



Summary Annual Report and Accounts 2013/14

This document is a summary of our Annual Report and Accounts 2013/14. It describes how our organisation works and how we invested in local health services during our first year. If you would like to read the full Annual Report and Accounts 2013/14 please visit our website: www.enfieldccg.nhs.uk

Welcome to the summary of our first year

We are pleased to present to you our first annual report and accounts. Enfield Clinical Commissioning Group (CCG) is a new NHS organisation created by the Health and Social Care Act 2012. We took over many of the responsibilities of Enfield Primary Care Trust (PCT) to commission health services for people living in the London Borough of Enfield. GPs now work together to buy most of the services that they refer patients on to. As more than 90% of patients' contact with the NHS is with their GP, CCGs were created to empower GPs to be able to buy the services that their patients need.

The two key differences between a CCG and a PCT are:

- Our organisation is led by local GPs supported by other clinicians and NHS managers.
- Some of PCT's responsibilities have transferred to other organisations including: primary care contracting and specialist commissioning which is now the responsibility of NHS England, and Public Health, which now is based with Enfield Council.

In the new NHS, CCGs are managed by NHS England. We went through a vigorous authorisation process overseen by NHS England to become a CCG. We were licensed on 1 April 2013 with seven conditions and we are proud to say that these were all lifted by October 2013.

Every year we receive an allocation of money from NHS England to buy health services for patients in Enfield. This summary document explains how our organisation works and how we prioritised spending our money this year. It also describes the improvements we have made to local health services in our first year. If you want to read our full Annual Report and Accounts, you can visit our website www.enfieldccg.nhs.uk

About Enfield

Enfield is the most northerly London borough and it is home to a population of around 317,000 people. Enfield is a diverse borough, with 154 languages spoken in Enfield schools. One fifth of Enfield residents are under 15 but over the next few years it's predicted that this will decrease and instead we will have an older demographic with more patients who have long-term health conditions and complex needs.

Currently our key health challenges are:

- Between 2008-2010 our infant mortality rate was the third highest in London.
- Immunisation rates are still below the national average and the levels required to prevent outbreaks of disease.
- Childhood obesity rates are amongst the highest in the country.
- Cardiovascular disease and cancers remain our biggest killers and survival rates are lower than neighbouring boroughs.
- One in three adults in Enfield aged over 55 have a limiting long-term illness.
- People in the more deprived parts of the Borough tend to experience worse health than the rest of the population.
- There is a large gap in life expectancy in Enfield depending on which part of the borough you live in and it's also greater for women than men.

More detailed information about Enfield and the health needs of our population can be found in the [Joint Strategic Needs Assessment](#) (JSNA). It's our responsibility to make sure health services are available to meet the needs of patients. We also an ambitious organisation and we want to improve the health and wellbeing of people in Enfield. This year we started our journey to improve local health services so they meet peoples' needs better and to ensure Enfield has high quality, sustainable health services in the future.

Our vision

Enfield CCG is committed to commissioning services that improve the health and wellbeing of residents of Enfield borough through the securing of sustainable whole system care.

Our mission

Local clinicians working with local people for a healthier future.

Our strategic goals are to:

- Enable the people of Enfield to live longer fuller lives by tackling the significant health inequalities that exist between communities
- Provide children with the best start in life
- Ensure the right care in the right place, first time
- Deliver the greatest value for money for every NHS pound spent
- Commission care in a way which delivers integration between health, primary, community and secondary care and social care services

Our organisation

Every GP practice in Enfield is a member of Enfield CCG and they have signed up to a [Constitution](#) which sets out the governance of the organisation and explains how all the practices collectively work together for their patients. GP practices in Enfield also work closely together in four localities and each geographical area elects two GPs onto the Governing Body. The elected GPs work together with NHS managers, lay members, other clinicians, a practice manager, partner organisations and patients. The Governing Body is the team that leads our organisation and develops the strategies that will deliver our goals and vision.

Our Governing Body members in 2013/14

Elected GP members	Role
Dr Alpesh Patel	Chair
Dr Janet High	Clinical Vice Chair
Dr Anshumen Bhagat	GP member
Dr Tim Fenn	GP member (to 31 July 2013)
Dr Fahim Chowdhury	GP member (from 30 October 2013)
Dr Raj Mazumder	GP member
Dr Mike Gocman	GP member
Dr Pavan Sardana	GP member
Dr Ujjal Sarkar	GP member
Executive members	Role
Liz Wise	Chief Officer
Simon East	Interim Chief Finance Officer (from 1 January 2014)
Richard Quinton	Chief Finance Officer (until 31 December 2013)
Aimee Fairbairns	Director of Quality and Integrated Governance
Dr Mo Abedi	Medical Director
Lay members	Role
Karen Trew	Lay Member for Governance and Vice Chair
Teri Okoro	Lay Member for Patient and Public Engagement
Other members	Role
Angela Dempsey	Registered Nurse Member
Professor Robert Elkeles	Secondary Care Clinical Lead
Rathai Thevananth	Practice Manager Member
Dr Shahed Ahmad	Director of Public Health
Ray James	London Borough of Enfield (Director of Health, Housing and Adult Social Care)
Bill Mackay and Litsa Worrall	Patient Participation Group representatives (shared role)
Deborah Fowler	Chair, Healthwatch Enfield (from July 2013)

How we commission services

Commissioning is about planning, buying and monitoring health services. Every year, we assess the needs of our local population and purchase the services they need. We have contracts with a large number of organisations which are monitored regularly against quality and activity.

Our key local providers this year were:

- Barnet and Chase Farm Hospitals
- North Middlesex University Hospital
- Barnet, Enfield and Haringey Mental Health Trust (including Enfield Community services)

This year we were lead commissioners for Barnet and Chase Farm Hospitals and Barnet, Enfield and Haringey Mental Health Trust.

We work closely with local partners including other local CCGs, Enfield Council, the Health and Wellbeing Board and the voluntary sector to plan sustainable services now and in the future. Currently, Enfield CCG commissions services directly with the support of the North and East London Commissioning Support Unit (NEL CSU). We also work as part of the North Central London (NCL) Strategic Planning Unit covering the five CCGs in NCL (Barnet, Camden, Enfield, Haringey and Islington). We will continue to work in partnership in North Central London and respond to issues affecting our local health economy through the approach of collaborating where it adds value and localising where necessary to deliver the transformational change required. NCL's strategic planning unit's key priorities over the next five years include:

- The development of locality infrastructures managing locality populations.

- Shifting resources from activity based contracting to commissioning based on outcomes for patients through our value based commissioning approach.
- Supporting the Royal Free Foundation Trust's acquisition of Barnet and Chase Farm Hospital.
- Moving forward our integration agenda through our model of integrated care and implementation of the Better Care Fund.
- Implementing a stepped up recovery programme for those in our population with mental ill-health.
- Reducing inequalities through the implementation of our Joint Health and Wellbeing Strategy.

Commissioning for quality

Our patients tell us that the quality and safety of services is critical and we have to make sure that this is maintained. To put patients at the heart of everything we do, we use three key domains to evaluate quality as set out in our Governing Body approved [Quality Strategy](#).

- 1. Safe services (patient Safety)**
The right staff, correctly trained, learning from experience
- 2. Effective service (Clinical Effectiveness)**
Evidence based, right care, right place, first time
- 3. Good experience (Patient Experience)**
Service users feel valued and cared for



Ensuring we have safe and effective services with good patient experience

We are committed to quality and safety and we continuously monitor and measure it in all our contracts. Patients expect to receive high quality, clinically effective and compassionately delivered care and this is also their right under the [NHS Constitution](#). In recent years, key reports such as Francis, Keogh, Berwick as well as Clwyd and Hart have enforced the need for transparency and constant vigilance around the quality of NHS care. We have embedded the learning from these reports and take a thorough approach to reviewing the quality of services using three sets of indicators.

1. Key performance indicators

Including measures like access and response times.

2. Patient outcomes

Including type of treatment offered and outcome measures.

3. Quality metrics

Including monitoring complaints, serious incidents, compliments, staff and patient surveys.

We monitor these indicators through our contract quality group using dashboards and exception reports. The CCG also meets providers on a monthly basis to receive direct quality assurances through a meeting called Clinical Quality Review Groups (CQRGs). The CCG also participates in key provider committees such as infection control and safeguarding.

We also run an internal system called quality alerts where our member practices can feed in soft intelligence which acts as an early warning system. This year our quality alerts system was adopted by other local CCGs as a model of best practice.

Announced and unannounced walk the pathway visits also provide further assurance on the quality of care being delivered to patients. These are undertaken on a regular basis by GP clinical leads for the service along with NHS managers.

Listening to patient feedback

We recognise that there are some occasions where patients do not receive the care that they expected and we welcome the opportunity to learn and improve from complaints. We have signed up to the [Principles of Remedy](#) and as stated in our [complaints policy](#), this service is independently managed by North and East London Commissioning Support Unit in our behalf. Patients are able to complain about commissioning decisions but if they have a complaint about a service, they must make this directly to the provider of that service. We recognise that patients can be confused about how to complain to the NHS and [our website](#) explains how to contact other local NHS organisations as well as how to access advocacy services. Patient experience and direct feedback whether its complaints, compliments, concerns or patient stories are powerful learning tools we can use to improve services.

Equality and Diversity

The CCG is committed to promoting equality, diversity and human rights for patients and our staff in line with the Equality Act 2010 and our [Equality and Diversity Strategy](#). Our [Equality Information](#) which is published annually on our website provides an overview of how we are meeting our public sector equality duty, both through commissioning health services and as an employer. The report also provides links to our main providers' equality information which sets out how they are meeting their equality duties. We have adopted NHS England's [Equality Delivery System \(EDS2\)](#) and as commissioners are committed to developing an inclusive NHS that is fair and accessible to all.

Improving the performance of local services

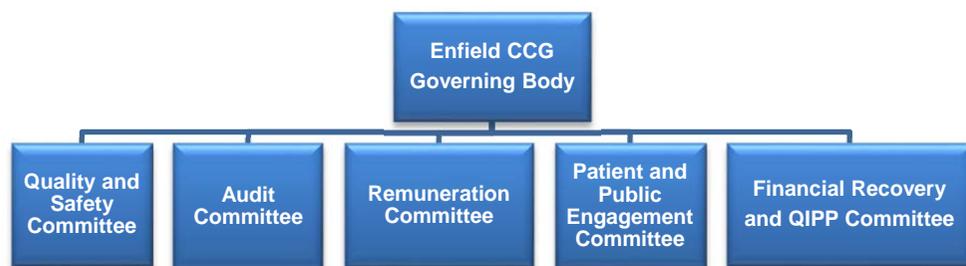
Enfield CCG has progressed well this year against a range of performance indicators which are nationally set. We also developed local performance indicators which the CCG has set to address the key issues within the local health community. These are to improve: access to primary care, diagnosis of dementia and reduce hospital readmissions. We review performance reports at every Governing Body meeting.

Emergency planning

In the new NHS, Enfield CCG is classed as a category two responder to emergencies. In our first year, we made sure we have plans in place to meet our statutory responsibilities and NHS England's national Emergency Planning framework. This included developing and testing business continuity and emergency resilience plans, as well as working closely with borough and NHS partners. We took part in three major table-top exercises across London: Exercise Safer City, Exercise Paladin and the Joint London Regional Resilience Exercise. We regularly review and make improvements to our major incident plan and have a programme for regularly testing it, the results of which are reported to the Governing Body.

Good governance

Good governance is the foundation of any high performing organisation. This year we have focused on ensuring that we have a framework of policies, processes and management tools that guide decision making across the organisation. Our Governing Body has five subcommittees that have clear portfolios and delegated responsibility to manage key areas of work. These are supported by other steering and sub groups as required.



Enfield CCG's corporate governance arrangements are set out in its [Constitution](#). The Constitution, based on [NHS England's model Constitution](#) includes the organisation's Standing Orders, Standing Financial Instructions, Schemes of Reservation and Delegation and Codes

of Accountability and Conduct. These arrangements have been drawn up in line with Department of Health Guidance.

The Governing Body adheres to the "Nolan Principles" which are set out in its Constitution and outline the ways in which holders of Public Office should behave in the discharge of their duties and act as a guiding principle for decision making. These principles are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

This year we responded to concerns about changes to the NHS by meeting with key stakeholders and listening to their concerns about declarations of interest. As a result, we improved our register of interests. The Governing Body of the CCG meets in public and publishes Governing Body Papers including the agenda and minutes and register of interests on the website.

Managing organisational risk

To make sure we can achieve our strategic goals, we need to be proactive in managing risks. Enfield CCG's [Risk Management Strategy](#) was approved by the Governing Body in September 2013. The strategy outlines the organisation's approach to risk management, including:

- Identifying committees and groups which have responsibility for risk management
- Explaining roles and responsibilities of staff
- Mapping the process for identification, assessment and management of risks including data security
- Detailing the process for managing and Board review of the Risk Register and Board Assurance Framework
- Describing the risk appetite of the organisation which sets out the thresholds for toleration, management and reporting of different orders of risk

The strategy complies with best practice, NHS Litigation Authority and the Department of Health requirements. The Risk Management strategy along with the Board Assurance Framework and governance arrangements were the subject of an internal audit in January 2014. This audit produced a green opinion, meaning that all our governance arrangements are robust.

Improving local health services

This year we have worked hard to deliver many improvements to local services. These are some of the key changes we have made this year.

Implementing the Barnet Enfield and Haringey (BEH) Clinical Strategy

This year the BEH Clinical Strategy implemented a number of service changes to deliver safer and better healthcare for patients in Barnet, Enfield and Haringey. It delivered the biggest ever planned change to the local health economy investing over £100 million in reorganising hospital care over three key sites. This included:

- The expansion and redevelopment of emergency services at Barnet Hospital and North Middlesex University Hospitals. Accident and Emergency services moved from Chase Farm Hospital on 9 December 2013 to Barnet Hospital and North Middlesex University Hospitals.
- The expansion and redevelopment of maternity and neonatal services at Barnet Hospital and North Middlesex University Hospitals, including the development/expansion of midwife led birthing units at both sites. Maternity services moved from Chase Farm Hospital to Barnet Hospital and North Middlesex University Hospitals on 20 November 2013.
- Development of an Urgent Care Centre at Chase Farm Hospital as well as assessment centres for children and older people.
- The expansion of planned surgery at Chase Farm Hospital.

Integrated Care

This year we have commissioned a new Older People's Assessment Unit (OPAU) at Chase Farm Hospital which is supported by the CCG commissioning a risk stratification tool for GP practices which supports direct referrals and delivers extra support to primary care. Practices can now more easily identify older patients most at risk from hospital admissions so that they can support them at home with additional advice and intervention from a multidisciplinary team, including health and social care. More integrated care developments will happen in 2014/15 as we work more closely together with Enfield Council.

Primary care

NHS England are now responsible for primary care commissioning but we recognise that as a membership organisation of GPs we can work together to improve the quality and delivery of primary care. The former PCTs in North Central London developed a primary care strategy in 2012 and in our first year we have carried on with a local investment and improvement programme. Key achievements include:

- Over 55,000 extra appointments provided through our improving access scheme.
- The carers' health support project now has a GP liaison worker who supports practices to provide additional support for carers, improving their mental and physical health.
- A joint initiative with University College London began in January 2014. The project has a number of service improvement objectives across elderly mental health, palliative care, A&E attendance reduction and diabetic management with associated conditions such as cardiovascular disease and stroke. The project also aims to raise the profile of Enfield as a borough for newly qualified GPs to work in.
- 33 practices signed up to the patient experience tracker project which has provided tablet devices that can capture real-time patient feedback.
- 17 practices are working to increase the identification and referral of domestic violence and abuse through the training and support of practice staff.
- Our [Minor Ailments Scheme](#) delivered prescribing through pharmacies offering an alternative to GP appointments.

Other key achievements

- We developed a new [local mental health strategy](#) with Enfield Council and invested more in improving access and increasing referrals to psychological therapies (IAPT).
- This year we employed a dietician to support GPs in assessing prescribing nutritional supplements for patients at risk of malnutrition, leading to better patient outcomes.

Transforming Services – Quality, Innovation, Productivity and Prevention (QIPP)

NHS services have to constantly adapt to meet the changing health needs of the population and to ensure that services continue meet the national quality standards and expectations of patients, but we also need to work within our budgets. Enfield CCG is following the national QIPP challenge to ensure the NHS can continue to deliver high quality care in a tighter economic environment.

Transformation Programme

Enfield CCG has a Transformation (QIPP) Programme that is focused on improving the quality and value of local health services. The Transformation programme has six key work programmes that are aligned to the [Joint Health and Wellbeing Strategy](#). These are:

1. Prevention and Primary Care
2. Integrated care
3. Planned and long-term conditions
4. Children, young people and maternity
5. Mental health, learning disability and continuing healthcare
6. Unscheduled care

In addition to the above, we have some cross-cutting programmes aligned to our six main programmes which include:

- Transforming community services
- Value based commissioning
- Procedures of limited clinical effectiveness
- Acute productivity

Each programme includes a range of projects focused on improving patient care and is led by a GP clinical champion who works with a managerial lead. The programmes focus on improving clinical pathways, supported by engagement with local GPs and patients. A baseline analysis of health needs is undertaken from a range of data sources including the [Joint Strategic Needs Assessment](#), [NHS England CCG value pack](#) and

comparator benchmarking exercise along with current performance of commissioned services so that the benefits for patients can be measured.

Achievements this year

This year our Transformation Programme commissioned three new and improved services: pain management, cardiology and respiratory services. The changes to these services were based on feedback from patients and local clinicians about how we could improve services. We are always looking for patients to help us with service improvements. If you would like to get involved please contact communications@enfieldccg.nhs.uk

Looking forward to next year

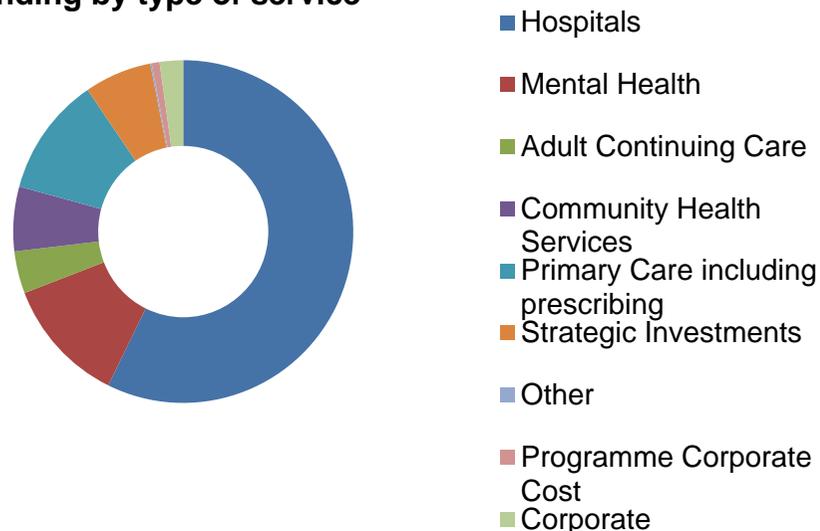
The Transformation Programme will be continuing with the same key work programmes in 2014/15 investing in better health services for patients in Enfield while delivering savings that will contribute to the long-term sustainability of local health services

Enfield CCG is an ambitious organisation led by local GPs who want to ensure their patients receive the best possible care. We have a long-term ambition to make healthcare in Enfield more accessible and supportive of patient's individual needs, as well as more financially sustainable and quality focused. This year we developed a five year strategic plan that describes how we want to transform the health of Enfield. As set out in our five year strategic plan, we want to ensure that our Transformation Programme will continue to develop the following national planning objectives:

- Ensuring that citizens will be fully included in all aspects of service design and change and that patients will be fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Working with others to ensure the delivery of specialised services concentrated in centres of excellence.

How we spent our money this year

Spending by type of service



This year we spent around £363 million commissioning services for Enfield residents. The majority of our spending was on hospital services for patients. We are pleased to report that in our first year as a CCG we met our financial plans and that we ended the year with a small surplus.

Enfield has been facing a very challenging financial position for a number of years with the former Enfield PCT's recurrent deficit reaching £39.2m at the end of 2011/12. In 2012/13 the PCT and shadow CCG continued to make significant progress on the run rate deficit while this continued in 2013/14 we ended this year with a negative run rate.

This year a new [funding formula](#) was introduced by NHS England and it has an increased weighting for deprivation and ageing populations. According to this new formula, Enfield CCG is underfunded and this will be

addressed by small incremental increases in allocation monies over the next few years, which should help to address the run-rate deficit.

Facing our future financial challenges

Despite the introduction of a new funding formula in 2014/15 Enfield CCG will continue to face a very challenging financial position over the next few years. By 2015/16, we will still be around £20 million below the target allocation and this presents big challenges to the local health economy.

Current financial plans show, even after assuming delivery of a £12 million local Transformation (QIPP) Programme and after applying the national assumption of 0.5% contingency with no application of headroom or transformation as agreed with NHS England, Enfield CCG will have a £5.6 million deficit in 2014/15. The position improves in 2015/16 to a cumulative deficit of £5.2 million and returns to a cumulative balanced position in 2016/17.

We are working with CCGs in North Central London in a risk sharing agreement, which is assisting with breaking even within the financial year, but we have to address the run rate and cumulative deficits in the long term. Work is on-going to finalise outstanding QIPP plans, maximise savings through the contracting process and the negotiation of the NCL CCG's risk share for 2014/15.

Like all NHS organisations, Enfield CCG faces the challenges of flat funding and rising demand but as we are also below target allocation and run rate deficit enhances the risk of achieving financial balance. The main risks for the CCG across the five year period are: underachievement of transformation programmes; over-activity of acute payment by results service level agreements and managing the impact of the introduction of the Better Care Fund in 2015/16 which will transfer around £20m of CCG funding to Enfield Council. To ensure we continue to achieve our financial plans, we will be working with partners across the local health economy to improve make sure we get the best quality and value for every NHS pound spent.

Help us to continue to improve local health services

We are a new organisation that is on a journey to improve the health of everyone living in Enfield. We believe that empowering patients to understand more about their NHS and increasing patient involvement in designing the health services they use will lead to better health outcomes for our local population. This year we developed our [Communications and Engagement strategy](#) which describes the way we communicate with patients and partners to tell the story of our organisation and also the range of ways that we engage with the public.

Know your local NHS services and Choose Well

We want to support people to make positive and informed choices about their health and enable them to select the best service to meet their needs. This year we commissioned our first App – [Choose Well North London](#) in partnership with Barnet and Haringey CCG's. The App along with the poster and leaflet campaign advises when to self-care and also lists all the key services that local CCG's commission and how you can access them if you need to.

Supporting Patient Participation Groups

Enfield CCG has been working hard this year to support the development of our member practices' Patient Participation Groups (PPGs). This year we significantly increased the number of PPGs in Enfield. We want more patients to join PPGs and feedback to their GP practices on the services that they should improve or develop in the future.

We run events and training for PPG Chairs and members to support their development and we are always pleased to welcome new members. To find out more, contact ppgs@enfieldccg.nhs.uk or talk to your practice. This year we recruited two interim PPG representatives who share a role on the Governing Body and also sit on the Patient and Public Engagement Committee. We are working on developing this into a role elected by all the PPGs in Enfield.

Engaging with our local community

We want you to get involved with the CCG and help us to deliver changes to local services. There are lots of ways you can get involved:

- Get involved with your GP practice's patient participation group (PPG) - ask at reception to see if your practice has a group.
- Visit our website www.enfieldccg.nhs.uk
- Take part in consultations or surveys about local health services. Come along to one of our Governing Body meetings which are held in public to hear how we make decisions and ask us questions.
- Volunteer to be a patient or carer representative and help us to redesign NHS services around the needs of local patients.
- Attend one of our public engagement events – we have three main events a year and the dates are advertised on our website and in the local press.
- Follow us on Twitter @EnfieldCCG
- Ask us to talk to come and talk to a community group
- Speak to [Healthwatch Enfield](#) to tell them what you think about local health and social care services

We welcome your comments and suggestions on improving the ways we engage with our community going forwards. To discuss involvement opportunities or to join our CCG engagement email list please contact communications@enfieldccg.nhs.uk

Contact us

You can contact us or find out more at:

Address: Holbrook House, Cockfosters Rd, Enfield EN4 0DR

Phone: 0203 688 2840

E-mail: communications@enfieldccg.nhs.uk

Website: www.enfieldccg.nhs.uk

If you require this document in another format (e.g. large print or braille) or another language please contact communications@enfieldccg.nhs.uk