. • Urgent and Emergency Care – the initiatives and mechanisms that system partners put in place for the recent bank holidays proved successful and will remain in place for the Jubilee bank holiday weekend. Key messages will be communicated out to patients and the public advising on the alternatives to going to A&E. It is hoped that the initiatives put in place will lead to sustainable levels of performance going forward. A clearer understanding as to what is driving the increase in demand for urgent and on the-day care not only across NEL but at a national level is needed which 'Place' and communities will be able to provide valuable insight on going forward. Discussion points included:

- The need to look at the demographics of our residents who are on the elective waiting lists. AMa referred to the continuing work being undertaken by the Inequalities Group and also the Planned Care Group to ensure equitable access. A separate piece of work is being undertaken looking at patients with learning disabilities who are on the waiting list.
- The importance of having regular, effective and clear information communicated out to patients and the public.
- Comparison data and how effective dashboards help to drive solutions forward. Considering different ways in which to incentivise specialists was suggested as a possible solution to improving delivery.

Governing Body members noted the update report.

5.2 Finance report

HB gave a summary of the year-end financial close for 2021/22 and an update on the financial plan for 2022/23. The following key points were highlighted:

- The CCG's financial statements and accounts for 2021/22 were submitted in draft form to NHS England in April 2022 together with the draft annual report. The accounts are currently being externally audited and will be presented to the Audit and Risk Committee and the Governing Body in June. It is expected that the CCG will meet its statutory duty to breakeven for 2021/22.
- A draft Operating Plan for 2022/23 has been submitted to NHS England. There is still a significant financial gap of £77m across the whole system which is consistent across the country. Since the submission, a further £1.6bn of revenue funding has been released by the Treasury Department to the Department of Health and the portion that will come into the NEL system should enable a balanced final version of the Operating Plan to be submitted on 20 June 2022.
- Revised Elective Recovery Fund (ERF) targets are expected but currently the CCG is required to flag non-achievement of EFR as a risk rather than an actual loss of allocation.
- There is still a huge financial challenge for this financial year and a very high degree of financial risk will be carried into the new financial year in regard to efficiency and saving requirements.

The Governing Body noted the update report.

5.3 Quality report

FS provided an update on the quality matters discussed at the CCG's Quality, Safety and Improvement Committee meeting in May 2022.

The main focus of the update to the governing body was the review of NELFT's Child and Adolescent Mental Health Services (CAMHS) into Adult Mental Health Services (AMHS) in the borough of Redbridge. The internal review had been requested by the governing body at its meeting in January 2022 in response to concerns raised and a review of the pathway was undertaken by the CCG's quality and mental health leads. A thorough review was undertaken and the findings were presented to the CCG's Quality, Safety and Improvement Committee at its meeting in May. The outcomes from the review were considered in detail by the committee and its members approved the following recommendations:

	• the number of children who are 18 years of age and currently waiting for transition to be immediately identified and transitioned safely • the current NELFT Transition Policy from Children to Adults Services (2017) to be reviewed to incorporate the current NICE quality standard, and that the literature review is utilised to strengthen the review process. • a transitions pathway from CAMHS to AMHS to be devised and incorporated within the updated NELFT Transition from Children to Adult Services Policy. • a more detailed audit to be undertaken to assess the effectiveness of the transition service. • NELFTs Redbridge Integrated Care Directorate risk register to be reviewed and consideration given to the addition of any risks identified. • the NEL CAMHS/AMHS Transitions 16-25 Group to take this work forward • the lead to undertake a thorough review across NEL and provide the Quality, Safety and Improvement Committee with the relevant assurance to ensure there is no inequality across NEL. DJ, FS and other members of the current Quality, Safety and Improvement Committee will be producing a legacy handover log for the new ICB Quality, Safety and Improvement Committee to ensure this matter and other outstanding matters continue to be monitored by the new Committee. The Chair welcomed all the actions being taken in response to the internal review and thanked the Quality, Safety and Improvement Committee for the assurance that a rigorous due diligence process has been undertaken. He also welcomed the wider review across NEL. KA referred to the proposed NEL ICS Quality Framework and stressed the importance of ensuring that it demonstrates patient safety, involvement, access and equality. The Governing Body noted the report. **5.4 NEL maternity services response to the Ockendon review** DJ presented the briefing to update the Governing Body on the current position of NEL maternity services. Key highlights included: • Local system oversight of maternity services is a key element in the Ockenden review. • NEL trusts were asked to discuss progress on the implementation of the seven immediate and essential actions outlined in the Ockenden report and the plan to ensure full compliance and also their maternity services workforce plans at their board meetings before the end of March 2022. • The overall position has moved forward. • Longer term actions that need to be taken will be incorporated into the immediate and essential actions together with new themes that need to be considered. • The work is being overseen by the Local Maternity and Neonatal System (LMNS) team and they will continue to work collaboratively to implement and embed the recommendations over the coming year, to ensure pregnant women and their families receive the best possible care. • An acute provider collaborative oversight and assurance forum will be created and developed going forward which will include primary care. Discussion points included:

	• An outline of some of the work being undertaken to address specific cultural needs such as looking at extending ante-natal appointment time slots. An equality needs assessment has been undertaken looking at the outcomes for women specifically from minority backgrounds and advised that the next step will be to produce a plan to address and the inequalities. The plan will be co-designed with local voluntary sector colleagues and residents. • The need to consider the importance of the link between public health and a general well-being programme in both pre-natal and post-natal care. • Capacity issues that maternity services face across the system. • The need to consider creative solutions such as expanding multi-disciplinary team (MDT) meetings in primary care to include complex maternity. • An overview of ongoing work in regard to the maternity assistants programme how support workers locally support the whole maternity pathway. • The Quality Improvement methodology and the similarities with the Enabling Quality Improvement in Practice (E-quip) in primary care. • Personalisation in maternity services. The Governing Body noted the report.
6.0	**Governance**
	6.1 Emergency preparedness, resilience and response (EPRR) update SB provided an update of the EPRR work to date. Key highlights included: • The CCG is currently a Category 2 responder but from 1 July 2022, the new ICB will be a Category 1 responder. • The CCG is currently undertaking a review of its EPRR processes as part of the transition to an ICB. • A draft ICB Major Incident Plan is being prepared for submission to NHE England by end of May 2022. • The new plan will be tested at the start of June by key system EPRR leads and a further incident exercise will take place later in the year involving the new ICB executives, senior leaders, key partners and other colleagues from across the ICB. • A Community Impact Assessment will need to be completed at the outset of any future incident. The Governing Body noted the report. **6.2 Committee chair reports and minutes of relevant fora:** The Governing Body noted the following: • Audit and Risk Committee Chair's report and minutes • Primary Care Commissioning Committee Chair's report and minutes • Finance and Performance Committee Chair's report and minutes • Quality, Safety and Improvement Committee Chair's report • BHR ICP Committee Chair's report and minutes • C&H ICP Committee Chair's report and minutes • TNW ICP Committee Chair's report and minutes
7.0	**Any other business**

	• Fuller stocktake report - ZE advised that NHS England and Improvement (NHSE/I) would be publishing the national report within the next few days. The report looks at how systems work with primary care and others to improve integration of patient care. • Acronyms – colleagues noted the importance of communicating in plain and inclusive language, which would mean using fewer NHS acronyms going forward as we establish the new ICB and system arrangements.
Date of the next meeting – 16 June 2022	

North East London
Clinical Commissioning Group

NEL CCG Governing Body actions log- May 2022 meeting

Action ref:	Meeting date	Action required	Lead	Required by	Status
3.2 Patient and Public Involvement update	**23 March 2022**	Confirmation requested as to whether an Equality Impact Assessment (EIA) has been undertaken in regard to the clinics established for people with learning disabilities in order to help identify other areas where reasonable adjustments for other groups may need to be considered.	MP	May	An EIA is being carried out by NELFT.
1.3 Matters arising	**25 May 2022**	An update to be fed back to the governing body at the next meeting.		June	Complete – an Equality Impact Assessment has been undertaken.
2.2 Chief Executive Officer's report	**23 March 2022**	Employment rights for clinicians in the ICS to be followed up outside of the meeting.	ZE/RP	April	Matter is being addressed through the Remuneration Committee.
2.2 Chief Executive's report	**25 May 2022**	A summary of the steps taken by the Remuneration Committee in regard to employment rights for clinicians in the ICS to be shared with the appropriate groups.		June	Complete.

Closed actions

Action ref:	Meeting date	Action required	Lead	Required by	Status
4.1 Governing Body risk assurance framework	**23 March 2022**	The current rating for the risk relating to health inequalities to be reviewed.	MP	May	Complete – reviewed and risk rating increased to reflect external issues including increased cost of living pressures and growing NEL population.
6.1 Performance report	**23 March 2022**	Nick Wright, Diagnostic Lead to provide an update to Professor Sam Everington after the meeting in regard to the trajectory for having mini diagnostic centres in every primary care centre across NEL and the trajectory for primary care to have direct access to all hospital diagnostics.	AMa/ NW	May	Complete.
		Diane Jones to discuss the workforce issues relating to IAPT at the Chief Nurse Forum to see if any further assistance can be given.	DJ	May	Complete – discussed at regular meeting with mental health chief nurses and workforce is a standing item on the agenda for NEL Chief Nurse meeting.
6.2 Finance report	**23 March 2022**	Diane Jones to follow-up with partner safeguarding colleagues in regard to ensuring there is a holistic approach where there are concerns within a school setting.	DJ	May	Complete - added to the safeguarding partnership agenda.
		The most recent deep dive report on Better Care Funds to be shared with the Lay member for PPI.	SC	April	Complete.

North East London
Clinical Commissioning Group

NEL CCG Governing Body

16 June 2022

Title of report	Annual Report and annual accounts 2021/22
Item number	2.0
Author	Marie Price, Director of Corporate Affairs Henry Black, Chief Finance Officer & Performance Officer, Designate
Presented by	As above
Contact for further information	Marie Price – annual report Henry Black – annual accounts
Executive summary	Clinical Commissioning Groups (CCGs) are required to publish as a single document, an annual report, accountable officer statement and annual accounts. National annual reporting guidance refers to compliance with the Manual of Accounts issued by the Department of Health and this in turn complies with the Government's Financial Reporting Manual. There is a common format for ease of national collation. The initial draft annual report and accounts were discussed at the Audit & Risk Committee meeting on 21 April. Colleagues have considered and addressed the comments received from auditors, NHSE/I, committee members, senior management team leads and GP Chairs. Despite a challenging context with the impact of the pandemic and the recovery programme, colleagues have met the requirements to date and are on track, subject to agreement at this meeting, to submit the final version as required by 22 June 2022 having been signed off by the CCG's Chief Executive officer. The Audit & Risk Committee recommended that the annual report and accounts are approved by the Governing Body and also recommended the Governing Body agrees to delegate authority to the Chief Executive Officer, Chief Finance & Performance Officer Designate and the Audit & Risk Committee chair to resolve any issues should they arise before the final submission deadline on 22 June 2022.

	Guidance in regard to the Annual General Meeting (AGM) is awaited. In the meantime, a more user-friendly public summary will be produced and uploaded to the website and circulated to stakeholders.
Action required	• To advise of any final corrections needed to the annual report and annual accounts • To approve the annual report and accounts for submission to NHS England • To agree to delegate authority to the Chief Executive Officer, Chief Finance & Performance Officer Designate and the Audit & Risk Committee chair to resolve any issues should they arise before the final submission deadline on 22 June 2022.
Where else has this paper been discussed?	Audit and Risk Committee meeting - 21 April 2022 Audit and Risk Committee meeting – 15 June 2022
Next steps/ onward reporting	Submission to NHSE
What does this mean for local people? **How does this drive change and reduce health inequalities?**	N/A
Conflicts of interest	There are no conflicts of interest.
Strategic fit	N/A
Impact on finance, performance and quality	N/A
Risks	The key risk to the CCG is that the annual reports and annual accounts are not submitted to meet national timelines, however all deadlines so far have been met and subject to agreement at this meeting, the final deadline will also be met.
Equality impact	N/A

NHS North East London
Clinical Commissioning Group

Annual Report and Accounts 2021/22

Abbreviations used in this report

A&E	accident and emergency
AF	atrial fibrillation
AO	Accountable Officer
ARRS	Additional Roles Reimbursement Scheme
BHR	Barking and Dagenham, Havering and Redbridge
BHRUT	Barking Havering and Redbridge University Hospitals NHS Trust
BI	business intelligence
CCG	Clinical Commissioning Group
CETV	cash equivalent transfer value
CFO	chief financial officer
CHC	Continuing Health Care
CIMHS	Community Integrated Mental Health Services
CIS	Community Insights System
CQC	Care Quality Commission
CQRM	Contract and Quality Review Meetings
CSU	Commissioning Support Units
DH	Department of Health
DHSC	Department of Health and Social Care
DSPT	Data Security Protection Toolkit
ED	emergency department
ELFT	East London NHS Foundation Trust
ENT	ear, nose and throat
EPRR	emergency preparedness, resilience and response
GB	Governing Body
GBAF	Governing Body Assurance Framework
GPN	General Practice Nursing
HWBB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICO	Information Commissioners Office
ICP	Integrated Care Partnership

ICPB	Integrated Care Partnership Board
ICS	Integrated Care System
IG	information governance
IPC	Infection Prevention Committee
JSNA	joint strategic needs assessment
KPI	key performance indicator
LCFS	Local Counter Fraud Specialist
LIS	Local Incentive Schemes
LMS	Local Maternity System
LTC	long term care
MRI	magnetic resonance imaging
NEL	north east London
NELFT	NELFT NHS Foundation Trust
NHSE	NHS England
NHSI	NHS Improvement
PCN	Primary Care Network
QPOG	Quality and Performance Oversight Group
RTT	referral to treatment time
SAR	Service Auditor Reports
SMI	severe mental illness
SOCG	Strategic Oversight and Command Group
SORD	Scheme of Reservation and Delegation
THT	Tower Hamlets Together
VCFS	voluntary, community and faith sector
VCSE	voluntary, community and social enterprise sector
VSM	very senior managers

Contents

PERFORMANCE REPORT

[Insert signature]

Zina Etheridge

Accountable Officer

XX month 2022

Performance Overview

Introduction

This year has continued to be dominated by the Covid-19 pandemic. Our focus has rightly been on responding to the pandemic, continuing to recover performance and vaccinating local people. This annual report is prepared against this backdrop. This is also the first annual report of North East London (NEL) CCG which was established in April 2021 following the successful merger of the former seven NEL CCGs.

Overview of the year

2021-22 was another challenging year for our local health and care system as we continued to respond to and recover from the pandemic. We also established our new organisation, North East London (NEL) CCG and prepared for future organisational changes as a result of the Health and Care Bill.

We continued to deliver the biggest vaccination programme in NHS history, only possible with the dedication of staff, volunteers and with support from our voluntary and community sector leaders to encourage take up in all communities. By the end of March 2022, we had delivered over 3.5 million vaccinations to local people.

Throughout the year we had a range of events, drop-ins and seminars to encourage take up. This included a successful mass vaccination event at the London Stadium in the Olympic Park during the summer and a TikTok social media event at Westfield shopping centre. GP influencers led the popular session, offering people the chance to get vaccinated and to create videos with them. In July we hosted a London Vaccine Summit, at which the Mayor of London, and then vaccines minister Nadhim Zahawi MP, GPs and other leading figures from healthcare, the community and local government came together to discuss the success of the Covid-19 vaccination programme, shared learning and discussed strategies for increasing update across the capital.

At the end of February, the number of Covid patients being treated at Barts and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) fell to the lowest level since before Christmas. This was in large part due to the effectiveness of the booster vaccine and its successful roll out across NEL.

The Mayor of London opened the London Blossom Garden at the Queen Elizabeth Olympic Park in Newham as a living memorial to the Londoners who died during the pandemic. Local communities helped to shape the design of the garden which was created for everyone to find solace in and enjoy; a place to visit, stop and reflect, and a peaceful haven where wildlife can thrive.

We also focused on providing support for those experiencing the adverse after-effects of Covid. Those suffering from 'Long Covid', now known as post-Covid syndrome, have a range of symptoms which can include breathing difficulties, mental health problems, brain fog, hair loss, fatigue and aches and pains. We opened London's first fully-operational Long Covid clinic at BHRUT and have since developed services across all our boroughs to support local people.

We made positive progress in the development of new health and care facilities. The Mayor of London gave the go ahead to proposals for the redevelopment of Whipps Cross Hospital. The new hospital will provide the same core services as today but in a state-of-the-art, net zero carbon building designed to provide better, more integrated services working alongside community partners to improve outcomes for local residents.

Over the winter we sought views and received overwhelming support for proposals to develop the St George's Health and Wellbeing Hub in Hornchurch, Havering. Health and care partners are working together to provide this much-needed health centre which will offer outpatient services, GP services and space for local voluntary and community groups.

Detecting cancer early is hugely important in improving chances of survival and the NEL Cancer Alliance led development on a number of initiatives and social media campaigns throughout the year. Last year the new and innovative Mile End Early Diagnosis Centre opened. It's a partnership between Barts Health, BHRUT and Homerton University Hospital and provides specialist services for people across the area who are living with conditions that could increase their risk of cancer, such as gastric ulcers and inflammatory bowel disease. The centre also closely monitors patients with early stage cancer who do not need treatment right away. The feedback from patients using these new services has been 100% positive to date.

Our local maternity system (LMS) was active through the year. The LMS held a 'Celebrating Black Women's Births' webinar to celebrate births in Black African and Black Caribbean communities and explores the role of the Covid-19 vaccination in ensuring safety in pregnancy and fertility.

We were also the first region in the capital to launch a local version of pregnancy and parenting app, Baby Buddy. Anyone booked to give birth in NEL can now access additional details about their maternity unit, including specialist maternity services, maternity helpline, antenatal and postnatal clinic phone numbers, visitor and parking information, and links to their local Maternity Voice Partnership.

Supporting people's mental health is a really important priority for us. We launched a new range of 'Safe Connections' support services to help reduce the risk of suicide. These services include an app, community support hubs and bereavement services. To help relieve pressure on hospital A&E

departments through the winter we launched a successful and widely-viewed campaign ('Your route to urgent help') with simple information on how best to access the right services for those feeling unwell and needing urgent care.

In March 2022 we welcomed Sajid Javid, Secretary of State for Health and Social Care, to the Community Diagnostic Centre at Barking Community Hospital. The work the team are doing there to cut waiting lists across north east London has been attracting national attention and the Secretary of State was able to see how additional diagnostic equipment is helping treat patients faster.

We were proud to see our system recognised through the Health Service Journal (HSJ) Awards during the year, with eight winners from north east London at the September ceremony, more in November and again this March. The awards honour improvements across the health system, many of which have played an important role in the fight against Covid. Included in these was a CCG diabetes programme that is tackling health inequalities and our CCG staff diversity networks – recognised for their role in helping to improve the working lives of staff and boost workplace culture and morale. Our Healthwatch colleagues across NEL were praised through a national Healthwatch award for the innovative Community Insights System (CIS). It's a system commissioned by the CCG which provides fast, regular and comprehensive insight into people's experiences of care to help inform services that meet the needs of our diverse populations.

As we continued to prepare for the transition from a CCG to Integrated Care Board (ICB) and wider ICS, we worked closely with our partners to design a future system that builds on the collaborative working established through the pandemic. Our work with Healthwatch in ICS development was commended as an innovative practice case study and we secured national funding to work with community and voluntary sector leaders to establish a voluntary, community and social enterprise sector (VCSE) collaborative across NEL.

We welcomed Zina Etheridge as our new Chief Executive designate for the ICB in February and Marie Gabriel was confirmed as ICB and ICS Chair designate. Our plans to establish the new organisation and system are on track, but we recognise the important role that NEL CCG and our former CCGs have played, particularly over the past two years in leading the system through unprecedented times. None of this would have been possible without the input and support of our staff, GP and governing body (GB) members, patient and public partners and ICS colleagues.

Our performance

For 2021/22 the focus for NEL CCG has been on restoring services, addressing waiting lists, and working differently to accelerate delivery and working through a set of nationally determined priorities:

- Supporting the health and wellbeing of staff and acting on recruitment and retention.
- Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.

Protecting and supporting our staff to stay safe was a priority through the pandemic and enabled delivery of patient care through flexible working, infection prevention and control policy, testing policy, as well as drawing on the range of preventative health and wellbeing support available.

During the pandemic, staff adopted innovative ways of working to make best use of their skills and experience to benefit patients through flexibility of staff movement across systems. This included remote working plans, technology enhanced learning and the option of Digital Staff Passport which enable safe and rapid staff movements between NHS organisations to help staff work flexibly and cut admin costs.

Restoring Elective Services

The pandemic had a significant impact on NHS activity, and while the majority of care and activity was maintained through the winter, there are new and increased demands on mental health services. It also had a significant impact on the delivery of elective care, such as planned or routine surgery or courses of treatment, and, as a result, on the lives of many patients who are waiting for treatment. Our acute trusts have worked towards restoring services back to pre-pandemic levels. By the end of March this was close to 90%, with plans to increase this further in 2022/23, including the need to fully utilise the support of independent sector providers.

The process of restoring routine planned services has been led by our brilliant frontline clinicians, and they have shown a real energy and flair for innovation. For example, a series of 'blitz' weeks were carried out to target certain specialties with long waiting list e.g. Bones Week, Project Gastronaut, Project Scalpal, ear, nose and throat (ENT) Kidz at BHRUT. Increased collaboration and partnership working across the acute trusts in north east London has also led to greater opportunities to share this learning across our system. This allowed for patients to be treated more quickly by sharing capacity across the hospitals for six high volume, low complexity specialities i.e. trauma and orthopaedics, urology, gynaecology, ophthalmology, general surgery and ENT.

The focus has been on treating patients waiting over one and two years. For the latest reported month of February 22, NEL ICS had 7,720 patients waiting over a year and 622 waiting over two years. Performance against the referral to treatment (RTT) standard as reported in February was 61.2% against the 92% standard for treatment of patients within 18 weeks.

Reducing Risk of Infection

Patient safety continued to be the utmost priority during the pandemic, and measures to reduce the spread of infection were implemented. This included segregating elective care flow through the hospital, prioritising the clinically most urgent patients, e.g. for cancer and urgent surgical treatments, maintaining effective communication with patients including proactively reaching out to those who are clinically vulnerable and addressing the longest waiting patients.

Transforming Outpatient Services

2021/22 also saw a significant system-wide effort to embed outpatient transformation, taking all possible steps to redeploy capacity that may previously have been used for less urgent or complex outpatient activity to where it was most needed, alongside increased use of services like advice and guidance, or advice and refer, which ensures that GPs get access to specialist advice enabling better care for patients outside of the hospital. North east London has the highest rate of advice and guidance, at approximately 21% compared to the national requirement of 12%.

Where outpatient attendances are clinically necessary, our trusts delivered about 21% remotely by telephone or video consultation, enabling vulnerable people to shield at home and avoid the risk of infection whilst ensuring face-to-face care for those patients with greatest need.

2021/22 also saw a focus on increasing diagnostic capacity with plans for the development of community diagnostic hubs starting to take shape. In order to tackle the pandemic backlog, trusts have focused on returning to pre-pandemic levels of activity, and in some cases well above 100% for certain modalities and a focus on those with the longest waiting times, magnetic resonance imaging (MRI) and CT scans.

Prioritising Cancer Services

Restoration of full operation of all cancer services was also a focus for 2021/22 and teams have worked hard to prioritise cancer services during the pandemic, and the overwhelming majority of cancer treatment has continued. However, there were far fewer patients contacting their GP with symptoms through 2021/22, which suggests that the pandemic had an impact on people coming forward to report issues that may have been early signs of cancer.

This had an impact on the ability to ensure early diagnosis and treatment of patients. The NEL Cancer Alliance has worked with GPs and the local population to increase the number of people coming forward and being referred with suspected cancer, with a particular focus on under-represented groups. More information on the work of the NEL Cancer Alliance can be found on the NELHCP website.

The Cancer Alliance has been working with partners across NEL to ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer patients and return the number of people waiting for longer than 62 days for treatment to the level we saw in February 2020.

Despite the challenges through the pandemic, performance against the cancer constitutional standards for the latest reported month of February was positive with compliance against the two-week wait standard of 95.64% against the 93% standard, 72.99% against the 83% 62 day standard and 80.25% against the 75% Faster Diagnosis standard.

Improving Access to Diagnostics

The Mile End Early Diagnostic centre has provided additional diagnostic capacity to ensure rapid investigation and diagnosis. There was also a significant increase in the take up of innovations like colon capsule endoscopy and Cytosponge to support effective clinical prioritisation for diagnostics, and rapid diagnostic centres are in place in both inner and outer north east London. The 'Targeted Lung Health Check' programme has also continued.

NEL ICS performance against the 99% standard has been challenged through this pandemic year with delivery at 23.1% driven by non-compliance in MRI, CT, endoscopy and non-obstetric ultrasound in the main.

Prioritising People's Mental Health and Wellbeing

There has been a sustained focus on expanding and improving mental health services and services for people with a learning disability and/or autism. We know, however, that Covid-19 has not only affected the delivery of services but has also caused an increase in demand particularly for psychological therapies, children and young people's services, severe mental health (SMI) physical health checks in primary care and perinatal mental health.

2021/22 saw an accelerated rollout of the two-hour crisis community health response to ensure consistent cover (8am-8pm, seven days a week) by April 2022 which has been achieved. North east London has also worked with local authority and community and mental health partners to achieve reductions in long stays and therefore free up capacity in acute settings.

At the point of writing, the full 2021/22 data set is not available, however performance against constitutional targets for mental health has been challenged with under delivery for IAPT access and waiting times, children and young people's access, dementia (except in Tower Hamlets and City and Hackney, SMI physical health checks and access to perinatal mental health services. Compliance was achieved for early intervention psychosis.

Discharging People Home Quickly and Safely

During the pandemic our hospitals and Primary Care worked closely with social care colleagues to ensure patients were discharged home as quickly and safely as possible, to free up hospital capacity for patients suffering from the most severe cases of Covid. This was incredibly challenging, but partnership working was really successful and discharge from hospital inpatient settings saw an improved reduction in average length of stay with a particular focus on stays of more than 14 and 21 days.

The position on discharge is reported weekly and therefore variable week on week and by Trust, but overall more than 50% of patients are discharged from our hospitals daily in order to maintain flow.

111 Urgent Telephone Service

We also worked to ensure the use of NHS 111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments. In 2021, we:

- Promoted the use of NHS 111 as a primary route into all urgent care services through extensive targeted campaigns.
- Maximised the use of booked time slots in A&E with an expectation that at least 70% of all patients referred to an emergency department by NHS 111 receive a booked time slot to attend.
- Maximised the utilisation of direct referral from NHS 111 to other hospital services (including same day emergency care and specialty hot clinics) and implemented referral pathways from NHS 111 to urgent community and mental health services.
- Expanded same day emergency care provision, including associated acute frailty services in Whipps Cross and Queen's Hospitals.

Emergency Care Co-ordination

The pandemic also saw the development of the NEL Emergency Care Hub, a collaboration across the acute trusts, London Ambulance Service, surge management team and place-based partnerships in order to share risks along the emergency care pathways, and to operationally and strategically work together to reduce the time lost to ambulance handover delays.

Performance against the 95% constitutional standard was impacted through the pandemic. The key priority and pressure was to ensure ambulances could transfer patients to the hospital within 30 mins. NEL ICS has significant challenges with regards to this at Queen's, Kind George's and Whipps Cross with the priority focus on reducing three-hour delays.

At the end of 2021/22, performance against the 95% standard of people being seen within four hours across NEL ICS was 81.63%.

Primary care services

Primary care services continued to offer access to patients during 2021/22 despite two waves of Covid. This was achieved through collaboration across practices that ensured services were maintained despite the pressures of staff absence and the need to accelerate Covid vaccination services. GP practices and community pharmacists rose to the challenge and were instrumental in the delivery of Covid and flu vaccinations throughout the year.

We put in place the following measures to ensure services continued to be available and were able to recover and restore many services disrupted during the first Covid wave. We did this by:

- Establishing primary care 'hot hubs' in each borough where Covid or suspected positive cases were seen, treated or referred on to hospital services.
- Enabling all practices to offer telephone and digital consultations in addition to face-to-face appointments.
- Creating mutual aid arrangements between practices to ensure there was always cover during intense periods of staff absence.
- Extending the capacity in GP hubs to see more patients in the evening and at the weekend.
- Creating better connectivity between our 111, urgent care, GP and community pharmacy services.
- Supporting GP practices in the catch up and restoration of screening, childhood immunisations and health checks for the vulnerable.
- Ensuring that every care home in NEL is covered by a team of primary care staff providing proactive primary medical services, liaising closely with the home and other health care professionals to ensure the needs of the residents are met.
- Protecting the wellbeing and health of our primary care teams.
- Making full use of our local community pharmacy services in helping to restore and recover from Covid.
- Extending the primary care workforce by recruiting new roles including clinical pharmacists, physiotherapists, community paramedics, care coordinators, health and wellbeing coaches and social prescribers.
- Working with our local mental health teams to recruit more primary care and GP based mental health staff.
- Working to maintain quality in primary care - 94% of our practices are rated as 'good' or 'outstanding'.

During the pandemic a significant backlog of patient care developed, as with other parts of the NHS, as GP practices worked to address the immediate needs of their patients and to manage high staff sickness due to Covid-19. We continue to work to support GP practices as they work through this backlog. General practice and pharmacists also played a major role in the rapid role out of the vaccination programme, adding to their already high workload. To vaccinate our most vulnerable patients and harder-to-reach groups, our GP practices worked closely with local authority, community and voluntary sector colleagues.

General practice had to significantly increase the amount of remote, digitally-enabled care provided to manage infection protection and control risks during the pandemic. For many patients this has been a positive development, however, we know that there are other ways we can meet the needs of some of

our patients. We have been working with practices to support an increase in face-to-face appointments (now consistently above 60% of all appointments) whilst maintaining progress with digital access for those who prefer it.

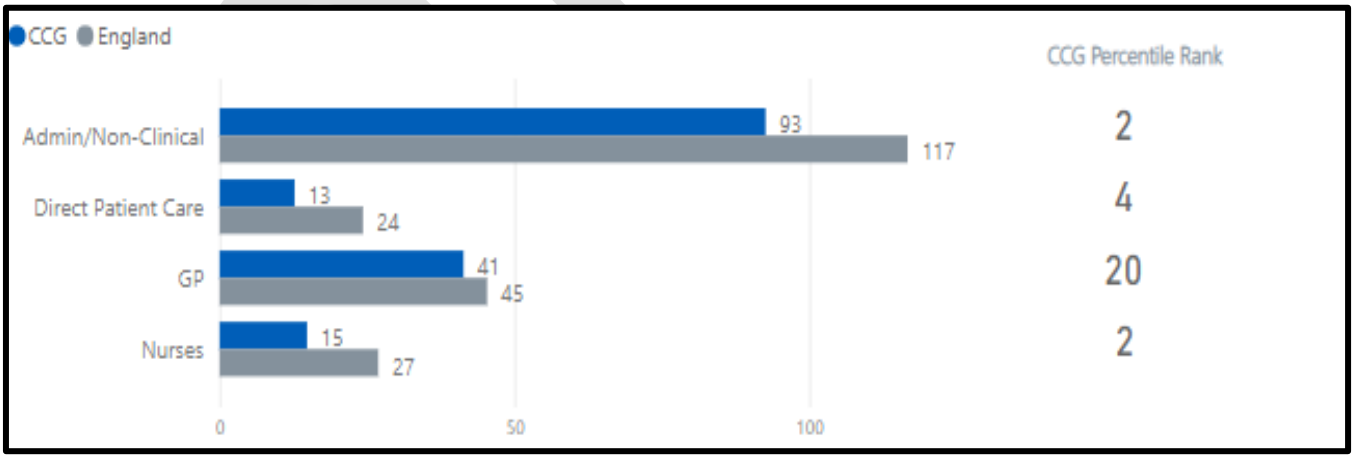
We have also commenced a programme of work to level up investment and achievement of quality and patient outcomes across general practice. This is a three-year programme designed to support the delivery of high-quality general practice wherever you are in NEL.

Workforce

Boroughs in NEL have lower than average rates of primary care staff across all groups. This is driven by a number of factors that include:

- Higher than average workloads driven by health need and health inequalities.
- London's health need and health inequalities are not reflected in the Carr-Hill Formula settlement for GP employers.
- Lower numbers of training practices in some of the boroughs.
- Higher cost of living expenses in London that can make it unattractive to potential employees.
- Variation in employment rates across borough and PCN networks.
- High rates of attrition due to an aging GP and General Practice Nursing workforce.
- Lower participation rates in newly-qualified staff (c60%) compared to staff who are retiring or exiting the service (c80%).

Comparison NEL Primary Care Staff per 100K patients to National rates (NHSD data 2021)



To address these problems NEL has agreed to invest in the following interventions:

Hyperlocal Projects

Following a review of the variation in rates per 100K across our boroughs, PCNs and practices, primary care leaders implemented a hyperlocal workstream. This will identify PCNs where we will develop hyperlocal and bespoke interventions which are intended to improve recruitment and retention through sustainable recruitment pipelines. The aim is to ensure that all PCNs develop as training environments for all staff groups.

Borough and System Offers

NEL will continue to offer generic and borough-specific resources to support recruitment and retention of key staff groups. These are supported by the work of GPN leadership delivering the GPN 10 Point plan and the national roll out of the ARRS scheme, GP fellowships, flexible staff pools, protected learning time and the development of nurse associate role.

New Interventions for 22/23

During 22/23 we have identified resources to support hyperlocal offers and the expansion of the ARRS schemes. These include:

- A system lead to facilitate PCN better utilisation of ARRS funding.
- Funding to support the training and expansion of the Personalised Care Workforce.
- A review of GPN leadership across boroughs and PCNs.
- Clinical fellowships for Clinical Pharmacists and physiotherapists joining under the ARRS scheme.
- Agreed plans with PCNs to improve recruit in hyperlocal areas.
- Locally Flexible offer for GP fellows.
- Support PCNs to develop their training, placement and educational capabilities and capacity.

Phlebotomy

Prior to Covid-19, a range of partners from acute, community and primary care provided phlebotomy services over 53 sites across Barking, Havering and Redbridge (BHR). This meant a number of different partners were providing the same service but in a different way, leading to a varying user experience in each area. In recognition of this, and as a result of service changes during the pandemic, work began to develop a new model for community phlebotomy provision.

The BHR Phlebotomy Pilot was implemented at the end of June 2021 for 12 months. Partners, including commissioners, GPs, NELFT and BHRUT, continue to work collaboratively, and we now proudly provide a service that offers equity of access, extended opening hours, online bookable slots (including urgent slots), easy cancellation, and weekly clinics specifically for those with learning disabilities. User

feedback has been gathered throughout the life of the pilot to continually improve, shape and flex the service to best meet the needs of local communities.

The latest patient data (March 2022) shows 95.4% of patients reported a good experience and that 87% of appointments were carried out within one week from the date of booking. There continues to be same or next day availability for a blood test at the majority of NELFT sites.

We are just finalising the evaluation from the first six months of the pilot and this will be used to develop a business case to formalise the new model for the future.

Mental Health

We have continued to make sure our local residents are aware of, and have access to, both our adult and children's mental health support services, through a range of activities including:

- Setting up a pan-London communications group to share ideas and resources, especially to help tackle inequalities.
- Supporting mental health awareness days.
- Working in partnership with Thrive LDN to use their communications toolkits to cascade key messages to our audiences on accessing mental health services.
- Working with local faith and community groups to raise awareness of our services and to encourage local people to reach out and seek support.
- Developing resources in different languages and with different faith groups.

Helping to reduce the risk of suicide in NEL

We have launched a new range of support services for our local residents in NEL to help reduce the risk of suicide. These services are being delivered together as *Safe Connections* and there are five elements:

- **Safe Connections App:** providing a safe, quick and efficient way to access information on services for local residents, downloadable via QR code or hyperlink and can be used on mobiles, tablets and personal computers.
- **Community hubs:** supporting people who are experiencing suicidal thoughts to access the right service at the right time.
- **Community protectors:** trained local residents who can offer support to their communities and offer near-by support for people feeling suicidal.
- **Bereavement services**: offering specialist support for those bereaved following a suicide.
- **Training for professionals:** delivering a tailored programme for health and care professionals to help them provide timely suicide interventions.

More information is available on our Safe Connections web page.

Supporting our staff

We have continued to offer our staff access to a dedicated health and wellbeing hub, called KeepingWellNEL. It is an easily-accessible, culturally-sensitive and confidential service. Anyone working in north east London in the health and care sector (no matter what role) can access the service. The innovative, online support hub transforms traditional approaches to accessing health and wellbeing support for employees in NEL by enabling confidential support through a single point of access. The hub team is purposefully diverse and reflects the cultural richness of the north east London area. People accessing the hub can choose to be supported by an individual of a similar or different ethnic background.

Supporting our children and young people

We were the first region in London to launch a local version of the pregnancy and parenting app, Baby Buddy. Working in partnership with The Royal London Hospital, Homerton University Hospital, Whipps Cross Hospital, Newham Hospital and Queen's Hospital, the app now features bespoke information from each of the maternity units including: specialist maternity services, maternity helpline number**,** antenatal and postnatal clinic phone numbers, visitor and parking information for birth partners and links to their local Maternity Voices Partnership. In the next year it will also feature areas such as pelvic health, perinatal mental health and neonatal services.

Localisation of the Baby Buddy app means those pregnant and new parents have access to the most up-to-date and helpful information from their local maternity unit, guiding them through their pregnancy, labour and baby's first year.

Our CCG, along with local partners, has been awarded funding to lead the promotion and delivery of the Digital Health Passport app as it is rolled out across the country and integrated with NHS IT systems.

The Digital Health Passport helps young people, aged 13-25 years, take control of their health by improving their skills, knowledge and confidence to self-manage. With a focus on improving outcomes for young people with asthma, it contains a digital asthma action plan enabling young people to track symptoms, get medication reminders, receive air quality alerts for pollen and pollution, and access educational resources – personalised by condition, demographic group and region.

With asthma being the most common long-term medical condition in children in the UK, affecting 1 in 11 young people, the app was designed and developed with young people, parents, school nurses, asthma nurses and clinical specialists, to make it easier for patients to record and share their symptom data with their clinicians.

Early Diagnosis Centre at Mile End Hospital

We have continued working in partnership with patients to deliver an innovative Early Diagnosis Centre at Mile End Hospital. The centre provides capacity for an extra 16,500 additional procedures annually for residents from across the whole of NEL.

Our patient group has been involved from the very start of the project and they have provided invaluable input into the design of the building and the patient pathway. The result has been that since we opened the centre in March 2021, we have received 100% positive feedback from patients.

One of our patient reps gave an insight into their involvement at our showcase event in October 2021. You can watch a recording of the presentations in full and also watch a short introduction video on the facilities of the Mile End Early Diagnosis Centre.

We continue to engage with our patient reps on the installation of a new MRI scanner, which will further boost our diagnostic capacity from the autumn of this year.

BHR Health and Care Academy

The BHR Health and Care Academy was established by health and care partners from across Barking and Dagenham, Havering and Redbridge and is successfully embedding a powerful, innovative Grow Our Own system of workforce transformation for the widespread benefit of local residents and all ICS partners. Our Grow Our Own mission delivers a new model of partnership engagement to help promote equity of opportunity and diversity across our local communities. The BHR Academy's unique, ICS data-led dashboard is the central hub to this improved whole-system approach to recruitment, retention and training across our system partnership to build a sustainable workforce for the future.

Reducing health inequality

People's chances of enjoying good health and a longer life are not equal. They are determined by the social and economic conditions into which they are born and live their lives (which also make a difference to the way people use health services and look after their own health). These different conditions create avoidable health inequalities, which can only be addressed through action across the whole of society.

There is widespread, collaborative action to tackle health inequalities at place level, close to local communities, across NEL. One of the important ways this is done is jointly with local councils through the local health and wellbeing strategies. This considers the changing health and social care needs of the population, as set out in the local joint strategic needs assessment (JSNA) and identifies key priorities, which then underpin service planning.

Recognising and building on delivery and expertise at the local level, a NEL Population Health and Health Inequalities Steering Group provides strategic leadership to embed population health and health equity across all parts of the system. The steering group oversees four workstreams: population health management; equity in health and care services; embedding prevention; and anchor system. The approach includes activity against the five health inequalities priorities of the NHS Operating Plan and the Core20Plus5 (the approach defines a target population cohort - the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement).

Some examples of our achievements so far include:

- Reducing vaccine inequalities, through data analysis, hyperlocal interventions and outreach.
- NEL anchor charter and collaborative action, e.g. Health and Employment Hub supporting 750 underrepresented local people into work.
- Bid secured to redesign the homeless health pathway across NEL introducing consistent stepdown care.
- Mobilising tobacco dependence services and alcohol care teams in our hospitals.
- Benchmarking through organisational equity self-assessments and NEL population health profile.
- Successful bid to Core20 Connectors programme, focused on Harold Hill in Havering, one of the most deprived wards in the borough.

Health and wellbeing strategy

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which the local health and care system could work together to improve the health and wellbeing of their local population.

Health and wellbeing chairs and elected leaders have come together on a number of occasions over the past year with NHS leaders to discuss our collective plans and development as an integrated care system. This has included discussions on how local authority and NHS partners will develop the new Integrated Care Strategy for NEL for 2022/23.

Waltham Forest

A wide range of transformative workstreams continue to be developed for the borough's Integrated Care Strategy (ICS) within its vision for the population of Waltham Forest to have healthier lives by enabling them to start well, live well, stay well and age well, supporting each individual through to the end of their lives. These include new multi-disciplinary team approaches for residents with the most complex needs, ensuring continuity for the new approach to integrated discharge from acute hospital settings, enhancing support to care homes, and ensuring that the best and most seamless network of prevention, early intervention and wellbeing services are universally available across the borough. The local ICS programme is also closely tied to the redevelopment of the Whipps Cross hospital site, and work

continues to weave in the priorities for children and young people, learning disabilities and mental health into, and alongside, the strategic aims.

Tower Hamlets

The Health and Wellbeing Board (HWBB) sits at the apex of the Tower Hamlets health and social care partnership, and contains senior representatives from the local authority, the CCG, GP Care Group, Barts Health, East London Foundation Trust (ELFT) and the local voluntary sector. The Tower Hamlets HWBB has identified integration of health and care services as one of its five priorities for 2021/22 and beyond. The Tower Hamlets Together (THT) partnership supports the Tower Hamlets HWBB with delivering against this priority, including the discharge of its duty under s.195 of the Health & Social Care Act 2012 to encourage health and social care services to work in an integrated manner. The THT Borough Plan is closely aligned to the HWBB Strategy and is the main delivery mechanism for the health and social care elements of the Strategy. The transformational approach has been to identify three work streams to maximise the value of collective action and transform our health and care system. The three workstreams are:

- Born Well and Growing Well - children and young people.
- Living Well - mainly healthy adults.
- Promoting Independence - individuals with complex care issues.

A few examples of work which are delivered through these workstreams and led by our integrated commissioning and delivery teams are the integration of reablement and rehabilitation, delivery of care coordination and multi-disciplinary team working, organising services around locality and primary care footprints and the award-winning children's asthma project. More details can be found in our Tower Hamlets Health and Wellbeing Strategy 2021-2025.

Newham

Newham's Health and Wellbeing Board is focused on delivering the 50 Steps to a Healthier Borough - Health and Wellbeing Strategy 2020-2023. With the 50 Steps to a Healthier Newham we believe we can make a significant change for local people. It is reliant on key partners, including the CCG, to drive each approach forward, and if we can put the necessary steps in place we can all deliver lasting change for Newham. Key highlights include:

- Newham's Covid-19 vaccine bus regularly sited around the borough and on our vaccine clinic schedule. Our team on the bus offer health checks, blood pressure checks and general healthy habits information as well as the Covid-19 vaccines. We also have a new roving community outreach team who will visit different locations around the borough to help increase Covid-19 vaccine uptake. The team answers residents' questions on the vaccine, as well as providing support on many other health issues such as smoking cessation, weight management and

mental health support. They visit a wide variety of places, from schools to community centres, to barber shops.

- Newham's 'Single Front Door' project is improving access to mental health and wellbeing support for children, young people and their families. It joins up all relevant services across adults, children, health, housing, education, employment and the voluntary, community and faith sector (VCFS), and removes any artificial barriers or 'wrong doors' to young people getting the help they need.
- The Covid-19 pandemic has led to a new spirit of partnership between the VCFS, the council and CCG. Joint work includes the publication of 'We are Food Secure' and securing a £300,000 award to begin to address children's food poverty through effective distribution of hardship funds, a campaign led by the Renewal Programme to support eligible residents to achieve their EU Settled status, creation of Social Welfare Alliance and the commissioning of Connect Newham, a brand-new befriending service.
- Five new Community Integrated Mental Health Services (CIMHS) have been launched to transform mental health service provision across Newham. The new model of integrated care now covers all residents and brings together NHS mental health professionals, primary care, voluntary and community sector partners and people with lived experience as peer support workers.

This strategy is not solely about particular health conditions or issues but focused much more on the drivers and determinants. But that lens of the major drivers of early death or poor physical and mental health is important too. Our joint health and care 50 steps strategy is a call to action to ourselves as the Health and Wellbeing Board for Newham and to the wider borough to draw on the amazing assets and opportunities we have locally. This is not a short-term fix and through working together across Newham we can galvanise action to bring about lasting change.

Barking and Dagenham, Havering and Redbridge

The CCG is an integral member of each BHR borough's HWBB and throughout the year has provided presentations and updates on the BHR-wide transformation programmes, such as long-term conditions. In addition, work has been ongoing together on obesity, hypertension, AF and Covid specifically. As part of the developing place-based partnerships, accelerator priorities have also been identified as childhood immunisations, mental health, housing and overcrowding and multidisciplinary team working – all of which have been supported by the Chair of the HWBB.

The CCG has been working in partnership with the London Borough of Barking and Dagenham, North East London Foundation Trust, local primary care services and Thames Ward Community Partnership, to engage with Barking Riverside residents, in particular through the Thames Ward Activation Group and the 'Healthy Thames' sessions with local people. These ongoing discussions have helped to shape

the proposed model of care (which will be commissioned and housed in the new wellbeing hub from September 2024), with a focus on supporting local people to remain well and independent, and integrating services around local needs.

The BHR Long Term Conditions (LTC) Transformation Board continues to be a dynamic forum consisting of key stakeholders across BHR which is at the centre of driving strategic change and service and quality improvements in this area. This is particularly notable given that additional projects were added to the 'Plan on a Page' for the LTC programme during the course of the year as a result of Covid-related pressures. This meant that clinicians had been focused on Covid-related pressures and officers had mainly been redeployed. Projects that we're particularly proud of this year include: mobilising the Covid pathways, including non-clinical working across our three local authorities, redesign of heart failure services, redesign of respiratory services, the development of a Diabetic Community Foot Protection service and starting work to review and redesign the community diabetes services across BHR, with the aim of levelling up the provision in line with the best performing boroughs.

The Urgent and Emergency Care transformation board has focused on how we can improve patient experience of urgent care pathways. The sub-groups, which are: pre-hospital, front door and secondary care, all consider how we can give patients a better experience by getting care in the right place first time. Key elements of the work are: prevent ambulance conveyances where care can be provided in the community; improving waiting times in the urgent treatment centres; and creating services that GPs can directly access for patients.

City and Hackney

City and Hackney's place-based partnership has operated as a local partnership for a number of years, involving the London Borough of Hackney, the City of London Corporation, local health and care providers, public representatives and the voluntary sector. The partnership has been overseen by the Integrated Care Programme Board and works closely with the Health and Wellbeing Boards in both Hackney and the City of London, and is responsible for delivering the Health and Wellbeing Board objectives as they pertain to health and care partners.

A key objective for the Health and Wellbeing Boards has been to reduce health inequalities and to focus on prevention to support better health outcomes across the population. Key work that the place-based partnership have delivered to support this includes:

- Delivering the neighborhoods model across the borough, which brings partners together to deliver integrated services that proactively support people to stay well and work with local communities to identify and resolve health inequalities.
- Adopting a Making Every Contact Count 'MECC' approach across all of our partners.

- Development of our Population Health hub between the CCG and the public health team to provide local infrastructure and expertise to support tackling health inequalities.
- Agreeing a strategy to support improved emotional health and wellbeing for children and young people.
- Taking a system-wide approach to support young people who have experienced Adverse Childhood experiences.
- Partnership with Sport England to improve activity levels in one of our most deprived wards.
- Whole-system approach to delivering and increasing uptake of vaccinations, including Covid and childhood immunisations.

The City and Hackney Health and Wellbeing Boards are refreshing their strategies for 2022 and beyond. This process has been aligned to the strategy development of our City and Hackney place-based Partnership which will ensure that the partnership is delivering the Health and Wellbeing Board strategy.

Engaging people and communities

As a CCG with a rapidly-growing population that continues to face considerable health inequalities, particularly evident during the Covid-19 pandemic, we remain committed to placing patients and the public at the heart of the work we do, to transform and sustain services locally through genuine and effective engagement.

- Significant work is progressing to develop the NEL ICS approach to participation, with a NEL Engagement Working Group established in June 2021 - made up of colleagues working in participation from across north east London - meeting monthly and providing valuable input by bringing insight from their organisations/patient/place level networks.
- Working with NHS, local authority and third sector partners we have engaged with the public to understand their views and concerns, develop vaccine and other interventions that fit their lifestyles, answer their questions and provide them with information. We have worked with local football clubs and boxing clubs, maternity groups, homeless people, the Roma community, people who use British Sign Language, people who are deaf or hard of hearing, our diverse ethnic population and faith groups, plus older people in care homes, staff, homeless people and young people through schools and colleges. We recently held a health information session in City and Hackney for Afghan refugees at one of the two bridging hotels to share winter and Covid-19 messages about staying safe.
- We continue to work with Maternity Voice Partnerships and community-based services who support pregnant people, to ensure we understand, and work to improve maternity experiences for all our communities. This year we will produce a maternity equity and equality action plan, to improve outcomes for pregnant people from ethnic minority backgrounds and those living in the most deprived areas.

- Children and young people continue to be involved in co-production of services, including programmes such as Health Spot, Head Start and Youth Health Champions. Our young people's mental health reverse conference, All About Me, For The Benefit Of Everyone, let the young people take the lead and share what is working and what needs fixing.
- The Community Insight System (CIS), developed and managed by our local Healthwatch, is a central repository which brings together data from a wide range of sources including NHS Choices, Healthwatch surveys, thank you cards, complaints and insight from voluntary and community sector projects. Managed by Healthwatch Tower Hamlets, NEL CCG provided funding during the pandemic to ensure all our local Healthwatch were able to input. With over 90,000 pieces of data now inputted, the CIS has continued to be a valuable resource and additionally we have commissioned Healthwatch to produce a 'deep dive' report into the experiences of people with disabilities during the pandemic.
- We have continued to work closely with our local Healthwatch and were delighted that NEL was chosen to be one of six Healthwatch England Promising Practice case studies, showcasing the benefits of Healthwatch and ICSs working together.
- In September 2021 we were successful in receiving funding as part of the NHSEI Voluntary, Community Sector and Social Enterprise (VCSE) sector Leadership Programme, with a view to developing an alliance to enable the VCSE to play an active role in NEL ICS. Our work to date provides the basis for developing more meaningful partnerships with the VCSE in north east London as part of our broader ICS structures, including a seat on the new Integrated Care Board (ICB) board and local place partnerships.
- We continue to make use of the NEL Citizen's Panel. The panel is designed to make it easy for people to give virtual feedback on local health and care topics, and for those not able to attend more formal meetings to have their say. Using a phone or computer, at a time that suits them, members are able to tell us their thoughts on ideas or proposals, or give feedback or suggestions on health and care issues or topics through short surveys.
- Earlier in the year, NEL was successful in submitting an expression of interest to the NHSEI Core20PLUS Connectors programme. The Core20PLUS Connectors programme is part of the NHS goal to tackle health inequalities by building on existing community-based initiatives and extensive experience of largely volunteer roles which impact on health improvement and inequalities, for example community champions, link workers and peer advocates. The programme went live in March 2022 and is focused on the Harold Hill ward in Havering, one of the most deprived 20 per cent areas in the country. Embedded in a local community hub and led by the local community and voluntary sector, a local area coordinator from the local community will be recruited with the core purpose of recruiting and supporting a cohort of community connectors to act as voices for the local community, focusing on barriers and enablers to reduce health inequalities and connect service users with decision-makers. Some of the funding will also be used to spread and share learning from this programme across NEL.

- The East London Women's Experience Forum continues to meet monthly, providing an opportunity for those pregnant and their families or people planning pregnancy to ask questions and seek information and advice from senior midwives across NEL.
- We have been working with local community and faith groups, including schools, to understand their needs, raise awareness of Long Covid and provide local information on support, including non-medical services (such as housing, finance and employment support).
- We have been running a pilot project with the Bengali, Romanian and Somali-speaking communities to improve accessibility to the NHS App for those who do not speak or read English.
- We have been raising awareness of signs and symptoms of cancer to encourage people to come forward for treatment, including working with local mosques to raise awareness of bowel cancer, promoting awareness of lung, prostate and bowel cancer to older males in deprived areas, developing a creative cervical screening campaign aimed at young Muslim women and producing a range of materials in different languages.
- We launched a refreshed Co-Production Charter in City and Hackney, which has been signed up to by all local partners.

In addition to our engagement through social media, local project liaison and newsletters we continue to engage with key stakeholders through regular meetings e.g. with Healthwatch, with MPs and health overview and scrutiny committees and joint health overview and scrutiny committees.

We have also supported partner engagement approaches on transformation, for example in the development of the new Whipps Cross Hospital, and led on the formal engagement process for a health and wellbeing hub at the St George's Hospital site which is at the heart of integrated health and care services in north east London. Since the early days of planning for new healthcare services on the site, NHS partners have kept a commitment to ensure local stakeholders and residents are kept informed about our proposals and progress.

Significant engagement has already taken place with key local stakeholders and with local residents and patients over the last 10 years, which has helped to shape our plans and ensure our stakeholders understand how the new centre will benefit them and the communities they represent.

As part of the development of the proposals for an integrated health and wellbeing hub on the former St George's Hospital site in Hornchurch, the CCG (supported by its development partners) undertook a 12-week public engagement on the proposals for the site. The engagement approach was endorsed by local Health Scrutiny Committees and Healthwatch, and ran from 22 November 2021 to 13 February 2022.

Local people and stakeholders who responded to the engagement on proposals for the St George's Health and Wellbeing Hub in Hornchurch gave overwhelmingly positive support for the proposals. A number of residents and stakeholders also provided specific comments on issues or services they felt should be considered as the project develops.

The Project Board and the individual workstreams (including workstreams for the integrated services operating model; Building, Design and Construction, and Finance) carefully considered the engagement report, and a report to the NEL CCG in March 2022 set out how the feedback would be taken on board as the project develops. More information about the project and the engagement work is available on the NEL CCG website.

Emergency preparedness, resilience and response

Under the Civil Contingencies Act (2004) NHS organisations must show that they can deal with such incidents while maintaining services for patients. This work is referred to as 'emergency preparedness, resilience and response' (EPRR). CCGs have to meet a number of EPRR core standards and NHS England (NHSE) is responsible for ensuring the CCG meets these via an annual assurance process in order to obtain a rating of compliance. NEL CCG was rated by NHSE as 'substantially compliant'.

In responding to the pandemic over the past two years, we have fully tested and developed our incident response arrangements as a CCG and system leader within an ICS. We have continued to review our operating arrangements during the pandemic, considering the learning and adapting our practices.

As we prepare to transition to an ICB and wider ICS we have been working with NHSE to prepare for the move from a 'category two' to a 'category one' responder for EPRR.

Sustainable Development

We are committed to promoting environmental and social sustainability through our actions as a corporate body and commissioner. Our procurement strategy requires us to consider our providers' approaches to sustainability and carbon management. As part of our responsibility to the Social Value Act, we will consider local providers of our services and suppliers of goods, and associated benefits for low emissions, local job creation and local business prosperity, support CCG spending within the borough and deliver wider local social and economic benefits.

Over the past year we have largely worked remotely, which has minimised our impact on the environment through limited travel and use of consumables. We have developed and increased our ability to hold our meetings virtually, and this is set to continue through a more flexible approach to working post-pandemic.

Our IT and primary care colleagues have supported general practice to transform the way that primary care services are delivered, with far more patient consultations taking place online therefore reducing patient travel to appointments.

Following the receipt of a recommendations report on sustainable development for NEL CCG in March 2021 we have responded to this by allocating staff to lead on net zero implementation. Our staff continue to be engaged on reducing the environmental impact of the CCG via a staff green team.

In February 2022 we recruited five Net Zero Clinical Leads to oversee the input from Primary Care. In March 2022, we completed a series of workshops with system partners to create a NEL Integrated Care System (ICS) Green Plan as mandated by NHS England. We have formed net zero networks that link staff and leaders across the system to deliver on the aims of the Green Plan to reduce our carbon footprint by 40% by 2025. The Plan will enable us to continue to work closely with local partners to align commissioning across health and social care to provide integrated local, sustainable services. The NEL ICS Green Plan will be available on the North East London Health and Care Partnership website.

Improve quality

Improving the quality of local health and care services is central to everything we do in north east London. We continuously review and evaluate GP, hospital, mental health and community services to make sure they are as safe and effective as possible so that everyone, whatever their individual needs, has a good experience and easy access to excellent local services.

Improvement highlights in Barking and Dagenham, Havering and Redbridge

2021/22 has seen the continuation of positive work begun in 2020/21 to develop new ways of working with provider organisations across Barking and Dagenham, Havering and Redbridge (BHR). This includes the standing-down of separate traditional Clinical Quality Review Meetings (CQRM) with individual providers and the formation of the BHR Quality and Performance Oversight Group (QPOG) which has taken a BHR Integrated Care Partnership (ICP) approach to quality assurance and improvement. This change has led to an increased focus on live quality issues with collaborative responses across all providers to local concerns and celebration of successes.

Throughout 2021/22 BHR ICP has continued to work with all system partners to support the health response to the pandemic and system recovery. The BHR Strategic Oversight and Command Group (SOCG), with membership made up of colleagues from CCG, acute, mental health and community trusts, three local authorities, community, voluntary and armed forces sectors.

The group met weekly to ensure effective oversight on the implications and impact of the Covid-19 pandemic an all local services.

We developed a number of new services, just a few of which are highlighted below:

- Additional Infection Prevention and Control (IPC) advice and support for care/nursing homes and social care such as supported living and day care across BHR. This multi-agency approach included face-to-face IPC training and support as well as web-based training and IPC surgeries.
- London Nightingale Hospital – quality team colleagues supported both phases of the London Nightingale Hospital from both safeguarding and direct patient care perspectives.
- Covid-19 vaccination programme – staff across the BHR footprint supported the vaccination programme in various ways, including pharmacy expertise, quality assurance and primary care support, with a number of staff also training to provide direct vaccinations to local people.

Barking, Havering and Redbridge University Hospitals Trust (BHRUT) had Care Quality Commission (CQC) inspections of both emergency department and Maternity Services during 2021/22. The inspection of emergency department services was conducted but not rated, however, as a result of the inspection, the CQC issued a letter of concern to BHRUT with a request for a system-wide response. This was a catalyst for a significant change in the way local providers and commissioners work together to address system issues. As a result, a number of cross-system discussions were held leading to the development of a comprehensive system-wide action plan.

The inspection of maternity services, looked at two domains – 'safe' and 'well-led'. The rating for 'safe' remained the same but the rating for 'well-led' was downgraded which meant the service's rating has been downgraded overall to 'Requires Improvement'. Following the outcome of the inspection, BHRUT were invited to join the maternity services improvement programme supported by colleagues at NHSE/I, with additional support and oversight being provided by the Local Maternity System (LMS).

Improvement highlights in Tower Hamlets, Newham and Waltham Forest

2021/22 has seen the continuation of the path already started in 2020/21 to develop new ways of working with provider organisations across Tower Hamlets, Newham and Waltham Forest (TNW). This has led to the establishment of borough-based quality leads identified for each of the three boroughs, and for these quality leads to be embedded within the quality systems in each of the main providers. This has provided greater assurance for the CCG, with early engagement in issues arising and has strengthened the internal assurance processes within the respective organisations. This development supports the continued move to increased

collaborative working, and the formation of quality structures at a borough-based partnership level.

Throughout 2021/22 the CCG continued to work with all system partners to support the health response to the pandemic and system recovery. In addition, there was a continued focus on joint initiatives to support pathways of care such as: joint learning events held across Barts Health (Newham University Hospital) and ELFT, Newham Community Health Services, focusing on discharge, medicines and safeguarding; work to develop joint incident processes within Tower Hamlets; and the ongoing development of the care provider forum to ensure greater collaborative working between adult social care and health across NEL. Some key areas of work in 2021/22 have been highlighted below:

- Support for Cygnet Hospital Beckton – the hospital provides inpatient care for women with complex mental health needs, including those with learning disabilities and personality disorders. In March 2021, following a number of incidents of concern, the hospital was inspected by the CQC. This resulted in an 'inadequate' rating for the hospital, and the hospital being put in special measures. Throughout 2021/22 the CCG as 'host commissioner' provided ongoing support for the hospital, as well as co-ordinating the response of partners, working with all key stakeholders to support the improvements of care needed. The hospital has since seen significant improvement throughout 2021/22 with inspections in May and June 2021 highlighting the significant progress being made, and the inspection in January 2022 rating the hospital as 'good' in all domains.
- Infection prevention and control provision for social care settings – the CCG has continued to provide extensive infection prevention control support for all social care settings, working extensively with public health and adult social care teams across the boroughs to support improvements in infection control across the sector, and reduce and support Covid outbreaks. This service is now being reviewed to ensure that the same level of service is provided across NEL, and to support other areas of infection prevention and control.
- Vaccination mandates – the CCG led and co-ordinated the health response to the initial care home vaccine mandate, which meant that un-vaccinated healthcare staff could not enter care homes to provide treatment, unless for emergency care. This meant that very few issues of un-vaccinated staff attending care homes were reported, and any arising issues were quickly addressed. The co-ordination of this mandate led to the extensive work on preparing for the wider health and social care staff vaccine mandate, which was subsequently revoked on 15 March 2022.
- Support for our providers in their CQC preparation and CQC outcomes. Both ELFT and Barts Health have had CQC inspections during 2021/22. ELFT achieved its third

consecutive ‘outstanding’ rating from the CQC; the first community and Mental Health Trust to achieve this rating for a third time. The CQC found ELFT’s “overwhelmingly positive culture supported patients to achieve good outcomes”. Barts Health had inspections in May and September 2021 relating to their diagnostic services at Whipps Cross and Royal London hospitals, where improvements were identified as being needed. The trust has since made significant progress in these areas. Newham University Hospital maternity service was inspected in September 2021, and continued improvements were found, in particular with relation to contact with public and patient experience. A number of primary care services have also been inspected in 2021/22 and support provided from the CCG where improvements were identified as being required.

Improvement highlights in City and Hackney

We have been focusing strongly on joining up services so residents get more streamlined care by developing neighbourhood arrangements that will shape services around the needs of our most vulnerable residents. This has resulted in better multidisciplinary working with community health and mental health staff working with GP practices and voluntary and community sector organisations to make services more joined-up and accessible.

Our quality improvement work is firmly rooted in addressing the many health inequalities that the last few years have laid bare. When we develop new services or review those we have in place we make sure that they are providing good quality care for everyone and we have developed a programme of work to make sure health inequalities are prioritised.

We have set up a ‘Quality and Outcome’ group in City and Hackney with GPs, hospital and community services, mental health services, public health and patient and public members. This group is developing a framework to ensure our services are safe, timely, effective, efficient, equitable and patient-centred. We have adopted the City and Hackney Co-Production Charter so that patients and the public are involved and are partners in all our work.

We have developed a number of new services, just a few of which are highlighted below:

- A Long Covid service with a range of healthcare and other professionals who will wrap the service around the needs of patients. We are actively making sure the most deprived and vulnerable members of the community are prioritised for this new service.
- Additional infection control advice and support for care homes and social care, such as supported living and day care, in Hackney and the City of London. We have a new training programme in place in City and Hackney that will support each care home to have a lead person with more advanced training in infection control.

- A digital recovery platform for severe mental illness in partnership with ELFT, The Advocacy Project and Core Sport. This helps people with severe mental illness to plan and manage their own care, supported by a digital platform that brings all the tools together in one place. This allows the patient to dynamically interact with the people and organisations involved in their care and to move seamlessly between organisations with the same plan and set of tools. This was a collaborative partnership between primary and secondary care, the voluntary sector, patients and external technology partners to address the longstanding issue of the lack of capacity to meet everyone's needs, combined with difficulties of supply caused by the pandemic.
- Additional investment into our City and Hackney specialist bereavement counselling service as the current service experiences high demand for all age groups due to Covid. There is good evidence of the impact of the service in reducing emotional distress and increasing people's coping strategies. The service is for both adults and children who have experienced a loss and trauma.
- Culturally-focused psychology services for communities by communities. This project aimed to increase psychological therapy access and recovery for Black and minority ethnic communities in primary care by developing small grass roots voluntary sector organisations into fully-accredited service providers. Because the voluntary sector organisations selected were embedded in our African, Caribbean, Orthodox Jewish and Turkish-speaking communities, the model is services for the communities by the communities. This service has already increased access and recovery rates and more culturally-attuned therapeutic approaches.

The NHS Patient Safety Strategy was launched in 2019 and requires NHS organisations and staff to rethink and redesign the current approach to reducing potentially avoidable harm. The strategy will require a sea change in the way the NHS identifies, measures, reports and learns from patient safety incidents, and support those involved including patients, carers and staff. NEL CCG has been implementing the strategy during 2021/22 and some highlights that are in place and currently being planned are:

- A new CCG patient safety specialist role to lead on implementation of the strategy and be a source of expertise in relation to patient safety.
- Training on patient safety and preventing avoidable harm with a focus on human factors and how complex systems can be redesigned to improve safety.
- A new network in NEL joining up all the patient safety specialists so we can work together and share resources and learning.
- A new way for GPs and other NHS organisations to report patient safety issues and events which is collated nationally and used to send out patient safety alerts to all NHS organisations.

- In 2022 NEL CCG will be recruiting at least two patient safety partners who are lay members and will work with staff in the CCG to deliver the patient safety strategy and be on key groups and committees.

Financial review

Going concern opinion

As of 31 March 2022 the CCG had net liabilities of £366.6m (£373.4m as at 31 March 2021). Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the CCG is a going concern and the financial statements are prepared on the going concern basis.

Following the approval of the Health and Social Care Bill on 28 April 2022, NHS North East London CCG will be dissolved on 30th June 2022. Whilst the CCG as an entity will cease to exist on that date, the activities undertaken by the CCG will continue to be undertaken by NHS North East London Integrated Care Board.

In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of the CCG should be prepared on a going concern basis. The statement of financial position has therefore been drawn up at 31 March 2022 on the going concern basis.

The budget for 2022/23 has already been agreed with NHSE. On this basis, there is no reason to believe that sufficient funding will not be made available in the 12 months from the date of approval of these Financial Statements.

Financial performance

In 2021/22 NHS North East London CCG was given funding of £3,981.1m from NHSE. Within this funding the CCG is allowed to spend £40.3m on the running costs of the organisation.

The majority of the CCG's spend is used to purchase services from NHS Trusts and NHS Foundation Trusts. In 2021/22 we spent £2,742.8m (£2,331.9m in 2020/21), which is 69% (66% in 2020/21) of our total spend.

The CCG delivered a £0.3m in year surplus. The CCG has also remained within the running costs allocation.

The financial position continues to be very difficult and so in 2022/23 we have a challenging financial plan. The CCG is working collaboratively with partners across the system to deliver the actions and mitigations required in relation to the challenging financial position.

The financial statements contained within the report provide a summary of the CCG's financial position and performance for 2021/22. This section of the report talks about how we manage our money and how our financial performance is measured.

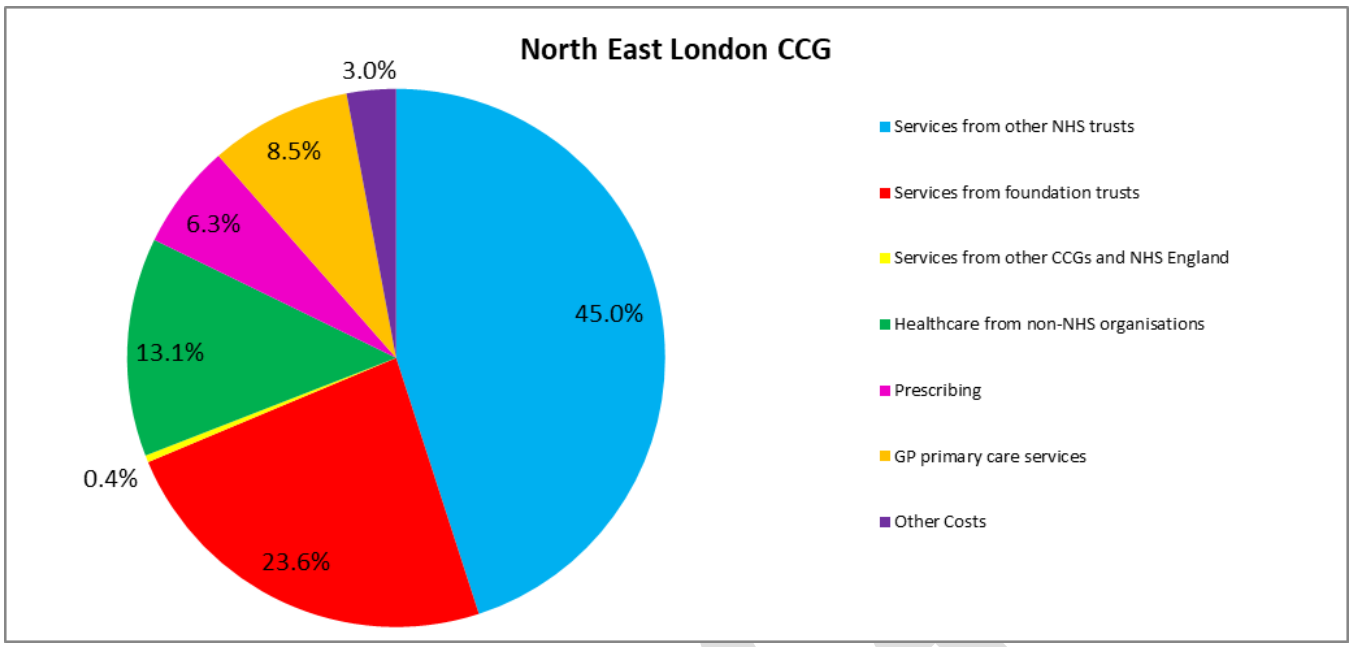
We are accountable for how we spend public money and achieve good value for money for our patients. This is the first year of North East London CCG, and good financial control and management is vital for the development of the organisation as we transition to North East London Integrated Care Board.

In 2021/22, spend related to delegated co-commissioning arrangements totalled £350.8m (£319.6m in 2020/21). This equates to 9% of total spend (9% in 2020/21).

In summary we spent the money as follows:

	£m
Services from other NHS trusts	£1,798.2
Services from foundation trusts	£944.6
Services from other CCGs and NHSE	£16.6
Healthcare from non-NHS organisations	£524.9
Prescribing	£251.6
GP primary care services	£340.2
Other costs	£118.1
Total	**£3,994.2**

A.01: How we spent the money



How we did

During the financial year 2021/22 all CCGs have worked under revised financial arrangements in response to the pandemic. The arrangements included block contracts with NHS providers, specific funding for Covid-19 services and a greater emphasis on financial planning at an Integrated Care System level.

The CCG delivered a strong financial performance reporting a £0.3m surplus in 2021/22. The CCG has also remained within the running costs allocation.

Financial pressures

The CCG has faced a range of financial challenges across the year mainly impacted by the response to Covid-19 including; Continuing Health Care (CHC), Hospital Discharge Pathway and Independent Sector Contracts.

Future years

Regulators have confirmed the NHS has a fixed level of CCG funding for the financial year 2022/23 which will cover the locally agreed and NHSE set block contract values for NHS providers.

ACCOUNTABILITY REPORT

[Insert signature]

Zina Etheridge

Accountable Officer

XX month 2022

Accountability Report

Zina Etheridge

Accountable Officer

Corporate Governance Report

The purpose of the corporate governance report is to explain the composition and organisation of the CCG's governance structure and how they support the achievement of our objectives.

Member profiles

Our website gives more details about our governing body, including profiles of members.

Member practices

During 2021/22, the CCG's membership comprised of 275 GP practices. The full list of practices is available on the CCG website.

Composition of Governing Body

The CCG Governing Body (GB) is comprised of clinical chairs, appointed members and officers who have the duty to ensure the CCG exercises its functions effectively, efficiently and economically. The GB takes responsibility for ensuring that the CCG meets all its financial obligations, including accounting and auditing and performs its functions in a way which provides good value for money.

The members are detailed below and more information about the GB and its work is contained in the Governance Statement.

Name	Title and/or role
Dr Jagan John	CCG Chair and Clinical Chair Barking and Dagenham
Henry Black	Acting Accountable Officer
Sue Evans	Deputy CCG Chair and Lay Member Primary Care
Professor Sir Sam Everington	Deputy Clinical CCG Chair and Clinical Chair Tower Hamlets
Dr Mark Rickets	Clinical Chair City and Hackney
Dr Atul Aggarwal	Clinical Chair Havering
Dr Muhammad Waqqas Naqvi	Clinical Chair Newham
Dr Anil Mehta	Clinical Chair Redbridge

Name	Title and/or role
Dr Ken Aswani	Clinical Chair Waltham Forest
Kash Pandya	Lay Member Governance
Noah Curthoys	Lay Member Performance
Khalil Ali	Lay Member Patient and Public Involvement
Fiona Smith	Independent Clinical Member – Registered Nurse
Charlotte Harrison	Independent Clinical Member – Secondary Care Clinician
Steve Collins	Acting Chief Finance Officer

Meetings are also attended regularly by the following members of staff who are not voting members of the governing body, but are part of the CCG's senior management team:

Name	Role
Archna Mathur	Director, Performance and Assurance
Diane Jones	Chief Nurse
Marie Price	Director, Corporate Affairs
Siobhan Harper	Director, Transformation, TNW
Ceri Jacob	Managing Director, BHR
Rachel Patterson	Director, People and OD

Committee(s), including Audit Committee

The CCG's Audit and Risk Committee members are detailed below and more information about the committee and its work is contained in the Governance Statement.

Audit and Risk Committee

Name of member	Role
Kash Pandya	Lay Member Governance (Chair of the committee)
Noah Curthoys	Lay Member Performance (Deputy Chair of the committee)
Sue Evans	Lay Member Primary Care
Khalil Ali	Lay Member Patient and Public Involvement

Name of member	Role
Charlotte Harrison	Independent Clinical Member – Secondary Care Clinician

Details of membership of other committees is also contained in the Governance Statement.

Register of Interests

We publish a register of members' and senior managers' interests on the CCG's website. This is updated as and when changes are notified to the CCG.

The register gives details of company directorships or other significant interests held by members and senior managers where those companies are likely to do business, or are possibly seeking to do business with the NHS, where this may conflict with their managerial responsibilities.

Personal data related incidents

The NHS Information Governance (IG) Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The framework is supported by an IG toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust IG systems and processes in place to help protect patient and corporate information. We have established an IG management framework and have implemented IG processes and procedures in line with the IG toolkit. We ensure all staff undertake annual IG training and have provided staff with guidance on their IG roles and responsibilities.

We use local clinical and corporate incident management and reporting tools to record and report incidents and record all internal incidents. We notify the Department of Health and Social Care and the Information Commissioner's Office (ICO) of serious incidents that require investigation via the national IG incident reporting tool.

During the reporting period, the CCG has had no serious incidents involving data loss or confidentiality breaches that require formal reporting to the ICO.

Statement of Disclosure to Auditors

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

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

Modern Slavery Act

NEL CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking and meets the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015. The statement can be found on the NEL CCG website.

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Henry Black to be the Acting Accountable Officer of NEL CCG for 2021/22.

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

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

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

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

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

As the Acting 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 NEL CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

I also confirm that:

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

Governance Statement

Introduction and context

NHS North East London CCG is a corporate body established by NHS England on 1 April 2021 under the National Health Service Act 2006 (as amended).

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

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

Scope of responsibility

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

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

Governance arrangements and effectiveness

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it. This has been achieved through the following means:

The Constitution

The Constitution, which was approved by NHSE as part of the authorisation process in March 2021 provides that it is the GB, which undertakes any functions not reserved or otherwise

delegated.

The scheme of delegation included in the constitution sets out those specific decisions that are reserved for the Members' Committee. These are as follows:

- Make recommendations to NHS England for changes to the Constitution of the Group.
- Amending the Standing Orders and/or the Scheme of Delegation.
- Change the nature of the business of the Group or do anything inconsistent with the mission, values and aims of the Group.
- Use any other name than that specified in Clause 1.1 of the Constitution in relation to the activities of the Group.
- Merge, amalgamate or federate the Group with any other CCG.
- Seek to remove any Member.
- Reorganise the boundaries of or change the organisational structure of the Group.
- Approve the arrangements for appointing and removing Clinical Chairs to/from the GB.

CCG governance structure

The CCG governance structure was created to ensure that clinicians and patients were at the heart of decision making whilst delivering on the strategic objectives agreed by the GB at the start of the year (see section A1(2) of this report).

The governance structure reflects the fact that there is a shared management team and operating model supporting the three integrated care partnerships (ICPs) whilst maintaining the functions of the CCG in its own right as a statutory body with overall accountability.

Governing Body

Due to the unprecedented demand on services caused by the Covid-19 pandemic and the need for clinicians and officers to focus on the response needed across the system, meetings were held on Microsoft Teams in order to adhere to the Government's guidelines on social distancing. Members of the public were invited, as always, to submit questions in advance and recordings of the meetings were made available via the CCG's website.

The key areas of focus for the Governing Body at the meetings held in 2021/22 were:

a. Covid-19 specific issues and decisions
b. Emergency Preparedness and Resilience
c. Corporate objectives
d. ICS/CCG transition

e. Assurance – to keep sight of current issues and assurance provided that risks in relation to the pandemic were being managed
f. Risk
g. Quality
h. Reporting on finance and activity information from commissioned health providers
i. Reporting on and oversight of CCG finances and the financial recovery programme
j. Reporting on and oversight of performance and quality issues within commissioned health providers
k. Reporting on patient and public engagement in the work of the CCG
l. The management of strategic risk through scrutiny of the Governing Body Assurance Framework (GBAF)
m. Compliance with CCG statutory duties
n. Minutes and reports from the committees of the Governing Body and working groups where appropriate.

The membership and attendance record of the Governing Body is outlined in the table below:

Governing Body members	01 April 2021	09 June 2021	30 June 2021	25 Aug 2021	27 Oct 2021	26 Jan 2022	23 Mar 2022	Total attended /total possible
Dr Jagan John	✓	✓	✓	X	✓	✓	✓	6/7
Henry Black	✓	✓	✓	✓	✓	✓	X	6/7
Steve Collins	✓	✓	✓D	✓D	✓	✓	✓	7/7
Dr Atul Aggarwal	✓	✓	✓	X	X	✓	X	4/7
Khalil Ali	✓	✓	✓	✓	✓	✓	✓	7/7
Dr Ken Aswani	✓	✓	✓	✓	✓	✓	✓	7/7
Noah Curthoys	✓	✓	✓	✓	✓	X	✓	6/7
Sue Evans	✓	✓	✓	✓	✓	✓	✓	7/7
Professor Sir Sam Everington	✓	✓	✓	✓	✓	✓	✓	7/7

Charlotte Harrison	✓	✓	✓	✓	✓	✓	✓	7/7
Dr Anil Mehta	✓	✓	✓	✓	✓	✓	✓	7/7
Dr Muhammad Naqvi	✓	✓	✓	✓	✓	✓	✓	7/7
Kash Pandya	✓	✓	✓	✓	✓	✓	✓	7/7
Dr Mark Rickets	✓	✓	✓	X	✓	✓	✓	6/7
Fiona Smith	✓	✓	✓	✓	✓	✓	✓	7/7

✓D Member unable to attend but a deputy attended in their place

The meeting was also attended regularly by:

- Archna Mathur – Director, performance and Assurance
- Diane Jones - Chief Nurse
- Marie Price – Director, Corporate Affairs
- Anne-Marie Keliris – Head of Governance
- Siobhan Harper – Director, Transformation, TNW
- Ceri Jacob – Managing Director, BHR ICP
- Nina Griffiths – Director of Delivery Development, C&H (from March 2022)
- Rachel Patterson – Director, People and OD
- Laura Anstey – Chief of Staff

Governing Body effectiveness review

Comments were received from GB members on what they felt had gone well this year and what could be improved going forward as an ICB.

Things that went well:

- Virtual meetings have helped to improve attendance.
- Good opportunities for open discussions and debate.
- Reports are clear and provide the necessary level of assurance.
- Excellent support - servicing and organisation.
- The GB has adapted its approach and focus in response to the pandemic, the change in leadership and the changing structures within the NHS.

Areas for improvement:

- A return to ‘in person’ meetings where possible.
- Encourage more input from patients.

- Ensure members of the public ask questions relevant to the agenda.
- Move the public questions item to the end of the meeting once all papers have been presented.

Committees of the Governing Body

The GB has authority under the scheme of delegation to establish committees or sub groups to enable it to fulfil its role. Each of the GB committees has terms of reference and the roles of each are set out broadly below. Each committee is authorised by the GB to pursue any activity within their terms of reference and within the scheme of reservation and delegation of powers.

Audit and Risk Committee

The committee was established in accordance with the CCG's constitution and reports directly to the Governing Body. The Committee provides assurance and advice to the Governing Body and to the Acting Accountable Officer on:

- The proper stewardship of resources and assets including value for money.
- Financial reporting.
- The effectiveness of audit arrangements (internal and external).
- Risk management.
- Control and integrated governance arrangements within the CCG.

The membership and attendance record of the Audit and Risk Committee is outlined below:

Audit & Risk Committee members	30 April 2021	07 June 2021	21 July 2021	29 Sep 2021	03 Dec 2021	19 Jan 2022	23 Mar 2022	Total attended /total possible
Kash Pandya (Chair)	✓	✓	✓	✓	✓	✓	✓	7/7
Charlotte Harrison	✓	✓	✓	✓	✓	X	✓	6/7
Sue Evans	✓	✓	✓	✓	✓	✓	✓	7/7
Noah Curthoys	✓	✓	✓	✓	✓	✓	✓	7/7
Khalil Ali	✓	✓	✓	✓	✓	✓	✓	7/7

The meeting is also regularly attended by:

- Steve Collins – Acting Chief Finance officer
- Sunil Thacker – Director of Finance, TNW
- Ahmet Koray – Director of Finance, BHR

- Marie Price – Director of Corporate Affairs
- Dean Gibbs/Jessie Spencer – External Auditor, KPMG
- Nick Atkinson/John Elbake – Internal Auditor, RSM
- Gemma Higginson – Local Counter Fraud Service, RSM
- Mark Kidd – Local Counter Fraud Services, RSM

During the year a range of CCG directors attended each meeting to outline their directorate's current highest areas of risk and the mitigations in place to demonstrate effective risk management and allow the Committee to keep abreast of emerging risks and offer support.

The GB has other committees that have a monitoring and oversight role and Audit and Risk Committee members who attend other committees are able to feedback and make linkages which strengthens the committee's role.

During 2021/22, as part of the response to Covid-19, the committee held its meetings remotely using MS Teams. All meetings were quorate and the minutes of each meeting, once agreed, were presented to the GB with a summary report from the Chair highlighting key issues and advising the GB of emerging risks.

The Audit and Risk Committee's work in 2021/22

This annual report summarises the work undertaken during the year and is divided into a number of sections that reflect the key duties of the Committee as set out in the terms of reference.

Governance, risk management and internal control

The workplan for the Audit and Risk Committee for 2021/22 was kept under review and altered where appropriate to respond to the emerging Covid-19 pandemic and the close down of NEL CCG ahead of the move to an Integrated Care System.

The Committee has established underlying assurance processes that indicate the degree to which the CCG's objectives are achieved. In year, the Committee reviewed the GB Assurance Framework (GBAF) and members were assured that the framework used was fit for purpose. The Committee also considered the corporate risk register updates and is of the opinion that adequate systems for risk management were in place ahead of the move to an ICB and ICS in the coming financial year.

Internal Audit

RSM has provided the internal audit service this year. The Committee has worked effectively with internal audit throughout the year to strengthen the CCG's internal control processes. This included several private meetings with RSM to seek assurances about the effectiveness of the internal audit service. The Committee approved the Internal Audit Plan and received regular progress reports from internal audit on the delivery of the annual audit plan, including reports and opinions. This plan was also updated as necessary to undertake audits of the new risks created by the pandemic and the proposed merger of the NEL CCGs.

The Committee considered the findings of the internal audit reports and was assured that management had responded in an appropriate and timely manner. The Committee regularly followed up on the recommendations auditors made to management to ensure they were being implemented.

Internal audit were able to conclude in their Head of Internal Audit Opinion for 2021/22 in April 2022 that the organisation had an adequate and effective framework for risk management, governance, and internal control though there are opportunities to strengthen controls in some areas. The Committee will continue to ensure that these financial control enhancements are put in place.

The Committee has considered the proposed internal audit plan for 2022/23. It approved the internal audit plan for the last three months of the NEL CCG's life to the end of June 2022 and recommends that the proposed internal audit plan for first nine months of the new NEL ICB be considered and approved by the new NEL ICB Audit and Risk Committee.

External Audit

KPMG have provided the external audit service this year. During the year, the Committee reviewed and monitored the implementation of the recommendations contained in the external audit 2020/21 annual management letter and value for money report. In January 2022 and March 2022 respectively, the Committee discussed the External Audit Plan and the value for money risk assessment for 2021/22.

Other assurance functions also reviewed in year:

1. **Counter Fraud Services**

   RSM also provide the local counter fraud service. Their work-plan was reviewed in April 2021 for the 2021/22 financial year. It had been agreed that this should be linked with

the internal audit plan wherever possible to make most effective use of available resources.

2. **Governance**

   As a result of the pandemic, updates on risk management were provided to the Committee mainly by way of a verbal updates. Committee members were assured by officers that despite the pandemic, risks continued to be monitored and effectively managed.

3. **Procurement and contracts**

   The Committee continued to monitor the appropriate use of single tender waivers and received regular updates on the procurement pipeline and any risks associated to it.

4. **Information Governance**

   The committee received updates on the robustness of cybersecurity arrangements and the development of the Data Security Protection Toolkit (DSPT). Committee members were advised in January 2022 that the date for submission of the DSPT had been extended to the end of June 2022.

5. **Directorate risk**

   As mentioned earlier, the Committee developed a rolling programme of director briefings to the Committee to enable directors to outline their directorate's highest risk areas and explain the mitigations in place.

Financial reporting

In line with its terms of reference, the Committee reviewed aspects of the CCG's financial management, internal controls and financial reporting. Regular updates were provided on the CCG's financial position, escalated risks and the mitigating actions put in place. At the time of writing, the final draft financial statement is to be presented to the Committee at its meeting in June 2022 prior to gaining Governing Body approval at its meeting in June 2022.

Ensuring probity

The Audit and Risk Committee kept under review the arrangements in place for ensuring probity in the conduct of business by the CCG, as described in the Committee's terms of reference.

As previously mentioned, following each Committee meeting, the Chair provided a feedback report to the GB to accompany the minutes to cover its duty in providing the GB with assurances that effective internal control arrangements are in place. These reports are available on the website within the GB papers.

Committee effectiveness review

At year end members were asked to review the Committee's work for the year and list what has gone well and whether there were any gaps in assurance. The feedback for 2021/22 included:

Things that went well:

- Respectful tone set by Chair enabling challenging conversation within a supportive atmosphere.
- Good preparation/documentation/good forward plan to guide work over the year.
- Strong focus on ICB/ICS readiness.
- Runs to time despite lengthy agendas.

Areas for improvement:

- As an ICB committee, in future the Audit Committee will need a wider, more strategic view.
- Consider how there is suitable representation/perspective across the different 'place' areas as some differences remain in underlying systems.
- Consider inclusion of an additional co-opted member with financial experience.
- Increased view of risk at an ICS level.

The Committee recommends that the new Audit Committee of the NEL Integrated Care Board takes account of these responses.

Review from the Chair

The Committee is of the view that it has taken the appropriate steps to perform its duties as delegated by the Governing Body and it has no cause to raise any other issues of significance arising from its work during 2021/22.

Notwithstanding, there are several important matters that will require ongoing scrutiny and/or a higher priority during the final months of the NEL CCG to June 2022 and the setting up of the new ICS Audit Committee from July 2022. These include:

- The financial health of the NEL health system remains very challenged. Robust financial and contracting arrangements that are sustainable and co-owned by all system partners will be essential to safeguard and build the new NEL ICS. The Committee will need to monitor the effectiveness of these arrangements, including the saving plans put in place.
- The implementation and monitoring of the effectiveness of the proposed delegation and governance arrangements to the borough/place partnerships, provider collaboratives, primary care networks and local authority partners will need to be assessed and monitored.

- The need to ensure that robust NEL system wide risk management arrangements from place level upwards are developed and maintained.
- The need to manage conflicts of interests will remain a key priority for the future although there will be different risks with the composition of the ICB and partnership boards.
- Given ongoing staffing uncertainties, the need to ensure that financial control and governance arrangements remain robust during the last few months of the CGG to the end of June 2022.
- The need to assess the completeness of the NEL contracts register and the effectiveness of the arrangements to manage the procurement pipeline in an efficient manner.
- New partnerships will pose additional information governance and cybersecurity risks. The Committee will need to assess the resilience of the arrangements to mitigate them.
- The need to monitor the arrangements for continuing health care, in particular the control over personal health budgets.
- The need to ensure that the lessons learnt from the NEL CCG and the Pandemic are assessed and built upon to improve patient outcomes.

As Committee Chair, I am also pleased with the CCG's response to the pandemic and the preparation towards the closedown of NEL CCG at the end of June 2022. These have been demanding and unprecedented challenges as new ways of working have had to be developed and embedded whilst ensuring that financial and governance remained robust. I am grateful to all the CCG's officers and staff for their tremendous commitment.

Finally, I would like to thank the following people for their outstanding support over the last eight years:

- CCG officers, in particular the finance and corporate teams.
- External Audit, Internal Audit and LCFS for their rigor and helpful advice.
- My Audit and Risk Committee member colleagues for their challenging and constructive contributions.

Kash Pandya, Chair

NEL Quality, Safety and Improvement Committee

The NEL Quality, Safety and Improvement Committee is a committee of the Governing Body. It examines and reports on the quality of clinical services across NEL. The Committee also covers assurance of internal governance and quality standards where the CCG has responsibility for

regulatory standards and statutory requirements and an oversight of quality across the NEL system.

The duties of the Committee are to:

- Have oversight of any system-wide quality and safety objectives.
- Oversight of quality and safety risks on the GBAF and agree any action for improvement.
- Receive updates on changes to national policy and gain assurance that these have been appropriately adopted by the relevant organisation within the system.
- Receive performance data on services and review trend and themes data from across the system and to seek assurance on actions when there is an impact on quality.
- Oversee the delivery against safeguarding, infection control, complaints and approve CCG statutory reports relating to these.
- Review relevant audit reports and monitor or act on recommendations.
- Receive exception reports from sub committees of the Quality Committee.
- Oversight of wider ICS improvement and transformation plans/programmes that propose to improve quality of services/pathways and patient experience and reduce health inequalities across NEL.
- Oversee appropriate assurance and governance in place for system assurance.
- Have a collective view of risks to quality through sharing relevant information, data and intelligence, to understand emerging concerns and risks across providers and the system.
- Oversee the patient experience agenda through complaints status, surveys, etc.
- Ensure the patient voice is heard across all quality, safety and improvement matters and that patient involvement is the norm in all quality improvement work.
- Review the quality impact assessment process during procurements and contract agreements and when reviewing any business cases.
- Review relevant audit reports and monitor or act on recommendations.
- Approve quality account statements for providers.
- Have an oversight of the quality of primary care and understanding how primary care improvement programmes are driving up the quality of primary care.

The membership and attendance record of the NEL Quality, Safety and Improvement Committee is outlined in the table below.

Name of Committee member	26 May 2021	14 July 2021	9 Sept 2021	10 Nov 2021	9 Mar 2022	Total attended /total possible
Fiona Smith – Chair	✓	✓	X	✓	✓	4/5
Khalil Ali	X	✓	✓	✓	✓	4/5
Mark Gilbey-Cross	✓	✓	X	✓	✓	4/5
Charlotte Harrison	✓	✓	✓	✓	✓	5/5
Archna Mathur	✓	✓	✓	✓	✓	5/5
Ceri Jacobs	X	X	✓	✓	✓	3/5
Jenny Singleton	✓	✓	✓	✓	X	4/5
Chetan Vyas	✓	✓	✓	✓	✓	5/5
Justin Roper	✓	✓	X	✓	✓	4/5
Jagan John	✓	✓	X	✓	✓	4/5
Alison Goodlad	✓	X	X	✓	✓	3/5
Diane Jones	✓	✓	✓	X	X	3/5
Dawn Newman-Cooper/Alison Herron	✓	✓	✓	X	✓	4/5

Other attendees with responsibilities such as safeguarding, continuing healthcare, risk, patient experience and other specialists as dictated by agenda topics were invited to meetings to respond directly to the Committee about particular issues of concern and avoid delay in seeking further information.

The meeting was also attended regularly by:

- Amy Wilkinson, Integrated Commissioning Workstream Director, Children, Young People, Maternity and Families, Hackney.
- Sam Spillane, Head of Safeguarding.
- Korkor Ceasar, Designated Nurse for Safeguarding Children, Waltham Forest.
- Sandra Moore, Deputy Director of Continuing Healthcare (Interim), NEL.
- Jeanette Weismann, Quality Lead, NEL.
- Hilary Shanahan, Interim Head of Quality and Clinical Governance, BHR.

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using MS Teams. In instances where the committee was not quorate, virtual approval by way of email was sought from members who were not in attendance.

The following key topics were discussed by the Committee in 2021/22:

- National updates
- Performance Report
- Primary Care Quality Update
- Equality Health Inequalities Impact Assessment/Quality Impact Assessment
- NEL Quality Risk register
- Quality report which included:
    - Provider oversight exception report
    - Borough updates
    - Safeguarding
    - Continuing health care (CHC)
    - Infection prevention control (IPC)
    - Patient safety
    - Serious incidents
    - Complaints

Some of the areas that the committee requested more detailed reports on in the form of 'deep dives' were:

- Local Maternity System (LMS) update
- Referral to treatment (RTT) waiting lists – review of potential clinical harm
- Serious incidents and patient safety strategy
- Primary care deep dive, including: primary care quality governance and primary care performance dashboard
- Local Maternity System (LMS) update
- CHC

The Committee had oversight of and approved the following:

- Individual funding requests
- Evidence based interventions programme (equality and quality impact assessment)
- Safeguarding annual reports
- LMS assurance update
- LeDer (programme to improve the quality of health and social care for people with a learning disability) annual report

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- Preparation for the transition to an ICB.
- Updates and response to the national quality board guidance.
- Focus on reducing health inequalities which can be increased further.
- Regular meetings were held, despite a challenging time.
- Good chairing.
- Covered a wide range of topics and equity of quality focus across the system.
- Good representation at meetings by members from across the system.

Areas for improvement:

- Primary care quality oversight.
- More reports on quality in primary care and community services.
- Oversight of quality implications of poor performance.
- Forward planning for place reporting.
- Need stronger link to the output of the Quality Forum
- Involve more team members in discussions.
- How learning is being shared across NEL.

Remuneration Committee

The NEL CCG Remuneration Committee makes recommendations to the GB on determinations of the remuneration and conditions of service for all employees of the CCG, including salary, including any performance-related pay or bonus; provisions for other benefits, including pensions and cars and allowances under any pension scheme it might establish as an alternative to the NHS pension whilst adhering to the CCG's Standards of Business Conduct Policy, its Constitution, the good governance principles and relevant data.

Additional duties of the Committee are to:

1. Make recommendations on determinations of the remuneration and conditions of service for other individuals providing services to the CCG.
2. Make decisions on the remuneration and conditions of service of GB members and very senior managers (VSM) managers, subject to the exclusions set out in the Terms of Reference.

3. Consider and make recommendations on the severance payments of senior employees, seeking HM Treasury approval as appropriate in accordance with HM Treasury guidance;
    - Consider and make recommendations on the terms of settlement agreements for employees, before submission through the necessary approval process.
    - Make decisions on the severance payments and any settlement agreements relating to non-employed GB Members.
    - Ensure processes are in place to monitor and evaluate the performance of GB members.
    - Ensure proper calculation and scrutiny of termination payments taking account of appropriate national guidance, advise on and oversee appropriate contractual arrangements for such staff.
    - Advise on and oversee appropriate contractual arrangements for staff, including redundancy arrangements in line with national or local contracts of employment and appropriate guidance or legislation.
    - Oversee the appointment or election process for GB members, and consider nominations and confirm changes to the membership of the Governing Body.
    - Develop an approach to succession planning for key GB members.
    - Set the terms of office for GB members, the performance review process for all GB members including the Chair of the Governing Body.

The membership and attendance record of the Remuneration Committee is outlined in the table below.

Name of Committee member	3 June 2021	22 Sept 2021	17 Mar 2022	Total attended /total possible
Dr Jagan John	✓	✓	✓	3/3
Noah Curthoys	✓	✓	✓	3/3
Sue Evans	✓	✓	X	2/3
Khalil Ali	✓	✓	✓	3/3

Other attendees with responsibilities within strategic and senior leadership, human resources and ICS development also attended, where appropriate.

The meeting was also attended by:

- Rachel Patterson, Director of Human Resources and Organisational Development
- Marie Gabriel, ICS Chair Designate
- Henry Black, Acting Accountable Officer
- Marie Price, Director of Corporate Affairs
- Zina Etheridge, Chief Executive Officer Designate, NELICB

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using MS Teams.

The following key topics were discussed by the Committee in 2021/22:

- Terms of Reference
- ICS development updates
- Updates from the People and Culture Group
- Settlement agreements
- Chair, Lay Members and Clinical Lead Remuneration
- Senior Leaders Job Description Amendments and Remuneration
- People and OD Framework
- ICS People Function
- Proposed ICB Senior Leadership Arrangements

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- Committee members thought the meeting was well chaired, with papers available in a timely fashion with clear proposals and recommendations.
- Members appreciated the support, flexibility and membership.

Areas for improvement:

- Committee members felt that the changes in structure (both to senior leadership and the organisation) were presented in a more piecemeal than usual fashion, recognising impact of national timelines/restructure. It was fed back that ideally a more organised/coherent approach would be beneficial to support better tracking of changes over the course of the year.
- Committee members felt that the CCG could make more advantage of the value the committee could add.

NEL Finance and Performance Committee

The NEL Finance and Performance Committee provides assurance to the GB on the robustness of the in-year financial strategy and financial management for the CCG. The Committee also receives assurance on the longer-term financial strategy and planning to ensure stability across NEL. The Committee is authorised to initiate investigation into any adverse activity or financial performance within its terms of reference. The Committee provides assurance to the GB on operational performance, as it relates to the Operational Planning guidance for acute and non-acute metrics and constitutional standards, as appropriate.

The duties of the Committee are to:

- Review and monitor the financial strategy and operational financial plans of the CCG and the current and forecast financial position of the overall CCG budget.
- Review and monitor system-wide operational performance in accordance with national operational planning guidance and advise on risks and mitigations.
- Oversee the arrangements for the delegation of budgets to the three ICP areas and ensure funds are allocated appropriately.
- Consider and review ongoing financial reports and the annual statement to be presented to the GB. Incorporating financial performance against budget, targets, financial risk analysis, forecasts, and statements on the rigor of underlying assumptions, to ensure statutory financial duties are met.
- Develop a performance framework that enables the Committee to review the financial performance and transformation agenda.
- Oversee implementation of investments/transformation schemes, receiving updates outlining financial activity and delivery against key performance indicators (KPIs) and outcomes for each scheme.
- Management of system risks to the CCG's financial performance and of plans to mitigate their impact.
- Providing assurance to the GB about delivery and sustained performance of contracts held by the CCG.
- Consider the benefits realisation of the merger into the CCG - including, but not limited to, the statutory transfer of contracts novation, use of estates and financial management and process.
- Consider and review any external financial monitoring returns and commentary.
- Review, and agree, pre-procurement decisions as appropriate, in accordance with prime financial policies and the scheme of delegation, and where required, make recommendations to the GB.
- Work alongside the Audit and Risk Committee to ensure financial probity in the organisation, and that value for money is reviewed and maintained.

- Review reports on the effectiveness of the business intelligence (BI) reporting platform and IT services.
- Review any capital plans being developed to ensure investment offers value for money across the ICS.
- Review and agree policies which relate to procurement and finance.
- Provide a report to the GB on how it discharges its responsibilities.

The membership and attendance record of the Finance and Performance Committee is outlined in the table below.

Name of Committee member	5 May 2021	20 May 2021	23 Jun 2021	28 July 2021	25 Aug 2021	22 Sep 2021	27 Oct 2021	24 Nov 2021	26 Jan 2022	23 Feb 2022	22 Mar 2022	Total attended /total possible
Noah Curthoys (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	10/11
Steve Collins	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	10/11
Archna Mathur	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/11
Fiona Smith	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/11
Kash Pandya	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/11
Dr Ken Aswani	X	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	9/11
Dr Mark Rickets/ Dr Sam Everington	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	10/11

The AO is a member of the committee, however given the demands during the pandemic deputising arrangements were put in place via CFO and managing/delivery director attendance.

GB members and/or CCG senior employees were invited to attend those meetings in which the Committee considered areas of risk or operation that are their responsibility.

The meeting is also attended regularly by:

- Ahmet Koray – Director of Finance, Barking, Havering and Redbridge ICP, NEL CCG
- Sunil Thakker – Director of Finance, City & Hackney ICP and Tower Hamlets, Newham and Waltham Forest ICP, NEL CCG

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using MS Teams. In instances where the committee was not quorate, virtual approval by way of email was sought from members who were not in attendance.

The following key topics were discussed by the Committee in 2021/22:

- Monthly finance reporting, including finance management and risk
- Performance Report
- Operating Plan
- Transformation
- Winter pressures and planning
- Business cases
- Deep dive reports
- Estates

Some of the areas that the committee requested more detailed reports on in the form of 'deep dives' were 'advice and guidance', phlebotomy and investment in primary care.

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- A practical approach to governance, management and assurance, given a new regime of financial allocation and a lot of changes.
- Focus on levelling up across NEL.
- Good chairing.
- Contributions from members.
- Support from committee members during the pandemic.
- Quality input.
- Dealing with live issues during the pandemic.

Areas for improvement:

- Different levels of detail for each Place. Use benchmarked data, to enable direct comparisons when making decisions.
- The strategic drive of the finance department to drive transformation.
- More focus on short term priorities.
- Gain from more deep dives and strategic papers, to review issues with more time, on a planned basis.

- Improved inclusion of business intelligence.
- Focus of recovery, strategy and delivery, rather than reporting with greater long-term planning.
- Improve review and scrutiny of infrastructure.

Primary Care Commissioning Committee

The CCG established the CCG's Primary Care Commissioning Committee to function as the decision-making body for the management of the delegated functions and exercise of delegated powers (for primary medical services). The Committee is accountable to both NHS England and the Governing Body, and is responsible for ensuring all residents have access to GP services, and that GP practices deliver safe, high quality services to their patients.

The duties of the Committee are to:

- Make collective decisions related to primary care services in NEL under delegated authority from NHS England. These include:
  - Monitoring contracts, taking contractual action such as breach/remedial notices and removal of a contract.
  - Taking decisions on enhanced services.
  - Considering local incentive schemes and equalisation.
  - Agree the establishment of new GP practices within the area.
  - Make decisions on discretionary payments.
  - Approval of practice mergers.
- Work closely with each sub-committee to support it in the exercise of its delegated functions.

The membership and attendance record of the Primary Care Commissioning Committee is outlined in the table below:

Name of Committee member	12 May 2021	14 Jul 2021	8 Sep 2021	10 Nov 2021	12 Jan 2022	9 Mar 2022	Total attended/ total possible
Sue Evans	✓	✓	✓	✓	X	✓	5/6
Khalil Ali	✓	✓	✓	✓	✓	✓	6/6
Kash Pandya	✓	✓	✓	✓	✓	✓	6/6
Fiona Smith	X	✓	X	✓	✓	✓	4/6

Charlotte Harrison	✓	✓	✓	✓	✓	✓	6/6
Steve Collins	✓	✓	✓	✓D	✓D	✓	6/6
Selina Douglas (until Oct 21)	X	X	X				0/3
Ceri Jacob	✓	✓	✓	✓	✓	✓	6/6

✓D Member unable to attend but a deputy attended in their place

The AO is a member of the committee, however given the demands during the pandemic deputising arrangements were put in place via CFO and managing/delivery director attendance.

The meeting is regularly attended by: NEL and system directors of primary care; head of primary care, governing body chairs (x3), independent GPs, Healthwatch, Local Medical Committees, local authority / public health representatives.

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using Microsoft Teams. In instances where urgent approval was required, virtual approval by way of email was sought from members.

The following key topics were discussed by the Committee in 2021/22:

- Primary care budgets
- Discretionary payments, contract variations and mergers
- Equalisation of Local Incentive Schemes (LIS)
- London-wide primary care operating model
- Primary care premises
- Community hubs
- Primary care performance issues
- Primary Care Network development
- Workforce issues
- Key risks

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- Well managed and chaired.
- Regular meetings are held with good engagement, contribution and assurance.
- Executive expertise with strategic overview provided at meetings.
- Discussions had been held at place level prior to coming to the meeting for ratification.

Areas for improvement:

- Need for further clarity in papers to reduce lengthy discussions and improved quality of business cases, plus more detail on the effectiveness and value for money on primary care investments.
- Face-to-face meetings with increased public attendance and input from the patients' perspective.
- Evidence of how variation and inequalities are being reduced across NEL primary care services.

Barking and Dagenham, Havering and Redbridge Area Committee

The BHR Area Committee was established in order to enable the CCG to take decisions on the delegated functions within the Integrated Care Partnership Board (ICPB) structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The delegated and reserved functions are set out in the CCG's Scheme of Reservation and Delegation (SoRD).

The Area Committee meets, along with system partners, as the Integrated Care Partnership Board (ICPB). All members of the ICPB can attend Area Committee meetings subject to the Committee operating within the CCG's governance framework and the management of actual and potential conflicts of interest. As attendees, they do not have a formal decision-making role in relation to the delegated functions but are encouraged to participate in discussions.

The duties of the Committee are to:

- Support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the NEL CCG Governing Body.
- Provide assurance to the NEL CCG Governing Body.
- Have lead responsibility for the CCG's commissioning strategy in the ICP area.
- Have lead responsibility for population health management, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality.
- Monitor performance in relation to quality and the improvement of services.
- Support stakeholder engagement and public involvement and consultation.

The membership and attendance record of the BHR Area Committee is outlined in the table below.

Name of Committee member	27 May 2021	29 July 2021	30 Sept 2021	25 Nov 2021	27 Jan 2022	31 Mar 2022	Total attended /total possible
Kash Pandya	✓	✓	✓	✓	✓	✓	6/6
Steve Collins	✓D	✓	✓D	✓	✓	✓	6/6
Jagan John	✓	✓	✓D	✓	✓	✓	6/6
Atul Aggarwal	✓	✓	✓	✓	✓	X	5/6
Anil Mehta	✓	✓	✓	✓	✓	✓	6/6
Ceri Jacob	✓	✓	✓	✓	✓	X	5/6
Ahmet Koray	✓	X	✓	X	X	X	2/6

✓D Member unable to attend but a deputy attended in their place

The AO is a member of the committee, however given the demands during the pandemic deputising arrangements were put in place via CFO and managing/delivery director attendance.

The Area Committee is held in common with the BHR Integrated Care Partnership Board (ICPB). The BHR ICPB is a non-statutory partnership body that brings together representatives from across the BHR area to make decisions on policy matters relating to the BHR partnership and on matters that the member organisations have asked it to manage on its behalf.

The meeting is also attended regularly by the following members of the ICPB:

- Cllr Maureen Worby, London Borough of Barking and Dagenham
- Joe Fielder, Chair, NELFT
- Rt Hon Jacqui Smith (from 1 October 2021), Joint Chair, BHRUT and Barts Health
- Matthew Trainer, Chief Executive, BHRUT
- Dr Magda Smith, Chief Medical Officer, BHRUT
- Jacqui Van Rossum, Acting Chief Executive Officer, NELFT
- Cllr Mark Santos, London Borough of Redbridge
- Cllr Jason Frost, London Borough of Havering
- Claire Symonds, Acting Chief Executive Officer, London Borough of Barking and Dagenham
- Andrew Blake-Herbert, Chief Executive, London Borough of Havering
- Adrian Loades, Corporate Director of People, London Borough of Redbridge

- Dr Narendra Teotia, Primary Care Network Clinical Director, Barking and Dagenham
- Dr Gurmeet Singh, Primary Care Network Clinical Director, Havering
- Dr Sangeetha Pazhanisami, Primary Care Network Clinical Director, Redbridge

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using MS Teams. In instances where the committee was not quorate, virtual approval by way of email was sought from members who were not in attendance.

The following key topics were discussed by the Committee in 2021/22:

- Borough partnership development
- Integrated Sustainability Plan
- Transformation progress
- BHR partnership priority areas
- BHR Health and Care Academy
- Finance
- Risk
- Winter planning
- BHR Joint Strategic Needs Assessment

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- Good attendance
- Good chair
- Good contributions by all stakeholders
- Meeting runs to schedule despite size of agenda
- Good quality of papers

Areas for improvement:

- Establish a clear connection with the BHR Health and Care Cabinet
- More sense of purpose and direction
- Fewer agenda items to allow time for fuller discussion

City and Hackney Area Committee

The City and Hackney Area Committee was established in order to enable the CCG to take decisions on the delegated functions within the Integrated Care Partnership Board (ICPB) structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The delegated and reserved functions are set out in the CCG's Scheme of Reservation and Delegation (SoRD).
The Area Committee meets, along with system partners from the London Borough of Hackney and the City of London Corporation as the Integrated Care Partnership Board (ICPB), formed as a committee-in-common.

The duties of the Committee are to:

- Support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the NEL CCG Governing Body.
- Provide assurance to the NEL CCG Governing Body.
- Have lead responsibility for the CCG's commissioning strategy in the ICP area.
- Have lead responsibility for population health management, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality.
- Monitor performance in relation to quality and the improvement of services
- Support stakeholder engagement and public involvement and consultation.

The membership and attendance record of the City and Hackney Area Committee is outlined in the table below.

Name of Committee member	8 April 2021	13 May 2021	10 June 2021	8 July 2021	9 Sep 2021	14 Oct 2021	11 Nov 2021	9 Dec 2021	13 Jan 2022	10 Feb 2022	10 Mar 2022	Total attended /total possible
Mark Rickets	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/11
Siobhan Harper (until October 2021)	✓	✓	✓	✓	✓	✓						6/6
Steve Collins	X	X	X	✓	✓	X	X	X	X	X	X	2/11
Sunil Thakker	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	10/11
Sue Evans	X	✓	✓	✓	X	✓	✓	✓	✓	✓	X	8/11

The AO is a member of the committee, however given the demands during the pandemic deputising arrangements were put in place via CFO and managing/delivery director attendance.

The ICPB meeting is also attended regularly by:

- Cllr Chris Kennedy, Cabinet Member for Health, Adult Social Care and Leisure, London Borough of Hackney
- Deputy Mayor Anntoinette Bramble Deputy Mayor & Cabinet Member for Education, Young People & Childrens' Social Care
- Cllr Rob Chapman, Cabinet Member for Finance, London Borough of Hackney
- Randall Anderson QC, Member, Community & Childrens' Services Sub-Committee, City of London Corporation
- Marianne Fredericks, Member, Community & Childrens' Services Sub-Committee, City of London Corporation
- Helen Fentimen, Member, Community & Childrens' Services Sub-Committee, City of London Corporation
- Ruby Sayed, Member, Community & Childrens' Services Sub-Committee, City of London Corporation
- Paul Calaminus, Chief Executive, East London NHS Foundation Trust
- Donna Kinnair, Non-Executive Director, East London NHS Foundation Trust
- Caroline Millar, Chair, City & Hackney GP Confederation
- Laura Sharpe, CEO, City & Hackney GP Confederation
- Catherine Macadam, Associate Lay member, NEL CCG
- Honor Rhodes, Associate Lay Member, NEL CCG
- Ann Sanders, Associate Lay Member, NEL CCG
- Dr Stephanie Coughlin, Neighbourhoods & Covid-19 Clinical Lead, NEL CCG / City & Hackney Integrated Care Partnership
- Dr Jenny Darkwah, Clinical Director, Primary Care Network
- Dr Haren Patel, Clinical Director, Primary Care Network
- Sir John Gieve, Chair, Homerton University Hospital NHS Foundation Trust
- Tracey Fletcher, ICP Chief Officer and Homerton University Hospital NHS Foundation Trust Chief Executive, Homerton University Hospital NHS Foundation Trust
- Ian Williams, Acting Chief Executive, London Borough of Hackney
- Helen Woodland, Group Director Adults, Health & Integration, London Borough of Hackney
- Andrew Carter, Director, Community & Childrens' Services, City of London Corporation
- Simon Cribbens, Assistant Director, Commissioning and Partnerships, City of London Corporation
- Dr Sandra Husbands, Director of Public Health, London Borough of Hackney
- Jon Williams, Executive Director, Healthwatch Hackney
- Paul Coles, General Manager, Healthwatch City of London
- Tony Wong, Chief Executive, Hackney Council for Voluntary Services

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using MS Teams. In instances where the Committee was not quorate, virtual approval by way of email was sought from members who were not in attendance.

The following key topics were discussed by the Committee in 2021/22:

- Financial and risk overview
- CCG budgets and financial management
- Covid-19 restoration and recovery
- Business cases
- Inequalities and the local population health hub
- Local strategy development across partners, including the Children and Young People Emotional Health and Wellbeing Strategy
- The development and successes of the neighbourhoods' programme

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- The Area Committee has met as part of the Partnership Board which has enabled a continuing development of the place-based partnership. Only one separate area committee meeting has been needed to be held.
- Early papers / minutes improved significantly in the latter part of the year.
- It has been great to see partnerships and relationships in action, despite key changes of staff in the CCG team and elsewhere.

Areas for improvement:

- There is a need to properly articulate roles/remit/powers going forward and how these might develop.
- Detail on what supporting groups may be required to work with the ICPB and successor bodies are needed at place.

Tower Hamlets, Newham and Waltham Forest Area Committee

The TNW Area Committee was established in order to enable the CCG to take decisions on the delegated functions within the Integrated Care Partnership structure, as permitted by law, and to enable, where necessary, commissioner only decision-making on the Reserved Functions in a simple and efficient way. The delegated and reserved functions are set out in the CCG's Scheme of Reservation and Delegation (SoRD).

The duties of the Committee are to:

- Support the CCG in discharging its statutory financial duties, including through managing the budget delegated to it by the NEL CCG Governing Body.
- Provide assurance to the NEL CCG Governing Body.
- Have lead responsibility for the CCG's commissioning strategy in the ICP area.
- Have lead responsibility for population health management, supporting the CCG to discharge its statutory duties, including those relating to equality and inequality.
- Monitor performance in relation to quality and the improvement of services.
- Support stakeholder engagement and public involvement and consultation.

The membership and attendance record of the TNW Area Committee is outlined in the table below.

Name of Committee member	7 May 2021	10 June 2021	29 July 2021	14 Oct 2021	2 Dec 2021	2 Feb 2022	25 Feb 2022	Total attended/ total possible
Fiona Smith (Chair)	✓	✓	✓	✓	✓	✓	✓	7/7
Muhammed Navqi	✓	✓	✓	✓	✓	✓	✓	7/7
Sam Everington	X	✓	✓	X	✓	✓	✓	5/7
Ken Aswani	✓	✓	✓	✓	✓	✓	✓	7/7
Siobhan Harper (from Oct 21)				✓	✓	✓	✓	4/4
Selina Douglas (until Oct 21)	✓	✓	✓					3/3
Sunil Thakker	✓	X	X	✓	✓	✓	✓	5/7
Steve Collins	✓	✓	✓	X	X	X	✓	4/7

The AO is a member of the committee, however given the demands during the pandemic deputising arrangements were put in place via CFO and managing/delivery director attendance.

The Area Committee is held in common with the TNW Delivery Group. The Delivery Group focused on operational healthcare issues within the areas of Tower Hamlets, Newham and Waltham Forest.

Other attendees with responsibilities within TNW such as finance, project management, commissioning services, quality and safety, planned and unplanned care and primary care were invited to meetings to respond directly to the committee about particular issues of concern and avoid delay in seeking further information.

The meeting is also attended regularly by:

- Anna Carratt, Director of Strategy and Planning, TNW
- Kelvin Hankins, Director of Unplanned Care, TNW
- Paul Calaminus, Chief Executive Officer, East London Foundation Trust,
- Mark Lobban, Director of Integrated Care, Waltham Forest
- Warwick Tomsett, Director of Integrated Care, Tower Hamlets
- John Rooke, Director of Integrated Care, Newham
- William Cunningham Davis, Director of Primary Care, TNW
- Chetan Vyas, Director of Quality and Safety, TNW

During 2021/22, as part of the response to Covid-19, the Committee held its meetings remotely using MS Teams. In instances where the committee was not quorate, virtual approval by way of email was sought from members who were not in attendance.

The following key topics were discussed by the Committee in 2021/22:

- TNW area budgets and financial management
- Tender waivers
- Integrated care strategies
- Business cases relating to the TNW footprint
- Director of Transition Updates
- Director of Finance Updates

Other areas covered by the Delivery Group included:

- TNW operational updates
- TNW live capacity reviews
- ICS and ICB transition reports
- Estates plans and proposals for TNW clinics and hospitals

Committee effectiveness review

Comments were received from members on what they felt had gone well this year and what could be improved.

Things that went well:

- Committee members felt there was good engagement from members.
- Beneficial attendance from partners across TNW to the wider meetings.

Areas for improvement:

- Created clashes for staff with multiple meetings to attend, such as NEL-level committees or other ICP meetings.
- Members felt there was scope to improve quality of papers for decision making and a clearer read across for items needing endorsement or ratification at a NEL CCG committee.

UK Corporate Governance Code

NHS bodies are not required to comply with the UK Code of Corporate Governance.
Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance is considered to be good practice. This Governance Statement is intended to demonstrate the CCG's compliance with the principles set out in the Code (insofar as this applies to CCGs).

For the financial year ended 31 March 2022, and up to the date of signing this statement, we complied with the provisions set out in the Code, and applied the principles of the Code.

The CCG has discharged its duties as required under the NHS Primary Care Delegation arrangements.

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

The CCG recognises that the establishment of effective risk management systems is fundamental to ensuring effective governance. The CCG has a risk management assurance framework in place, the aim of which is to continually improve the quality of health service commissioning through the identification, prevention, control and containment of risks of all kinds. It is based on good practice and Department of Health (DH) guidance. The framework supports the assessment and management of risk throughout the organisation through a defined structure and clear systems and processes. It applies to all members, office holders and employees, permanent or temporary, of the CCG.

Capacity to Handle Risk

The Acting Accountable Officer provides leadership to the risk management process and, as a member of the GB, ensures that the CCG's approach to risk management is transparent and the organisational structure supports effective systems and processes. The management of risk across each team or function is led and reported by the relevant director/senior responsible officer (SRO) with support from the corporate services team. Directors/SROs are involved in regular reviews of the risk register and the assurance framework. The Director of Corporate Affairs presents the GBAF to each GB meeting. Training is key to encouraging a culture where risk management is seen by the GB members and our staff as essential. Presentations on counter fraud have been given to GB members and at the all-staff briefing, and the counter fraud officer holds monthly drop-in sessions for staff to talk about any issues.

Risks are explicitly discussed and mitigation reviewed at the following meetings:

- Senior management team meetings for identification and recording of ICP risks
- Finance and performance committee
- Quality, safety and improvement committee
- Primary care commissioning committee
- Audit and risk committee
- ICP area committees
- Governing Body

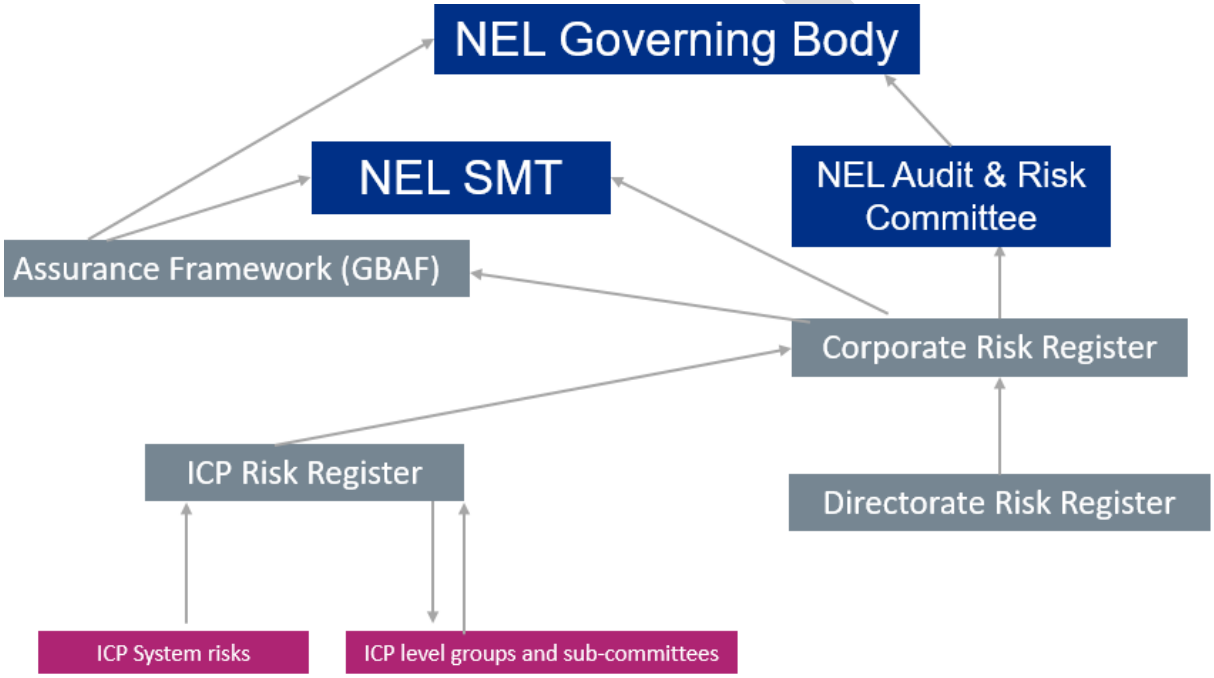
The process in place ensures that there are regular forums to collaboratively review the common risks, raise new risks, discuss and constructively challenge the effectiveness of the mitigating actions and suggest changes as appropriate.

Risk Assessment

The key risks for the CCG during 2021-22 relate to the CCG's response and support to the Covid-19 pandemic and the achievement of our constitutional targets, as well as wider performance and financial risks. The CCG monitors risks closely, as described within the governance statement in this report. The risks on the GBAF for the past year were the following:

- Performance against the H1 and H2 Operating Plan metrics, specifically in relation to elective recovery.
- Ensuring financial resources are deployed effectively and fulfilling the CCG's statutory financial duties.
- Continuing Healthcare; including discharge to assess pathways, digital systems and Liberty Protection Safeguards.
- Supporting the vaccination programme.
- Health inequalities.

The risk management structure of the CCGs is shown below:



The risk management structure shows the links between the operational level risks at team level, and the strategic risks which are managed at senior organisational or CCG GB level.

Risks are identified in various ways:

- Proactive risk assessments
- Incident reports (including serious incidents and never events)
- Complaints

- Audits
- Serious case reviews
- Feedback from Healthwatch, the patient engagement groups and Health Scrutiny Committees
- Service improvement programmes
- General stakeholder feedback

Risk management is embedded in the organisation in a number of ways. The GBAF is presented to every GB meeting near the beginning of the agenda to provide context for later items related to finance, quality, performance, commissioning and strategy.

Declarations of conflicts of interest features at the start of each GB meeting and the register of interests is included at the start of the agenda and within the pack. The register of interests is reviewed periodically by the lay member for governance and a smaller working group of governance and legal officers.

All reports to the GB, Audit and Risk Committee and other committees require a cover sheet which asks document authors to consider the following:

- Risk implications
- Impact on equality
- Resource/investment requirements
- How this will affect local people and health inequalities

The risk management policy and strategy are available on the staff intranet, together with the CCG's policies in relation to standards of business conduct, conflicts of interest, gifts and hospitality, freedom to speak up and fraud prevention.

Risks are discussed with directors and their teams bi-monthly and at the CCG's senior management meeting.

Based on criteria set out in the risk management policy and the current risk rating, significant risks are escalated from the corporate risk register to the GBAF. Some of the risks that are rated as severe (red rated) are escalated to the GBAF where that risk is deemed to pose a significant threat to the achievement of the CCG's corporate objectives. When rating risks, other factors are also taken into consideration, such as whether they are common to a number of departments/functions or where additional controls have not succeeded in reducing the risk grading.

The risk management scoring system is used systematically in each review of the risk register. This ensures that risks are escalated appropriately to the GBAF. Risks escalated to the GBAF are reviewed with the relevant director prior to GB meetings. There is also a yearly audit of our GBAF and risk management processes undertaken by the CCG's internal auditors which checks our adherence to policy and best practice.

The Audit and Risk Committee periodically reviews the management process that is in place for the management of risks and receives reports on specific emerging risks and risk mitigation. The organisation's 'risk appetite' is captured for each risk on the GBAF.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework. Our internal auditors RSM have completed this audit and given a rating of substantial assurance.

Data Quality

The CCG receives activity and financial data from NEL CSU as part of a contract it has for a range of services from that organisation. The quality of the data used by the governing body is considered to be acceptable.

Additional scrutiny and validation of data was established by NHS England and Public Health England through the pandemic including on vaccine uptake, Covid-19 case rates and hospital discharge - all of which was subject to high degrees of local, regional and national scrutiny.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and are developing/have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

Business Critical Models

An appropriate framework and environment are in place to provide quality assurance of business critical models via NEL CSU, in line with the recommendations in the Macpherson report. No business critical models have been identified that require information about quality assurance processes for those models to be provided to the Analytical Oversight Committee chaired by the Chief Analyst in the Department of Health and Social Care.

Third party assurances

The CCG commissions NEL CSU to run elements of our commissioning function – such as contracting, business intelligence, communications and HR. The service standards are monitored as part of a service level agreement and the Audit and Risk Committee receives regular auditor reports on contracted-for services.

Service Auditor Reports (SAR)

We note that the SARs contain a number of qualifications, which our internal auditors have reviewed and are reflected in the Head of Internal Audit Opinion which we concur with.

Control Issues

There were no control issues identified via the Month 9 Governance Statement return, and this remains the position at the end of the financial year.

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

The CCG has a comprehensive governance and reporting framework in place to monitor use of resources, identify any issues and ensure the appropriate measures are taken to address any variance from plans. The governing body/joint committee receives regular summary reports concerning the CCG's financial performance, and the finance committee has authority to conduct more detailed scrutiny and report back.

The Finance and Performance Committee convenes regularly to scrutinise the detailed operational financial performance of the CCG.

The Audit and Risk Committee is chaired by the governing body (GB) Lay Member for Governance with additional lay membership. The Committee performs the role of oversight and scrutiny of CCG policies, procedures and systems of internal control, and had a focus on ensuring that conflicts of interest are managed in line with the CCG's Constitution.

Underpinning the CCG's governance framework are the Prime Financial Policies, which set out the key business rules that govern the organisation, including internal control, audit, standards of business conduct and budgetary control. They also incorporate the scheme of delegation. This sets out the level of authority to act and make decisions, which has been delegated from the CCG GB to the various executive committees, in addition to the authorisation limits set by the GB for the management posts within the organisation to authorise expenditure.

Much of the CCG's commissioning spend is covered by contracts managed on our behalf by the CSU. The CCG received assurances on CSU performance through regular contractual meetings and, key performance indicator monitoring.

Delegation of functions

NEL CSU manages contracts with key providers on behalf of the CCG. The process is overseen by the CCG and regularly reviewed through the internal audit process and discussion at the Audit and Risk Committee. In addition, the Chief Finance Officer, finance directors and relevant other directors meet with the CSU lead staff regularly to discuss performance and agree actions where there are concerns. Generally, the process has worked well over the past

financial year. The CCG is a delegated commissioner of primary care. The CCG's arrangements for managing this function are subject to regular review by internal audit and the Audit and Risk Committee.

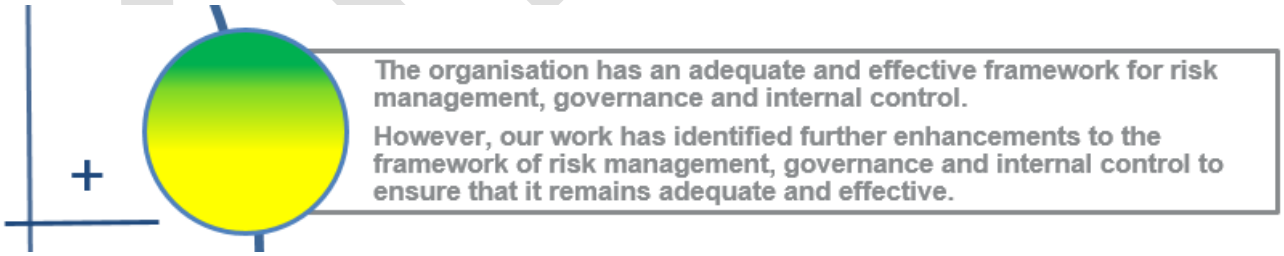
Counter fraud arrangements

An Accredited Counter Fraud Specialist, RSM UK, is contracted to undertake counter fraud work proportionate to identified risks.

- The CCG Audit and Risk Committee receives a report against each of the 'Standards for Commissioners' at least annually. There is executive support and direction for a proportionate proactive work plan to address identified risks.
- Regular reports are presented to the CCG's Audit and Risk Committee with progress against the work plan, updates on cases and policy updates.
- A member of the governing body is proactively and demonstrably responsible for tackling fraud, bribery and corruption.
- Appropriate action is taken regarding any NHS Counter Fraud Authority quality assurance recommendations.

Head of Internal Audit Opinion

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



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

Substantial Assurance

- Financial Ledger - Transfer of Balances
- Conflicts of Interest

Reasonable Assurance

- Financial Planning and Management
- ICB Due Diligence
- ICS Governance
- Risk Management
- Primary Care Commissioning (Draft)

Partial Assurance

Schedule 1 Continuing Healthcare and Personal Health Budgets (Draft)
Schedule 2 Procurement and Contract Register

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

As Acting Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control within the CCG.

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

Conclusion

No significant internal control issues have been identified.

Remuneration and Staff Report

Remuneration Committee

Please refer to page 57 which includes the membership of the CCG's Remuneration Committee.

Policy on the remuneration of senior managers

The NHS has adopted the recommendations outlined in the Greenbury report in respect of the disclosure of senior managers' remuneration and the manner in which it is determined. Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. This means those who influence the decisions of the CCG as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members.

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

The remuneration of senior managers is determined by the Remuneration and Workforce Committee in line with national NHS 'Agenda for Change' and very senior manager pay guidance. The Committee reviews information about director and GB members' responsibilities, as well as comparing remuneration in similar organisations to set pay.

Remuneration of Very Senior Managers

During 2021/22, one senior manager's combined salary was more than £150,000 per annum (the salary of the prime minister). The pay was determined by a remuneration committee in common in line with the national guidance for VSM salaries. Salary levels are benchmarked against equivalent roles in other commissioning alliances and London NHS providers. One post holder is the Acting Accountable Officer for NEL CCG and Senior Responsible Officer for ICS which includes NHS providers, local authorities and other partners.

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

This consists of salaries for qualifying services and pensions related benefits only.

	2021/22					
Name and Title	**Salary (bands of £5,000)**	**Expense Payments (taxable) to nearest £100**	**Performance pay and bonuses (bands of £5,000)**	**Long term performance pay and bonuses (bands of £5000)**	**All Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
	£000s	**£s**	**£000s**	**£000s**	**£000s**	**£000s**
Clinical Directors						
Dr Jagan John CCG Chair and Clinical Chair Barking & Dagenham 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Prof Sir Sam Everington Deputy Clinical CCG Chair and Clinical Chair Tower Hamlets 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Dr Mark Rickets Clinical Chair City & Hackney 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Dr Atul Aggarwal Clinical Chair Havering 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Dr Muhammad Waqqas Naqvi Clinical Chair Newham 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Dr Anil Mehta Clinical Chair Redbridge 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Dr Ken Aswani Clinical Chair Waltham Forest 01/04/2021 - 31/03/2022	**85 - 90**	**0**	**0**	**0**	**n/a**	**85 - 90**
Lay Members and Independent Clinicians						
Sue Evans Deputy CCG Chair and Lay Member Primary Care 01/04/2021 - 31/03/2022	**35 - 40**	**0**	**0**	**0**	**n/a**	**35 - 40**
Kash Pandya Lay Member Governance 01/04/2021 - 31/03/2022	**40 - 45**	**0**	**0**	**0**	**n/a**	**40 - 45**
Noah Curthoys Lay Member Performance 01/04/2021 - 31/03/2022	**35 - 40**	**0**	**0**	**0**	**n/a**	**35 - 40**
Khalil Ali Lay Member Patient and Public Performance 01/04/2021 - 31/03/2022	**40 - 45**	**0**	**0**	**0**	**n/a**	**40 - 45**
Fiona Smith Independent Clinical Member - Registered Nurse 01/04/2021 - 31/03/2022	**45 - 50**	**0**	**0**	**0**	**n/a**	**45 - 50**
Charlotte Harrison Independent Clinical Member - Secondary Care Clinician 01/04/2021 - 31/03/2022	**15 - 20**	**0**	**0**	**0**	**n/a**	**15 - 20**

	2021/22					
Name and Title	**Salary (bands of £5,000)**	**Expense Payments (taxable) to nearest £100**	**Performance pay and bonuses (bands of £5,000)**	**Long term performance pay and bonuses (bands of £5000)**	**All Pension related benefits (bands of £2,500)**	**Total (bands of £5,000)**
	£000s	**£s**	**£000s**	**£000s**	**£000s**	**£000s**
Executive Directors						
Zina Etheridge Chief Executive Officer Designate of the Integrated Care Board for North East London **22/02/2022 - 31/03/2022**	**25 - 30**	**0**	**0**	**0**	**5 - 7.5**	**30 - 35**
Henry Black Acting Accountable Officer 01/04/2021 - 31/03/2022	**155 - 160**	**0**	**0**	**0**	**82.5 - 85**	**235 - 240**
Steve Collins Acting Chief Finance Officer 01/04/2021 - 31/03/2022	**140 - 145**	**0**	**0**	**0**	**35 - 37.5**	**175 - 180**
Diane Jones NEL ICS Chief Nurse **01/07/2021 - 31/03/2022**	**95 - 100**	**0**	**0**	**0**	**65 - 67.5**	**165 - 170**
Ceri Jacob* Managing Director - BHR 01/04/2021 - 31/03/2022	**140 - 145**	**0**	**0**	**0**	**n/a**	**140 - 145**
Selina Douglas* Managing Director - TNW **01/04/2021 - 31/10/2021**	**75 - 80**	**0**	**0**	**0**	**n/a**	**75 - 80**
Archna Mathur Director of Performance & Assurance 01/04/2021 - 31/03/2022	**130 - 135**	**0**	**0**	**0**	**55 - 57.5**	**185 - 190**
Marie Price Director of Corporate Affairs 01/04/2021 - 31/03/2022	**130 - 135**	**0**	**0**	**0**	**50 - 52.5**	**180 - 185**
Rachel Patterson Director of HR and People 01/04/2021 - 31/03/2022	**130 - 135**	**0**	**0**	**0**	**92.5 - 95**	**220 - 225**
Simon Hall Director of Transformation 01/04/2021 - 31/03/2022	**130 - 135**	**0**	**0**	**0**	**32.5 - 35**	**160 - 165**
Siobhan Harper Director of CCG Transition **19/10/2021 - 31/03/2022**	**55 - 60**	**0**	**0**	**0**	**65 - 67.5**	**125 - 130**

** Directors who have chosen not to be covered by the pension arrangements during the reporting year*

Pension benefits as at 31 March 2022 – subject to audit

The following schedule discloses further information regarding pension entitlements

Name & Title	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 31st March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31st March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31st March 2022	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Zina Etheridge	0 - 2.5	0	0 - 5	0	0	0	6	0
Henry Black	2.5 - 5	5 - 7.5	35 - 40	65 - 70	521	60	606	0
Steve Collins	2.5 - 5	0	5 - 10	0	86	16	123	0
Diane Jones	2.5 - 5	2.5 - 5	35 - 40	60 - 65	559	40	635	0
Archna Mathur	2.5 - 5	2.5 - 5	35 - 40	65 - 70	511	44	576	0
Marie Price	2.5 - 5	0	25 - 30	0	286	31	337	0
Rachel Patterson	5 - 7.5	7.5 - 10	45 - 50	95 - 100	751	86	860	0
Simon Hall	2.5 - 5	0 - 2.5	60 - 65	130 - 135	1142	43	1210	0
Siobhan Harper	2.5 - 5	5 - 7.5	40 - 45	90 - 95	672	62	832	0

Cash equivalent transfer values

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

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

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement for loss of office

No compensation on early retirement for loss of office was made during the financial year.

Payments to past directors

No payments were made to past directors during the financial year.

Fair Pay Disclosure

As 2021/22 is the first year of operation for NHS NEL CCG the percentage change ratio in respect of remuneration concerning the highest paid director cannot be calculated.

Pay ratio information

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

The banded remuneration of the highest paid director/member in the CCG in the financial year 2021-22 was £245k to £250k.

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

Pay Ratio Information table

2021-22	25th Percentile	Median	75th Percentile
Total remuneration	£38,767	£54,223	£70,959
Salary component of total remuneration	£38,737	£54,223	£70,959
Pay ratio information	6.38	4.56	3.49

In 2021-22 no employees received remuneration in excess of the highest-paid director.

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.

As 2021/22 is the first year of NEL CCG we do not have comparative data. As such, this information and a percentage change disclosure is not included within this section.

Staff Report

Staff numbers and costs

	Admin			Programme			Total		2021-22
	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	15,542	2,636	**18,178**	18,569	9,855	**28,424**	34,111	12,491	**46,602**
Social security costs	1,832	3	**1,835**	2,185	8	**2,193**	4,017	11	**4,028**
Employer contributions to the NHS Pension Scheme	3,571	4	**3,575**	2,236	9	**2,245**	5,807	13	**5,820**
Other pension costs	-	-	**0**	18	-	**18**	18	-	**18**
Apprenticeship Levy	105	-	**105**	-	-	**-**	105	-	**105**
Total employee benefits expenditure	**21,050**	**2,643**	**23,693**	**23,008**	**9,872**	**32,880**	**44,058**	**12,515**	**56,573**

Number of senior managers

2021-2022 Data

Pay Band	Number
VSM	15
Band 9 + Clinical Directors	23
Total	**38**

Male	Female	Total
19	19	38

Staff composition

Employee group

NEL CCG employee	Female	Male	Total
NEL CCG employees	398	213	611
NEL CCG office holders (engaged to provide specific roles but not engaged on contracts of employment e.g. clinical leads, lay members, etc)	86	60	146
Total employees plus office holders			757

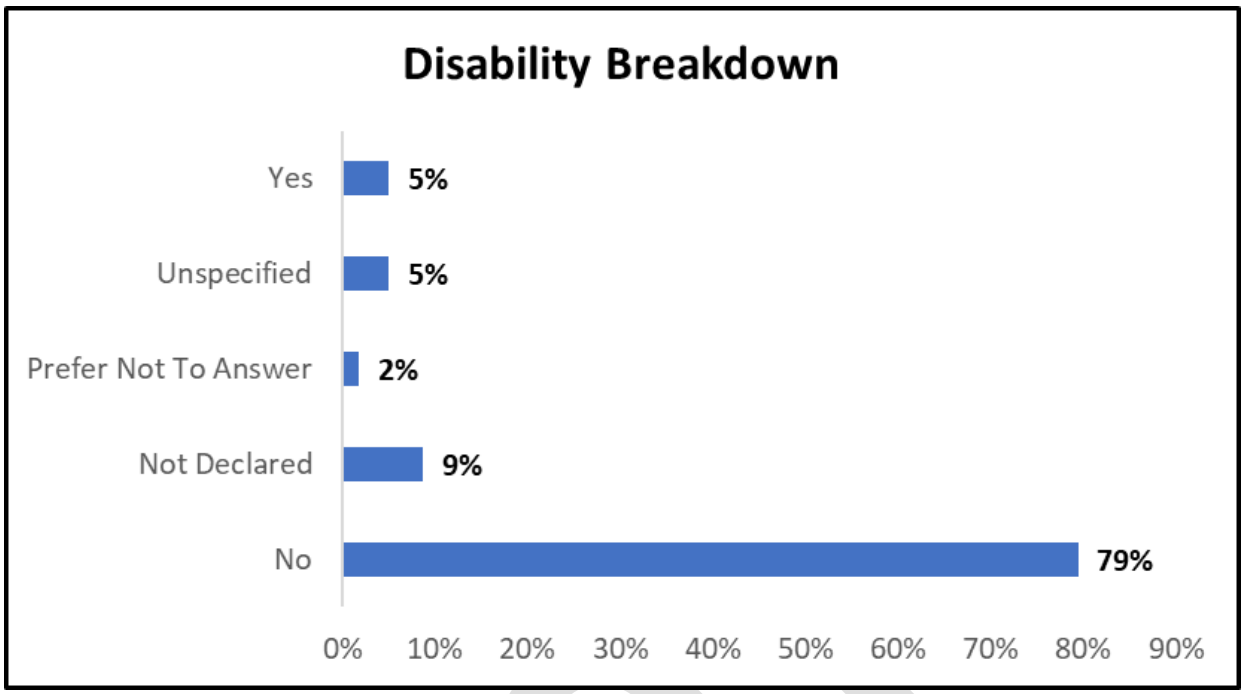
Gender

Gender	Band	Headcount
Female	Ad Hoc	82
	Band 2	5
	Band 3	1
	Band 4	20
	Band 5	37
	Band 6	52
	Band 7	70
	Band 8A	69
	Band 8B	57
	Band 8C	46
	Band 8D	23
	Band 9	11

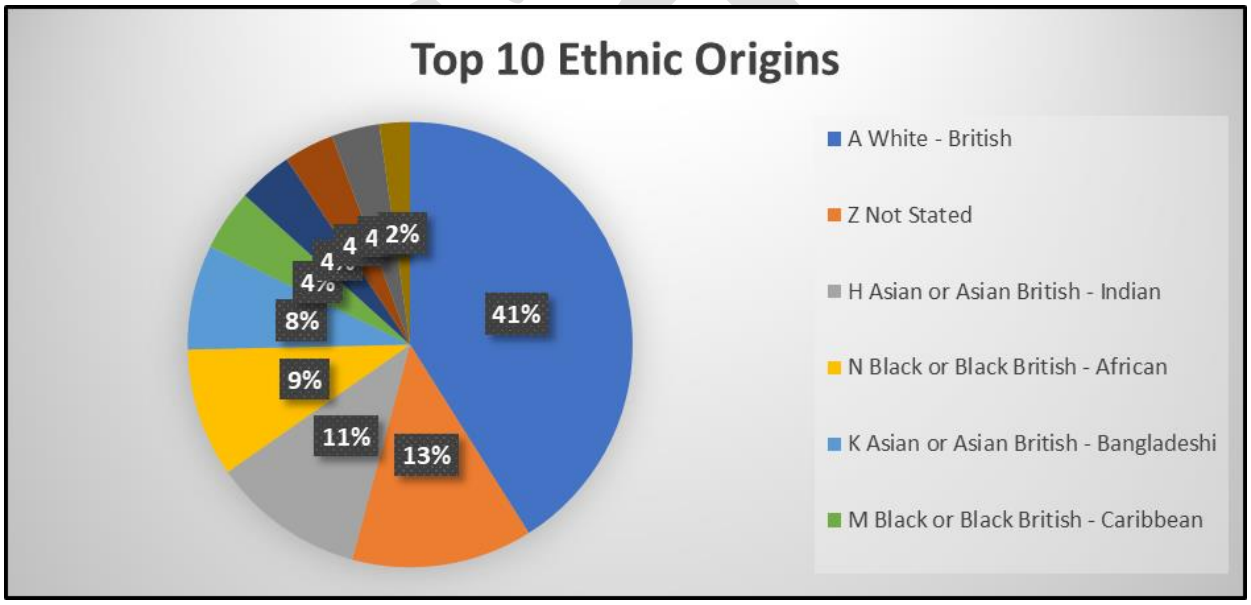
Gender	Band	Headcount
	Board Nurse	1
	Clinical Director	1
	Locum Consultant	1
	Locum Contractor	1
	VSM	7
Female Total		484
Male	Ad Hoc	59
	Band 2	2
	Band 4	3
	Band 5	16
	Band 6	23
	Band 7	25
	Band 8A	43
	Band 8B	36
	Band 8C	31
	Band 8D	15
	Band 9	10
	Clinical Director	1
	Consultant Lead	1
	VSM	8
Male Total		273
Grand Total		757

Declared disability

Disability	Headcount	Percentage
No	601	79%
Not Declared	66	9%
Prefer Not To Answer	14	2%
Unspecified	38	5%
Yes	38	5%
Total	757	100%



Ethnicity



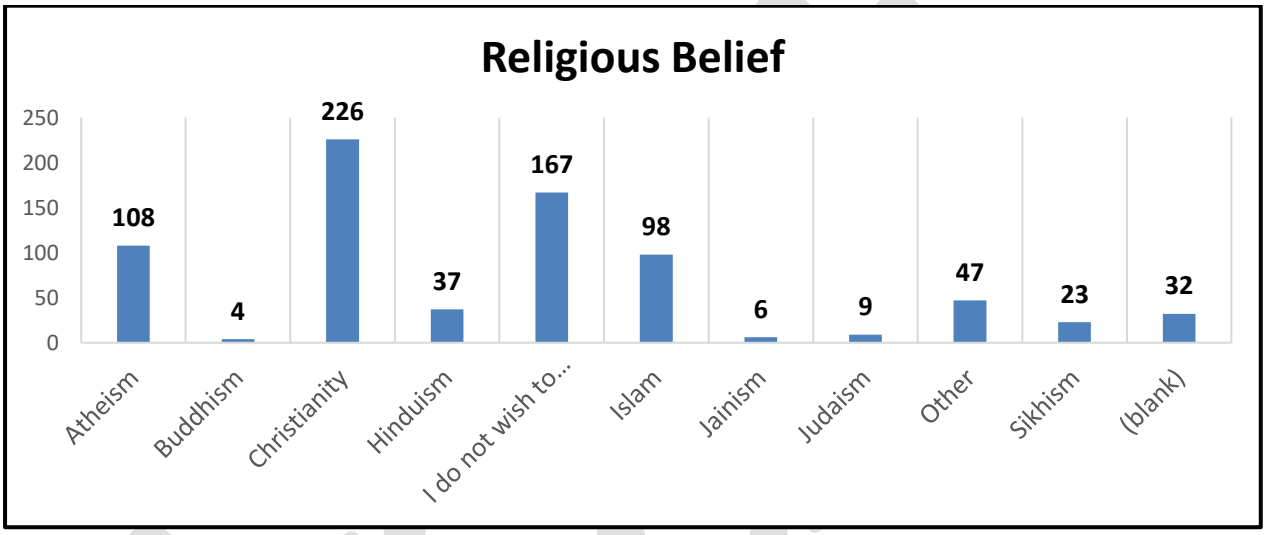
Ranked – 20 highest reported ethnicities in NEL CCG workforce

Ethnic origin	Headcount	Percentage
A White – British	259	34%
Z Not Stated	83	11%
H Asian or Asian British – Indian	70	9%
N Black or Black British – African	59	8%
K Asian or Asian British – Bangladeshi	48	6%
M Black or Black British – Caribbean	28	4%
C White - Any other White background	25	3%
(blank)	23	3%
J Asian or Asian British – Pakistani	22	3%
B White – Irish	14	2%
PD Black British	14	2%
CA White English	11	1%
G Mixed - Any other mixed background	9	1%
D Mixed - White & Black Caribbean	8	1%
LB Asian Punjabi	7	1%
R Chinese	7	1%
CY White Other European	6	1%
L Asian or Asian British - Any other Asian background	6	1%
SE Other Specified	6	1%

Religion

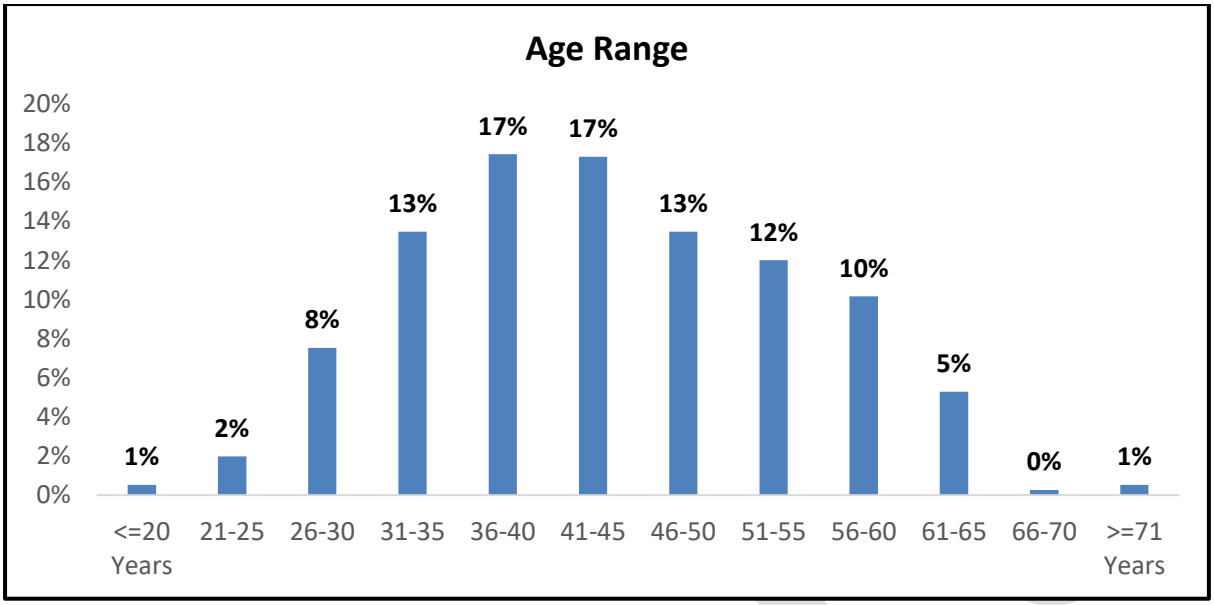
Religious belief	Headcount	Percentage
Atheism	108	14%
Buddhism	4	1%
Christianity	226	30%
Hinduism	37	5%
I do not wish to disclose my religion/belief	167	22%
Islam	98	13%
Jainism	6	1%

Judaism	9	1%
Other	47	6%
Sikhism	23	3%
(blank)	32	4%
Grand Total	757	100%



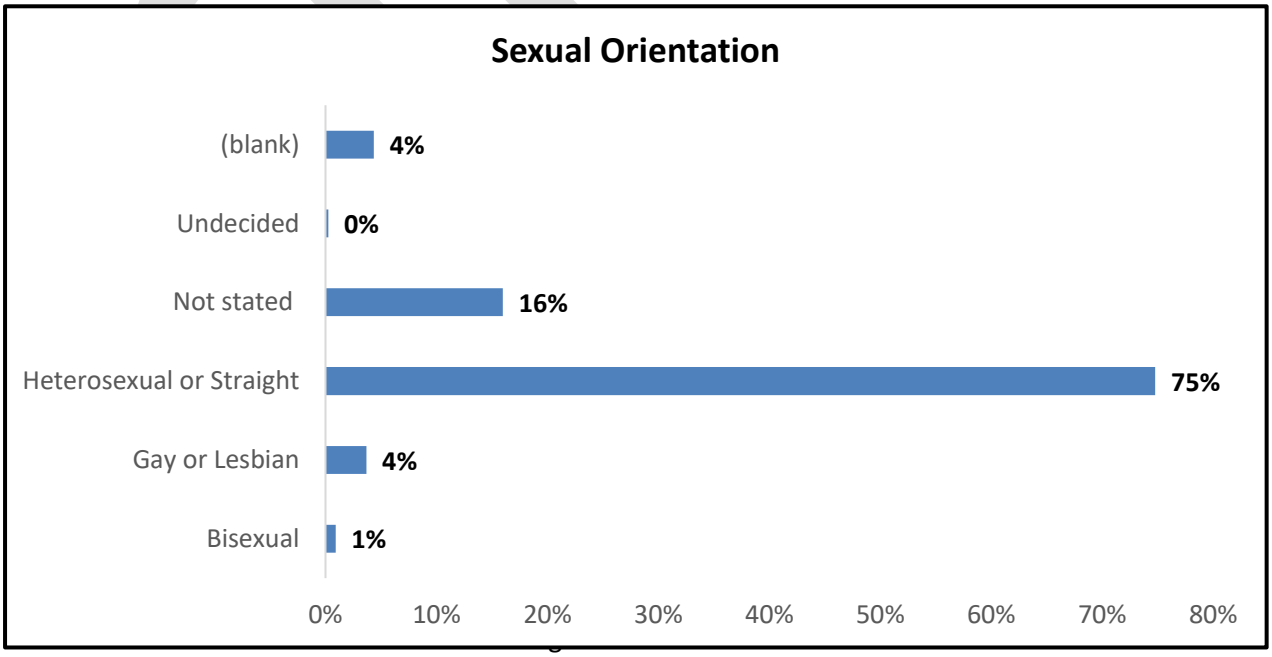
Age

Age	Headcount	Percentage
<=20 Years	4	1%
21-25	15	2%
26-30	57	8%
31-35	102	13%
36-40	132	17%
41-45	131	17%
46-50	102	13%
51-55	91	12%
56-60	77	10%
61-65	40	5%
66-70	2	0%
>=71 Years	4	1%
Grand Total	757	100%



Sexual orientation

Sexual orientation	Headcount	Percentage
Bisexual	7	1%
Gay or Lesbian	28	4%
Heterosexual or Straight	566	75%
Not stated	121	16%
Undecided	2	0%
(blank)	33	4%
Grand Total	757	100%



Sickness absence and turnover percentage data

The table below shows the figures to date.

Sickness absence

	Average FTE	Average Annual Sick Days per FTE	Sum of FTE Days Sick	Sum of FTE Days Available
NHS North East London CCG	**1,102**	**4.5**	**3,788**	**187,718**

Time: Jan 2021 - Dec 2021

Turnover Rate

Rolling 12 Month as at 31 March 2022	
Turnover Rate FTE (12m)	**16.68%**

Staff policies

NEL CCG has revised a number of policies during 2021 with a view to harmonising the different policies in existence from the individual north east London CCGs. These have included the Disciplinary, Grievance, Pay Protection and Organisational Change Policies.

These have been reviewed with input from our Trade Union, staff network and management representatives with final versions ratified through our NEL CCG Joint Partnership Group. We have aimed to have a specific focus on ensuring more inclusive language and processes to ensure improvements of experiences for staff and potential candidates who have protected characteristics.

We have ensured that improvements are being made to our recruitment and selection processes and practices with a major overhaul starting in 2022. We have particularly tried to ensure improvements in access for those who have a disability during our recruitment process. We offer interviews to all disabled applicants, providing their application scores sufficiently highly against the essential criteria for the job.

Trade Union Facility Time Reporting Requirements

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
2	2 full time members of staff who are local Trade Union Officers devoting part of their time to TU activities

Percentage of time	Number of employees
0%	
1-50%	2 (based on c 7.5 hours/week per rep: 1 rep = 20%, 1 rep = 5%)
51%-99%	
100%	

Employment issues including employee consultation and/or participation

The work to involve and engage with staff continued throughout the year with even greater importance given the Covid-19 pandemic and staff having to work from home. We engaged with all staff during the formal consultation for the merger of the former seven CCGs into one organisation which was effective from 1 April 2021. In addition, consultations took place during 2021 with staff in the communications and engagement team and the quality and safeguarding teams to redesign the functions following the merger of the CCGs.

Other employee matters

Our work to improve staff experience continues in many different ways, recognising the ongoing impact of the pandemic and the changes our organisation is going through as we

transition to create the Integrated Care Board, the new employing body for current CCG staff, sitting as part of the Integrated Care System.

Culture and inclusivity

Our goal is to develop our organisational culture to be one that is grounded in compassion, collaboration and inclusion, enabling our staff to thrive and bring their whole selves to work.

Using the NHSE/I Culture and Leadership Programme methodology we've worked with staff to focus on important areas that need to change including creating opportunities for staff development, investing in our leaders and managers, addressing bullying and harassment and continuing to build on work in the equality, diversity and inclusion arena.

Central to our culture and leadership programme was the 'Big Conversation', which gave people the opportunity to contribute to a set of all staff and leadership behaviours that define how we bring the NHS values to life and set the ambition for how we should behave on a day to day basis. The new organisational behaviours launched in May 2022 and brought to life a range of organisational practices, including recruitment, appraisal, leadership development and staff recognition.

Our staff networks give colleagues a safe space to speak about their experiences at work, look for innovative ways to improve inclusion and tackle systematic discrimination.

The four networks (Women's, Black and Minority Ethnic, Ability and LGBTQ+) have engaged and supported staff in a range of ways and have seen many achievements including:

- Menopause training.
- Development of menopause advocates.
- Campaigns and activities for disability.
- LGBTQ+ history months.
- Myth busting' training from an autistic NHS leader.
- Career development sessions designed to support women and our black and minority ethnic staff.

The impactful work of our staff networks was recognised through being shortlisted in 2021 for a Health Service Journal staff engagement award for developing an inclusive, intersectional culture. There was also significant interest and support for a first cohort of reverse mentors and mentees, with a second cohort planned to start in 2022.

We know how important it is that people treat each other with civility, respect and kindness at work and are equipped to address conflict well, as well as being supported to speak up about experiences and concerns that they have.

In developing and launching our new Freedom to Speak Up (FTSU) service in 2022, we hope to strengthen the support available to staff to speak to an independent person about any concerns that they have. Our new FTSU Guardian will be supported by FTSU Ambassadors, all of which will be trained and given ring-fenced time to offer this important service to our people.

Leadership and learning and development

We know that one of the most important ways that we will develop our culture is through our leaders and managers and that they and all staff need access to the high quality, effective learning and development opportunities, that are equitable to all.

This year we launched a new approach for appraisal and 1-1s and will continue to develop this based on feedback and best practice. An organisational wide learning needs analysis demonstrated the current and future development needs of people and teams in the organisation. In response to this in 2021 we launched a range of offers including leadership and core business skills courses, a coaching apprenticeship and bite-sized learning focussed on inclusion. Ninety managers completed a two-part ‘compassionate change management’ course to equip them with skills to manage and support others through complex change.

The establishment of our senior leadership forum has helped to connect leaders from across

the organisation, giving them the opportunity to learn together, form new relationships and take joint accountability for the strategic direction and culture of the organisation.

Staff voice, engagement and recognition

We participated in the national NHS Staff Survey for the third year, reporting as a single CCG, with analysis at local ICPs, directorate and demographic level. We continue to use the outcomes of the survey to steer the work we are doing to improve staff experience and work with staff on the design and delivery of specific projects and activities.

Completed by 76% of staff, the 2021 survey results show some positive improvements, particularly in the areas of feeling trusted, relationships with colleagues, flexible working and our focus on health and wellbeing. However, we know there is more to do to do bring our results up to other CCG averages.

Staff report high workloads and lack of capacity, leading to some feeling frustrated and worn out and crucially, the results show the continued need to focus on addressing the inequality of experience staff have related to their demographics and protected characteristics. These will continue to be a focus of work in 2022.

Wellbeing

The wellbeing of our staff is of utmost importance and during 2021 we continued to make use of a range of tools and supportive interventions open to our staff provided by NHSE available to all staff.

From the wealth of information available, we brought together the best and most important wellbeing resources and tools, available on a central staff intranet page. We update and promote these to staff regularly, often as part of national wellbeing campaigns such as ‘Time to Talk’. Our offer has been aligned to the wider offer available to health and social care staff across NEL through the KeepingWellNEL health and wellbeing hub.

Using the new national Wellbeing Framework, we will work with colleagues to understand what works well and where we need to focus our attentions to continue to support and enable staff wellbeing during 2022.

Expenditure on consultancy

Total £000's	Admin £000's	Programme £000's
3,116	**449**	**2,667**

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2022 for more than £245* per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2022	68
Of which, the number that have existed:	
for less than one year at the time of reporting	68
for between one and two years at the time of reporting	-
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

The CCG confirms that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

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

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

	Number
No. of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	68
Of which:	
No. not subject to off-payroll legislation[(2)]	-
No. subject to off-payroll legislation and determined as in-scope of IR35[(2)]	63
No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	5
the number of engagements reassessed for compliance or assurance purposes during the year	-
Of which: no. of engagements that saw a change to IR35 status following review	-

[(1)] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[(2)] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	-

Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	30

Exit packages, including special (non-contractual) payments

The CCG made no exit package payments during the financial year.

Parliamentary Accountability and Audit Report

NEL CCG is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. An audit certificate and report is also included in this Annual Report at [insert page reference].

ANNUAL ACCOUNTS

[To be completed in accordance with the DHSC Group Accounting Manual 2021/22 and NHS England SharePoint Finance Guidance Library]

Zina Etheridge

Accountable Officer

XX month 2022

CONTENTS **Page Number**

The Primary Statements:

Notes to the Accounts:

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000
Other operating income	2	(13,394)
Total Operating Income		**(13,394)**
Staff costs	4	56,573
Purchase of goods and services	5	3,927,457
Depreciation and impairment charges	5	652
Provision expense	5	8,320
Other operating expenditure	5	1,170
Total Operating Expenditure		**3,994,172**
Net Operating Expenditure		**3,980,778**
Net Loss on Transfer by Absorption	7	373,422
Total Net Expenditure for the Financial Year		**4,354,200**
Comprehensive Expenditure for the year		**4,354,200**

The CCG received a revenue resource limit of £3,981,071k for 2021-22; Net Operating Expenditure was £3,980,778k, therefore, the CCG recorded an underspend of £293k.

Statement of Financial Position as at 31 March 2022

	Note	31st March 2022 £'000	1st April 2021 £'000
Non-current Assets			
Property, plant and equipment	9	1,149	1,655
Intangible assets	10	57	113
Total Non-current Assets		**1,206**	1,768
Current Assets			
Trade and other receivables	11	23,561	19,610
Cash and cash equivalents	12	201	-
Total Current Assets		**23,762**	19,610
Total Assets		**24,968**	21,378
Current Liabilities			
Trade and other payables	13	(373,592)	(371,908)
Borrowings		-	(13,178)
Provisions	14	(17,097)	(8,807)
Total Current Liabilities		**(390,689)**	(393,893)
Non-current Assets less Net Current Liabilities		**(365,721)**	(372,515)
Non-current Liabilities			
Provisions	14	(907)	(907)
Total Non-current Liabilities		**(907)**	(907)
Assets less Liabilities		**(366,628)**	(373,422)
Financed by Taxpayers' Equity			
General fund		(366,628)	(373,422)
Total Taxpayers' Equity		**(366,628)**	(373,422)

The notes on pages x to xx form part of this statement.

The balances as at 1st April 2021 relate to those transferred by absorption (note 7).

The financial statements on pages [ ] to [ ] were approved by the Governing Body on [date] and signed on its behalf by:

Zina Etheridge
CCG Accountable Officer and Chief Executive Officer Designate of the Integrated Care Board for north east London

Statement of Changes In Taxpayers Equity for the year ended 31 March 2022

	Note	General Fund 2021-22 £'000
Changes in Taxpayers' Equity for 2021-22		
Balance at 01 April 2021		-
Changes in NHS Clinical Commissioning Group Taxpayers' Equity for 2021-22		
Net operating expenditure for the financial year		(3,980,778)
Transfers by absorption from other bodies	7	(373,422)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year		**(4,354,200)**
Net funding		3,987,573
Balance at 31 March 2022		**(366,628)**

Statement of Cash Flows for the year ended 31 March 2022

	Note	2021-22 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(3,980,778)
Depreciation and amortisation	5	652
Increase in trade and other receivables	11	(3,951)
Decrease in trade and other payables	13	1,702
Provisions utilised	14	(30)
Increase in provisions	14	8,320
Net Cash Outflow from Operating Activities		**(3,974,085)**
Cash Flows from Investing Activities		
Payments for property, plant and equipment		(109)
Net Cash Outflow from Investing Activities		**(109)**
Net Cash Outflow before Financing		**(3,974,194)**
Cash Flows from Financing Activities		
Grant in aid funding received		3,987,573
Net Cash Inflow from Financing Activities		**3,987,573**
Net Increase in Cash & Cash Equivalents	12	**13,379**
Cash and Cash Equivalents at the Beginning of the Financial Year		-
Transfers by absorption from other bodies	7	(13,178)
Cash and Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**201**

The notes on pages x to xx form part of this statement.

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups (CCGs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 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 CCGs, 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 CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

As at 31st March 2022 the CCG had net liabilities of £366,628,000.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the CCG is a going concern and the financial statements are prepared on the going concern basis.

As explained more fully on page x following the approval of the Health and Care Bill on 28th April 2022 NHS North East London CCG will be dissolved on 30th June 2022. Whilst the CCG as an entity will cease to exist on that date, the activities undertaken by the CCG will continue to be undertaken by NHS North East London Integrated Care Board. In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of the CCG should be prepared on a going concern basis.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Movement of Assets within the Department of Health and Social Care Group

NHS North East London CCG was approved by NHS England to operate from 1st April 2021 and was created from the merger of NHS Barking & Dagenham CCG, NHS City & Hackney CCG, NHS Havering CCG, NHS Newham CCG, NHS Redbridge CCG, NHS Tower Hamlets CCG and NHS Waltham Forest CCG. Closing balances from the seven predecessor CCGs were transferred to NHS North East London CCG at 1st April 2021. The transfer of balances is detailed in Note 7 of these accounts. As a result of the merger, other than for the Statement of Financial Position and related notes, comparative figures for the previous financial year have not been provided as the CCG did not exist in 2020-21.

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

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

1.4 Joint arrangements

Arrangements over which the CCG has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the clinical commissioning group is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.5 Pooled Budgets

The CCG has entered into pooled budget arrangements with the London Boroughs of Barking & Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest and the City of London in accordance with section 75 of the NHS Act 2006. These are joint arrangements in the form of joint operations.

The CCG has assessed the accounting treatment of the pooled budget arrangements having regard to IFRS10, IFRS11, and IAS28. The CCG has assessed that while joint control over the pooled budgets is present, the substance of the arrangements is that the parties to the pooled budgets are each responsible for commissioning services from providers, with the risks and rewards arising from the contractual obligation remaining with each respective commissioner. The CCG has therefore recognised in its financial statements:

- The assets it controls
- The liabilities it controls
- The expenses it incurs
- Its share of the income from the pooled budget activities

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 CCG will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the CCG is 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.

Notes to the financial statements

The value of the benefit received when the CCG 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 NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the CCG commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 **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 CCG;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

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.

1.10 **Intangible Assets**

1.10.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the CCG's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, CCG;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

1.10.2 **Measurement**

Intangible assets acquired separately are initially recognised at cost.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.10.3 **Depreciation, Amortisation and Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

At each reporting period end, the CCG checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current 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. Intangible assets not yet available for use are tested for impairment annually.

Notes to the financial statements

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.11 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

All the CCG's leases are classified as operating leases.

1.11.1 **The CCG as Lessee**

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

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

1.12 **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 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

1.13 **Provisions**

Provisions are recognised when the CCG has a present legal or constructive obligation as a result of a past event, it is probable that the CCG will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.14 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the CCG pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the CCG.

1.15 **Non-clinical Risk Pooling**

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group 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.

Where the time value of money is material, contingent liabilities are disclosed at their present value.

1.16 **Financial Assets**

Financial assets are recognised when the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

All the CCG's financial assets are categorised as financial assets at amortised cost.

1.16.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.16.2 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the CCG recognises a loss allowance representing the expected credit losses on the financial asset.

The CCG adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The CCG therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the CCG does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

Notes to the financial statements

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.

1.17 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the CCG becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.18 **Value Added Tax**

Most of the activities of the CCG are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 **Foreign Currencies**

The CCG's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the CCG's surplus/deficit in the period in which they arise.

1.20 **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 clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.21 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the CCG's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.21.1 **Critical accounting judgements in applying accounting policies**

These are judgements, apart from those involving estimations, that management makes in the process of applying the CCG's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

The CCG made no judgements in 2021-22 that would have a material effect on the amounts recognised in the financial statements.

1.21.2 **Sources of estimation uncertainty**

These 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.

The CCG had no material key sources of estimation uncertainty in 2021-22.

1.22 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.23 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022-23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

● **IFRS 16 Leases** – IFRS 16 Leases has been deferred until 1 April 2022, but CCGs will still need to provide adequate disclosure on the impact of the new standard. HM Treasury have issued application guidance which will assist entities in assessing the impact and this can be found at IFRS_16_Application_Guidance_December_2020.pdf (publishing.service.gov.uk).

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The CCG will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the CCG will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the CCG's incremental borrowing rate. The CCG's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments.

For leases commencing in 2022-23, the CCG will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Work undertaken by the CCG in preparation for the implementation of IFRS16 suggests that its application will not have a material impact.

● **IFRS 17 Insurance Contracts** – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

The application of IFRS 17 as revised would not have a material impact on the accounts for 2021-22 were they applied in that year.

2. Other Operating Revenue

	Admin £'000	Programme £'000	2021-22 Total £'000
Other non contract revenue	544	12,850	**13,394**
Total Other Operating Revenue	**544**	**12,850**	**13,394**

Administration revenue is that which is not directly attributable to the provision of healthcare or healthcare services.

Other Operating Revenue does not include cash received from NHS England; this is drawn down directly into the CCG's bank account and credited to the General Fund.

3. Revenue

Revenue is generated wholly from the supply of services; the CCG receives no revenue from the sale of goods.

4. Employee Benefits and Staff Numbers

4.1. Employee Benefits

	Permanent Employees	Other	2021-22 Total
	£'000	£'000	£'000
Salaries and wages	34,111	12,491	**46,602**
Social security costs	4,017	11	**4,028**
Employer contributions to NHS pension scheme	5,807	13	**5,820**
Other pension costs	18	-	**18**
Apprenticeship levy	105	-	**105**
Gross employee benefits expenditure	**44,058**	**12,515**	**56,573**

4.2 Average Number of People Employed

	Permanently Employed	Other	2021-22 Total
	Number	Number	Number
Total	591.77	87.94	**679.71**

4.3 Exit Packages Agreed in the Financial Year

There were no exit packages agreed during 2021-22.

4.4 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

5. Operating Expenses

	Admin £'000	Programme £'000	2021-22 Total £'000
Purchase of Goods and Services			
Services from other CCGs and NHS England	9,643	6,979	**16,622**
Services from foundation trusts	-	944,584	**944,584**
Services from other NHS trusts	-	1,798,182	**1,798,182**
Services from other WGA bodies	42	-	**42**
Purchase of healthcare from non-NHS bodies	-	478,635	**478,635**
Purchase of social care	-	46,262	**46,262**
Prescribing costs	-	251,551	**251,551**
General ophthalmic services	-	150	**150**
GPMS/APMS and PCTMS	-	340,242	**340,242**
Supplies and services – clinical	-	25	**25**
Supplies and services – general	500	11,007	**11,507**
Consultancy services	449	2,667	**3,116**
Establishment	1,218	16,425	**17,643**
Transport	4	158	**162**
Premises	3,384	9,946	**13,330**
Audit fees	240	-	**240**
Other non statutory audit expenditure			
· Other services	18	-	**18**
Other professional fees	285	3,930	**4,215**
Legal fees	391	12	**403**
Education, training and conferences	59	469	**528**
Total Purchase of Goods and Services	**16,233**	**3,911,224**	**3,927,457**
Depreciation and Impairment Charges			
Depreciation	14	581	**595**
Amortisation	-	57	**57**
Total Depreciation and Impairment Charges	**14**	**638**	**652**
Provision Expense			
Provisions	(105)	8,425	**8,320**
Total Provision Expense	**(105)**	**8,425**	**8,320**
Other Operating Expenditure			
Chair and Non Executive Members	947	147	**1,094**
Clinical negligence	22	16	**38**
Expected credit loss on receivables	(10)	48	**38**
Total Other Operating Expenditure	**959**	**211**	**1,170**
Total Operating Expenditure	**17,101**	**3,920,498**	**3,937,599**

Admin expenditure is that incurred which is not a direct payment for the provision of healthcare or healthcare services.

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008 , the CCG is required to disclose the limit of its external auditors liability. The contract signed states that the liability of KPMG, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £500k, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

External Audit Fees Payable (Excluding VAT)

	2021-22 £
Statutory audit fee	200,000
Other audit services	15,000
Total Audit Fees	**215,000**

6. Better Payment Practice Code

Measure of Compliance	Number	2021-22 £'000
Non-NHS Payables		
Total Non-NHS trade invoices paid in the year	77,173	969,076
Total Non-NHS trade Invoices paid within target	73,556	935,553
Percentage of Non-NHS Trade Invoices Paid within Target	**95.31%**	**96.54%**
NHS Payables		
Total NHS trade invoices paid in the year	4,198	2,774,110
Total NHS trade invoices paid within target	4,029	2,764,512
Percentage of NHS Trade Invoices Paid within Target	**95.97%**	**99.65%**

The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

In 2021-22 no payments were made in relation to claims under the Late Payment of Commerical Debts (Interest) Act 1998.

7. Net loss on Transfer by Absorption

NHS Barking & Dagenham CCG, NHS City & Hackney CCG, NHS Havering CCG, NHS Newham CCG, NHS Redbridge CCG, NHS Tower Hamlets CCG and NHS Waltham Forest CCG merged from 1st April 2021 to form NHS North East London CCG.

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. 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.

The table below identifies the Statement of Financial Position at 1st April 2021 for the seven former CCGs. The corresponding net debit reflecting the loss is recognised within the income and expenses as disclosed within the Statement of comprehensive net expenditure, but outside operating activities.

	Total	Barking & Dagenham CCG	City & Hackney CCG	Havering CCG	Newham CCG	Redbridge CCG	Tower Hamlets CCG	Waltham Forest CCG
	1st April 2021 £'000	1st April 2021 £'000	1st April 2021 £'000	1st April 2021 £'000	1st April 2021 £'000	1st April 2021 £'000	1st April 2021 £'000	1st April 2021 £'000
Transfer of property plant and equipment	1,655	-	46	-	933	620	28	28
Transfer of intangibles	113	-	-	-	-	113	-	-
Transfer of cash and cash equivalents	-	-	-	-	-	-	-	-
Transfer of receivables	19,610	543	1,146	944	6,001	622	8,176	2,178
Transfer of payables	(371,908)	(25,170)	(57,837)	(31,393)	(70,126)	(34,291)	(116,086)	(37,005)
Transfer of borrowings	(13,178)	(161)	(512)	(375)	(6,321)	(4,426)	(152)	(1,231)
Transfer of provisions	(9,714)	(2,450)	-	(5,311)	(125)	(1,581)	(125)	(122)
Net Loss on Transfers by Absorption	**(373,422)**	**(27,238)**	**(57,157)**	**(36,135)**	**(69,638)**	**(38,943)**	**(108,159)**	**(36,152)**

8. Operating Leases

8.1.1 Payments Recognised as an Expense

	Buildings £'000	Other £'000	2021-22 Total £'000
Payments Recognised as an Expense			
Minimum lease payments	2,702	165	**2,867**
Total	**2,702**	**165**	**2,867**

8.1.2 Future Minimum Lease Payments

	Buildings £'000	Other £'000	2021-22 Total £'000
Payable:			
No later than one year	2,863	140	**3,003**
Between one and five years	7,542	89	**7,631**
After five years	3,416	-	**3,416**
Total	**13,821**	**229**	**14,050**

Buildings

The CCG holds a number of building leases as administrative centres at locations across its geographical area. The most significant of these are at Unex Tower, Stratford (lease commenced for 25th November 2015 for 15 years at an annual rental of £927,303), North House, Romford (lease commenced 19th March 2019 for 6.5 years at an annual rental of £196,002) and Kirkdale House, Leytonstone (lease commenced 24th July 2013 for 10 years at an annual rental of £143,208).

Space is also leased at a number of properties from both Community Health Partnerships (Vicarage Lane Health Centre in Stratford, Kenworthy Road Health Centre in Hackney and Beaumont House at Mile End Hospital) and NHS Property Services (St Leonards Hospital).

Two addiitional building leases are held for the managment of IT services. The first is with West Drylining & Facades Limited for 7 years at an annual rental of £36,000 commencing on 17th May 2019; the second is with Moreland Limited for 6 years at an annual rental of £52,800 commencing 26th October 2021.

Other

Most of this category relates to the rental of a server from Crown Hosting Data Centre; the agreement is for 5 years commencing 21st November 2018 for 5 years at an annual rental of £137,170. The remaining leases are for photocopiers and a van.

9. Property, Plant and Equipment

2021-22	Plant & Machinery £'000	Information Technology £'000	Furniture & Fittings £'000	Total £'000
Cost or Valuation at 01 April 2021	1,940	4,932	982	**7,854**
Additions purchased	-	-	90	**90**
Reclassifications	11	(11)	-	**-**
Disposals other than by sale	(454)	(360)	(373)	**(1,187)**
Cost/Valuation at 31 March 2022	**1,497**	**4,561**	**699**	**6,757**
Depreciation 01 April 2021	1,335	4,174	690	**6,199**
Reclassifications	12	(12)	-	**-**
Disposals other than by sale	(454)	(360)	(373)	**(1,187)**
Charged during the year	137	398	61	**596**
Depreciation at 31 March 2022	**1,030**	**4,200**	**378**	**5,608**
Net Book Value at 31 March 2022	**467**	**361**	**322**	**1,149**
Purchased	467	361	321	**1,149**
Total at 31 March 2022	**467**	**361**	**321**	**1,149**
Asset Financing:				
Owned	467	361	321	**1,149**
Total at 31 March 2022	**467**	**361**	**321**	**1,149**

The balances as at 1st April 2021 relate to those transferred by absorption (Note 7).

Revaluation Reserve Balance for Property, Plant and Equipment
No balances are held in the revaluation reserve for any of the Property, Plant and Equipment Assets.

9.1 Economic Lives	Minimum Life (Years)	Maximum Life (Years)
Plant & machinery	1	6
Information technology	2	6
Furniture & fittings	4	7

10. Intangible Non-current Assets

2021-22	Computer Software: Purchased £'000
Cost or Valuation at 01 April 2021	1,191
Disposals other than by sale	(907)
Cost / Valuation At 31 March 2022	**284**
Amortisation 01 April 2021	1,077
Disposals other than by sale	(907)
Charged during the year	57
Amortisation At 31 March 2022	**227**
Net Book Value at 31 March 2022	**57**
Purchased	57
Total at 31 March 2022	**57**

The balances as at 1st April 2021 relate to those transferred by absorption (Note 7).

Revaluation Reserve Balance for Intangible Assets
No balance is held in the revaluation reserve for any of the Intangible Assets.

10.1 Economic Lives	Minimum Life (Years)	Maximum Life (Years)
Computer software: purchased	1	1

11.1 Trade and Other Receivables

	Current 2021-22 £'000
NHS receivables: revenue	8,548
NHS prepayments	379
NHS accrued income	2,487
Non-NHS and other WGA receivables: revenue	8,325
Non-NHS and other WGA prepayments	1,107
Non-NHS and other WGA accrued income	1,805
Expected credit loss allowance-receivables	(46)
VAT	956
Total Trade and Other Receivables	**23,561**

11.2 Receivables Past their Due Date but not impaired

	2021-22 DHSC Group Bodies £'000
By up to three months	2,645
By three to six months	186
By more than six months	322
Total	**3,153**

11.3 Loss Allowance on Asset Classes

	Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 April 2021	(56)
Lifetime expected credit losses on trade and other receivables-Stage 2	(38)
Amounts written off	48
Total	**(46)**

The balances as at 1st April 2021 relate to those transferred by absorption (Note 7).

12. Cash and Cash Equivalents

	2021-22 £'000
Balance at 01 April 2021	(13,178)
Net change in year	13,379
Balance at 31 March 2022	**201**
Made up of:	
Cash with the Government Banking Service	201
Cash and Cash Equivalents as in Statement of Financial Position	**201**
Balance at 31 March 2022	**201**

The balances as at 1st April 2021 relate to those transferred by absorption (Note 7)

13. Trade and Other Payables

	Current 2021-22 £'000
NHS payables: revenue	43,366
NHS accruals	1,427
Non-NHS and other WGA payables: revenue	74,022
Non-NHS and other WGA accruals	245,661
Non-NHS and other WGA deferred income	1
Social security costs	653
Tax	627
Other payables and accruals	7,835
Total Trade and Other Payables	**373,592**

Other payables include a total pension liability of £2,412,728. This includes outstanding pension contributions for CCG employees of £702,837 as at 31 March 2022, the balance relates to GP Pension contributions.

14. Provisions

	Current 2021-22 £'000	Non-current 2021-22 £'000
Continuing care	3,414	-
Other	13,683	907
Total	**17,097**	**907**
Total Current and Non-current	**18,004**	

	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April 2021	**105**	**3,444**	**6,165**	**9,714**
Arising during the year	-	-	8,425	**8,425**
Utilised during the year	-	(30)	-	**(30)**
Reversed unused	(105)	-	-	**(105)**
Balance at 31 March 2022	**-**	**3,414**	**14,590**	**18,004**
Expected Timing of Cash Flows:				
Within one year	-	3,414	13,683	**17,097**
Between one and five years	-	-	907	**907**
After five years	-	-	-	**-**
Balance at 31 March 2022	**-**	**3,414**	**14,590**	**18,004**

The balances as at 1st April 2021 relate to those transferred by absorption (Note 7).

Legal Claims
The CCG was able to reverse the brought forward provision.

Continuing Care
The CCG continues to recognise a provision under IAS 37 in respect of continuing healthcare retrospective claims received for activities covering periods post 1 April 2012.

During 2021-22 £29,939 was utilised to settle continuing healthcare cases; the CCG deemed these cases, which had not been funded previously, to be eligible for continuing health care status.

The amount carried forward represents the estimated value of outstanding restitution payments still currently under review. Cases are reviewed in line with the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care guidance.

Other
A provision relating to back dated rental reimbursements for a number of GP practices comprises the majority of this category (£12,959,984); this provision increased by £8,347,703 during 2021-22 as the CCG established consistency of accounting treatment across the merged CCGs.

The CCG holds a provision for dilapidations in relation to the vacating of leased office space (£1,251,410).

The remainder of 'Other' relates to a provsion of £378,884 in respect of amounts due from Non EEA overseas visitors. The CCG operates a risk share arrangement with Barking, Havering and Redbridge University Hospitals NHS Trust who charge non EEA overseas visitors directly.

The CCC recognises the expected amount due to the Trust as part of this risk share arrangement and this is included within note 11 of these financial statements.

15. Contingencies

A contingent liability is a potential obligation that may result, but is not likely to result because the event causing the obligation is improbable.

There were no contingent liabilities in 2021-22.

16. Financial Instruments

16.1 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 CCG 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 CCG 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 CCG in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCG's standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the CCG and internal auditors.

16.1.1 Currency Risk

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

16.1.2 Credit Risk

Because the majority of the CCG's revenue comes from parliamentary funding, the CCG 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.

16.1.3 Liquidity Risk

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

16.1.4 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.

16.2 Financial Assets

	Financial Assets measured at Amortised Cost 2021-22 £'000
Trade and other receivables with NHSE bodies	7,402
Trade and other receivables with other DHSC group bodies	6,051
Trade and other receivables with external bodies	7,712
Cash and cash equivalents	201
Total at 31 March 2022	**21,366**

16.3 Financial Liabilities

	Financial Liabilities measured at Amortised Cost 2021-22 £'000
Trade and other payables with NHSE bodies	940
Trade and other payables with other DHSC group bodies	46,355
Trade and other payables with external bodies	325,016
Total at 31 March 2022	**372,311**

17. Related Party Transactions

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

The transactions listed below are payments made to the related parties declared by North East London CCG's Governing Body members and other senior managers in a position of influence (other than payments to practices, other NHS bodies, and other government departments). As a DHSC group body the CCG is also required to include the related parties of ministers, senior officials and non-executive directors of the Department of Health and Social Care; there is one entity specifically highlighted (*) :

	2021-22 Payments to Related Party	2021-22 Receipts from Related Party	2021-22 Amounts owed to Related Party	2021-22 Amounts due from Related Party
	£000	£000	£000	£000
Parkview Medical Centre	591	-	-	-
Barking & Havering LMC	207	-	140	-
Bromley By Bow Partnership - based at the Bromley by Bow Centre Charity 1999	-	-	16	-
GP Confederation	14,961	82	5,836	-
First Community Health and Care, Surrey	3	-	-	-
Greater London Authority	35	-	-	-
Havering Health Ltd	5,428	42	280	-
Healthbridge Direct	8,264	25	1,118	-
Hackney Council	36,928	555	7,696	626
Newham GP Federation	8,449	-	1,698	-
Partnering Health Ltd *	5	-	-	-
Queen Mary University London	1,089	-	1,351	-
St Francis Hospice, Havering	4,089	-	340	-
Together First Limited (GP Federation)	2,771	1	1,189	-
Westlands Clinic (Langton Dental)	12	-	-	-

The Department of Health and Social Care is regarded as a related party. During 2021-22 NHS North East London CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

- Barking, Havering & Redbridge University Hospitals NHS Trust
- Barts Health NHS Trust
- Chelsea And Westminster Hospital NHS Foundation Trust
- East London NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- Homerton University Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- King's College Hospital NHS Foundation Trust
- Lewisham & Greenwich NHS Trust
- London Ambulance Service NHS Trust
- Mid and South Essex NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- NHS NEL CSU
- North East London NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Tavistock & Portman NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- Whittington Health NHS Trust

During 2021-22 NHS North East London CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

- London Borough of Barking and Dagenham
- London Borough of Hackney
- London Borough of Havering
- London Borough of Newham
- London Borough of Redbridge
- London Borough of Tower Hamlets
- London Borough of Waltham Forest
- NHS Pensions
- HM Revenue and Customs

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 East London CCG's Governing Body during 2021-22. These payments include GMS/PMS contract and adhoc payments, but exclude prescribing payments:

	2021-22 Payments to Related Party	2021-22 Receipts from Related Party	2021-22 Amounts owed to Related Party	2021-22 Amounts due from Related Party
	£000	£000	£000	£000
King Edwards Medical Centre – Dr. Jagan John	2,534	-	34	-
Nightingale Practice - Dr. Mark Rickets	1,945	-	82	-
Maylands Healthcare - Dr Atul Aggarwal	1,906	-	118	-
Woodgrange Medical Practice - Dr. Muhammad Waqqas Naqvi	2,043	-	132	-
Fullwell Cross Medical Centre - Dr. Anil Mehta	1,993	-	236	-
Allum Medical Centre - Dr. Ken Aswani	2,977	-	332	-
XX Place - Prof Sir Sam Everington	2,453	-	602	-
St Andrews Health Centre - Prof Sir Sam Everington	3,733	-	684	-

18. Operating Segments

The CCG considers it has only one operating segment that being commissioning of healthcare services.

19. Joint arrangements - Interests in Joint Operations

19.1 Interests in Joint Operations

The CCG has section 75 pooled budget arrangements with the following local authorities - London Borough of Barking and Dagenham (from 1st April 2015), London Borough of Havering (from 1st April 2015), London Borough of Redbridge (from 1st April 2015), London Borough of Newham (from 6th November 2015), London Borough of Tower Hamlets (from 1st April 2019), London Borough of Waltham Forest (from 1st April 2019), London Borough of Hackney (from 1st April 2020) and the City of London (from 1st April 2020). All the local authorities host the pooled budgets.

In line with IFRS 11 joint control over each of the pooled funds exists, however, the members of the fund have agreed to have one lead body to commission services from providers. As a result the CCG has entered into lead commissioning arrangement whereby the risks and rewards of the contractual obligations of the pool fund budgets lay with each respective commissioner.

All financial risks and rewards appropriate to the CCG are included within the Statement of Comprehensive Net Expenditure.

The CCG's shares of the assets, liabilities, income and expenditure handled by the pooled budgets in the financial year were:

Name of Arrangement	Other Party to the Arrangement	Assets	Liabilities	Income	Expenditure
		£'000	£'000	£'000	£'000
Better Care Fund	London Borough of Barking & Dagenham	-	3,048	-	19,565
Better Care Fund	London Borough of Havering	-	9,757	-	30,154
Better Care Fund	London Borough of Redbridge	-	4,884	-	25,376
Better Care Fund	London Borough of Newham	-	22	-	25,810
Better Care Fund	London Borough of Tower Hamlets	-	271	-	30,131
Better Care Fund	London Borough of Waltham Forest	-	5,112	-	20,368
Better Care Fund	London Borough of Hackney	-	-	-	23,101
Better Care Fund	City of London	-	-	-	800

20. Losses and Special Payments

The CCG made no special payments during 2021-22; the total number of losses cases, and their total value, was as follows:

	Total Number of Cases 2021-22 Number	Total Value of Cases 2021-22 £'000
Administrative write-offs (bad debts)	4	48

21. Events after the End of the Reporting Period

On 28th April 2022 the Health and Care Bill was approved by Parliament. The Health and Care Bill approves the formation of Integrated Care Boards and for them to take over the functions of Clinical Commissioning Groups. As a result NHS North East London CCG will be dissolved on 30th June 2022 and NHS North East London Integrated Care Board will be formed from the following day. In line with the provisions of the Group Accounting Manual the assets and liabilities of the CCG will transfer to the newly formed Integrated Care Board at book value. Further details are provided on page x of the annual report and in the accounting policies on page x.

22. Financial Performance Targets

NHS CCGs have a number of financial duties under the NHS Act 2006 (as amended).
The CCG's performance against those duties was as follows:

	2021-22 Target	2021-22 Performance	2021-22 Achievement	Duty Achieved
	£'000	£'000	£'000	
Expenditure not to exceed income	3,994,555	3,994,262	293	Yes
Capital resource use does not exceed the amount specified in Directions	90	90	-	Yes
Revenue resource use does not exceed the amount specified in Directions	3,981,071	3,980,778	293	Yes
Revenue administration resource use does not exceed the amount specified in Directions	40,251	40,250	1	Yes