

CCG Priorities & Values: 2021/22

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As a result of the Covid-19 pandemic, a significant amount of the CCG's clinical and staffing capacity over 2020/21 was dedicated to supporting the health system's collective response across North Central London. Since the autumn, this has included significant work to co-ordinate, support and deliver the Influenza and Covid-19 vaccination programmes. Our staff and office-holders have been key to the success of the CCG's Covid-19 response work.

The Covid-19 pandemic and its impact coincided with the merger of the NCL CCGs on 1st April 2020 – and much of the planned implementation work for the new organisation had to be put on hold. It also resulted, following national guidance, in CCG staff to predominantly working from home – a requirement that currently continues.

Looking forward, as the rate of Covid-19 infections continues to reduce, and taking into account the move to formally transition into an Integrated Care System for North Central London, it is timely for the CCG to set headline priorities to progress and deliver in 2021/22 – accompanied by organisational values for the year ahead.

Section 1: CCG Priorities

The setting of organisational priorities is a key component of a strong 'golden thread' within any organisation – supporting the CCG in its approach to:

- Forward planning and allocation of resources and capacity
- Ensuring suitable oversight, assurance and performance reporting arrangements
- Setting team and individual objectives, including through staff appraisals
- Key internal and external communications and engagement activity
- Corporate risk management.

The priorities reflect key areas of work that the CCG needs to ensure additional focus on, capacity for, and delivery of, in 2021/22. It is not an exhaustive list of all CCG important activity including and is complemented by a range of 'business as usual' activity – with examples below:

Examples of key CCG 'business as usual' activity:

- Supporting staff in all aspects of their work and continuation of programmes and initiatives introduced during 2020/21 in this regard
- Embedding the single CCG operating model and harnessing the opportunities and benefits of place-based partnership working
- Continued support to Primary Care, including in the context of Covid-19 recovery, ongoing development of primary care networks, GP Alliances and future workforce planning etc.
- Delivery of the next stages of the Adult Orthopaedics review
- Ensuring the ongoing delivery of all safeguarding, quality improvement and patient safety responsibilities – including the implementation of the NCL CCG Safeguarding and Looked After Children Strategy 2020-2023
- Progressing the harmonisation of NCL commissioning policies
- Supporting the NCL Clinical Advisory Groups
- Continued focus on NCL estates programmes across acute, community and primary care
- Supporting the NHS's Sustainability Programme and long-term plan of reaching net zero carbon.

2021/22 – CCG Corporate Priorities

The headline CCG priorities for 2021/22 fall into four main categories: Covid-19, corporate support, strategic commissioning and future transition – and are as follows:

Covid-19

- A. Support the ongoing response to Covid-19 pandemic and vaccination programme
- B. Support system recovery and strengthen both Urgent Care & Integrated Urgent Care

Corporate Support

- C. Provide robust support to, and development of, our workforce - including through change
- D. Tackle discrimination and embrace equality and diversity through our workforce
- E. Maintain strong financial vigilance

Strategic Commissioning

- F. Undertake key strategic commissioning reviews (Community Services, Mental Health and Children, Young People & Maternity Services)
- G. Embed and deliver the commissioning pipeline
- H. Tackle health inequalities and strengthen the system approach to population / place-based health and care management
- I. Embed robust approach to complex individualised commissioning and deliver the continuing healthcare recovery programme

Future Transition

- J. Prepare for the formal transition to an Integrated Care System and further development of Integrated Care Partnerships.

A. Support the ongoing response to Covid-19 pandemic and vaccination programme

Since February 2020, the CCG has played a key and significant role in supporting the North Central London system response to the Covid-19 pandemic. This has included, but not limited to:

- Joint leadership of the system's GOLD arrangements
- Strategic, operational and clinical input into NCL wide Silver implementation groups as well as NCL and regional Clinical Advisory Groups
- Supporting the interface with Member Practices and Primary Care Networks
- Close working with Acute, Community and Mental Health Trusts in NCL to support surge response to Covid-19 as well as recovery delivery
- Collaborative working with the five local authorities (including to support social and home care functions) and public health teams in NCL
- Co-ordination of key additional community services
- Supporting Infection and Prevention Control activity – including outbreaks management
- Surge capacity modelling, planning and reporting (non-elective and elective activity)
- Operating the system Incident Co-ordination Centre and providing the interface between system partners and NHS England London
- Co-ordination of the testing and vaccination programmes
- Supporting the provision of Personal Protective Equipment across system partners
- System communications
- Supporting system redeployment activity – including of CCG staff into frontline activity.

In 2021/22 the CCG will continue to provide robust and focussed clinical and staffing support to all of the above, including as the longer-term requirements of Covid-19 become clearer in the context of testing arrangements, the vaccination programme, outbreaks management etc. - and to help to ensure that the benefits of significantly strengthened collaboration between all health and care partners remain in place going forward and into the formal move to an Integrated Care System for North Central London.

B. Support system recovery and strengthen both Urgent Care & Integrated Urgent Care

Planning work continues to support the healthcare system's immediate recovery from the second wave of Covid-19 - ahead of the longer term National planning round (beginning in Quarter 1 2021/22). Core components of NCL's elective recovery plan will focus on:

- Evidence based **staff wellbeing** and recovery following on from the impact of Covid-19 on staff
- Plans to **de-surge critical care** in relation to Covid-19 - to release theatre capacity and intensive treatment (ITU) bed capacity required to increase elective activity
- **Elective recovery** plans for specialised and non-specialised services including the use of fast track surgical hubs and independent sector capacity where NHS capacity is insufficient. Recovery plans will cover cancer and diagnostic services. Plans will focus on the reduction in waiting times for urgent surgery back to a maximum wait of 4 weeks and reduction in long waits in particular for people waiting more than 52 weeks for their treatment.

Planning work will also focus on a further **wave 3 surge** later in 2021(linked to winter planning).

Alongside Covid-19 recovery work, the following will also be key in 2021/22 to strengthen urgent care and integrated urgent care capacity:

- **Community and Mental Health – Recovery Priorities**

Community and mental health recovery plans will focus on admission avoidance, effective integrated discharge arrangements and ensuring ongoing system capacity for periods of surge – in particular sufficient inpatient and community capacity complementing key transformation programmes across primary care, community and mental health services. This programme of recovery will enable some of the key deliverables of the Think 111 First Programme for Integrated Urgent Care.

In addition, in line with national guidance, there will be a concerted focus on the Long Term Plan deliverables for mental health in relation to community transformation, crisis care and reducing the number of out of area placements through improved flow and community provision to prevent escalating need.

- **Integrated Urgent Care**

Important work will continue, including in light of the Covid-19 pandemic, to review the provision of Integrated Urgent Care services (IUC) and associated pathways – and as part of the delivery of the NHS Think 111 First IUC transformation programme – to divert patients away from attending A&E departments.

- **Community Paediatrics and Child and Adolescent Mental Health – Recovery Priorities**

The pandemic has resulted in some community child health services becoming under increasing pressure which has led to large waiting lists and backlogs. The implementation of thresholds and inclusion criteria are currently being used to manage demand but this remains a growing concern within NCL across providers, commissioners and Local Authority system partners. At the same time, demand for many community, child and adolescent services has increased, with sharp rises in demand for autism assessment and speech and language therapy for communication needs as well as mental health crisis care and inpatient care, which currently outstrips capacity.

As a short term recovery action, we will be working with system partners to develop mutual aid and other solutions to manage the backlogs in a manner that is safe, recognising the need for the community and mental health service review to make recommendations relating to the longer term provision of these services.

This work will ensure responsive, consistent and equitable provision of urgent healthcare services to patients across North Central London.

C. Provide robust support to, and development of, our workforce - including through change

A key asset of the CCG is its workforce. Whilst the merger of the NCL CCGs on 1st April 2020 provided opportunities to deliver more consistent and effective commissioning approaches across North Central London and it also created a period of uncertainty for staff, compounded by the first wave of the Covid-19 pandemic heightening around the time of merger - detracting significant staffing capacity and resources from implementation plans for the new CCG.

The CCG employs a talented, diverse and committed workforce – and the skills and resilience that our staff have demonstrated in supporting the system’s response to Covid-19 very much exemplify the dedication and contribution our staff make to delivering health outcomes for North Central London

communities. Staff have been required to work long hours, remotely, and a time of global concern in relation to the devastating impacts of Covid-19.

The CCG's Staff Survey for 2020 identified a number of areas for the CCG to prioritise with regards to workforce support and development – making 2021/22 a key year for our staff as Covid-19 recovery continues, focus accelerates on the CCG's new operating model and as a further period of change draws nearer with the national transition from CCGs into formal Integrated Care Systems from April 2022. Key priorities will include:

- Robustly tackling areas for improvement identified in the 2020 Staff Survey
- Supporting staff, following the recent organisational realignment work, to work effectively within the CCG's new operating model – maximising the opportunities and benefits of working in a matrix style where this is required and delivering at scale across North Central London or within individual boroughs where this makes sense to do so
- Continuing to tackle discrimination in the workplace and embrace equality and diversity (see above) – harnessing the skills and attributes of everyone working for the CCG
- Retaining and further enhancing work undertaken in 2020/21 with regards to the health and well-being of our staff
- Embracing the new CCG values (see below) and re-introducing staff learning and development activity – paused as a result of the pandemic
- Supporting staff to return to office working in a safe manner, maximising the benefits to all of a blended approach to office and home-based working
- Supporting staff through the next period of change.

As part of this priority – the CCG will also continue to support workforce development across primary care within North Central London.

D. Tackle discrimination and embrace equality and diversity through our workforce

As a commissioning organisation, responsible for commissioning local health and care services, and also as an employer, we recognise that we have certain duties and responsibilities which must be fulfilled with rigor and prudence. This is a challenging task given the changing factors both locally and nationally, chief of which is the changing demography. North Central London is a great place to live and enjoys rich and changing ethnic diversity across its communities. As the make-up of ethnicity changes so do other characteristics e.g. religion, gender, age, sexual orientation etc. The CCG must be prepared to embrace demographic change with our policy response and approach and attitude to diversity. Our local people must be at the heart of our business as a commissioner and an employer – helping to ensure our workforce reflects the community we serve. We recognise that through a representative high quality workforce we will be able to commission and deliver high quality care that will produce equitable outcomes for our communities.

Within NCL we have not only complied with the equality duty and NHS mandatory standards, but have proactively developed policies and programmes to advance equality through equity and build better workforce cohesion through trusting and respectful relationships. Some of the key outcomes include diversity and inclusion training for managers and staff, setting up of staff networks: LGBT+, Disability and BAME and offering Safe Space Conversations. We have also introduced new and innovative projects and worked with external experts from other NHS organisations and local authorities, Healthwatch colleagues in NCL, and NHSE/I, to share and learn from experiences and best practice. We are currently working with NHSE/I on the Workforce Race Equality Standard (WRES) Expert Programme - building local alliances with our providers and local authority partners

and the Voluntary Sector to strengthen our collaboration and partnership working in tackling inequalities.

Workforce inclusion is key – and the CCG remains fully committed to tackling discrimination and identifying and addressing inequalities through a robust and bold policy response and outcome focused interventions designed around lived experiences of our staff. In 2021/22, as part of our Equality, Diversity and Inclusion Strategy 2021/26, we will be focusing on a set of key enablers that either need to be developed and/or strengthened in conjunction with our partners and providers to deliver the equality objectives. We will build on our recent achievements and experience in relation to staff support and base our practice on the staff survey results and safe space conversation outcomes. We will be looking to develop innovative initiatives and strengthen internal competencies in diversity management – to not only help us be an employer of choice but also an employer that is driven by values and ethics.

E. Maintain strong financial vigilance

The CCG ended 2020/21 in financial balance. However, this is in large part due to the impact on financial arrangements caused by the Covid-19 pandemic, and is unlikely to translate into a similar position in 2021/22.

Quarters 1 and 2 of 2021/22 will broadly be similar to the second half of 2020/21 in terms of the rules applying (block contracts at nationally determined values etc.), and therefore the CCG's financial position for the first half of 2021/22 will largely be a function of the allocation that we are given compared to the block contract values and other fixed amounts (e.g. Primary Care contract values).

It is expected that the Covid-19 driven financial arrangements will be removed from Quarter 3. It is then expected that financial arrangements will then revert to what they would have been pre-Covid-19, although 'Payment by Results' (PbR) is likely to be heavily modified.

Although, as can be seen from the above, there remains an element of uncertainty for finances across the full year, it is highly likely that funding will be tight when compared to underlying levels of expenditure, so the CCG will need to be as vigilant as possible about what is spent, maximising outcomes from available spend as far as possible, and only agreeing to invest in new services if it is clear that in so doing savings of at least the level of the additional cost will be delivered somewhere in the system.

The CCG's continued financial vigilance forms part of a wider set of system-wide financial challenges across North Central London – and it is anticipated that the CCG will need to work with partners to deliver a System Efficiency Plan to maintain financial grip for future years.

F. Undertake key strategic commissioning reviews

A key role of the CCG is to commission the provision of healthcare services for the benefit of the communities across North Central London – optimising the use of funding the CCG is able to invest in healthcare services, targeting the best possible service delivery models that deliver positive health outcomes and help reduce health inequalities.

In 2021/22 – three key service reviews will be undertaken, as follows:

- **Mental Health Services Review**

The CCG currently invests £325m in commissioned mental health services across North Central London. The review of mental health services will encompass all ages - to ensure optimal, equitable and sustainable mental health services across NCL while focussing on earlier intervention and preventing escalation of need and acuity. The review will complement the implementation of our Long Term Plan ambitions for mental health services, which seek to transform and expand core community services, crisis and inpatient care for people with complex needs due to serious mental health illness. Stakeholder and partner engagement will be integral to the review – which will culminate in the development and implementation of a transition plan to deliver recommendations arising from the review.

- **Community Services Review**

Community ‘close to home’ Services are a key component of the health and care system. The CCG invests £210m in community services which include a wide range of universal and specialist community services across children and adult services. A comprehensive review will be undertaken with a core objective being to maximise the positive impact that the provision of community services has on NCL residents – enabling a consistent, sustainable and equitable offer across NCL that is deployed on an evidence-based, local population health basis and eliminates inequalities in service provision. Again, stakeholder and partner engagement will be integral to the review.

- **Children, Young People and Maternity Services Review**

Previous reviews of maternity, children and young people’s services have told us that there are significant opportunities to improve services for our residents and service users – not all of the recommendations from these reviews have been implemented and there are further opportunities to improve services to deliver on our core purpose of reducing inequality and continuously improving health and care services.

The review will focus on three core areas of: proactive care pathways, reactive care pathways for children and young people, maternity & neonatal services. The review will be informed and build on the Ockendon implementation being delivered through the NCL Local Maternity Services Committee (LMS) as well as understanding the potential opportunities of greater alignment with specialised commissioning in relation to paediatrics and neonatal care. In addressing drivers for the review we also to develop strategic solutions to key national and local areas for improvement. The review will be underpinned by extensive staff, patient and stakeholder engagement to ensure that that recommendations are fit for purpose and feasible to implement.

G. Embed and deliver the commissioning pipeline

With the merger of the five legacy CCGs coinciding with the Covid-19 pandemic and, as a result, national guidance in relation to contracting being suspended, there has been a hiatus in the normal contracting and contract review processes. The formation of a single CCG also highlighted a wide variety of differences in the services commissioned across NCL and raised the need to review services to help address inequalities and to reduce the overall contracting burden brought about by having nearly 500 contracts in addition to the major NHS, Local Authority and Independent Sector contracts.

At present, the focus is on reviewing current arrangements to ensure the CCG maximises both effectiveness and consistency through its contracts - as well as identifying areas that may warrant further review either to tackle inequalities, to increase the value delivered to our population or to reduce the contracting burden.

This important work will continue into 2021/22 and will culminate in the development of a clear pipeline of contracts – enabling timely review and associated key decision-making.

This work will include focus on both major contracts for review and groups of similar smaller scale contracts with a view to consolidation to improve equity of access and reduce the burden of contract management in future years.

At this stage, it has been identified that two large scale procurements may be required and are likely to take 9-12 months to complete the full competitive procurement process. The first is for 111 and out of hour's provision – and the second is for GP direct access diagnostics. Both contracts are of sufficient scale and volume and will require substantial capacity to support re-procurement.

Work is currently underway to scope the consolidation of small contracts and a review of all contracts contained within the Section 75 / Better Care Fund arrangements with Local Authorities.

H. Tackle health inequalities and strengthen the system approach to population / place-based health and care management

There is recognition that the health and care system is facing the greatest challenge it has ever seen and that this strengthens the need to work as one system in North Central London to meet the unprecedented demands presented by both responding to, and recovering from the Covid-19 pandemic. Implementing an approach to population health management to address challenges is central to the success of our next phase of recovery and to reducing the impact of health inequalities - focussing on the range of key determinants of health.

Deprivation is one key determinants:

- The life expectancy gap between the most and least deprived wards in North Central London is uncomfortably 11.6 years for men and 12.3 for women
- As at 2019, Haringey, Enfield and Islington were in the top 10 of the most deprived boroughs in London. Those living in the most deprived wards in NCL, and aged from 65-74 are more than three times as likely to have an emergency admission compared to those in the least deprived wards
- There is a disproportionate amount of all mental health inpatients living in NCL's most deprived wards.
- As a consequence of the Covid-19 pandemic, there are significantly increasing levels of need and, nationally, Universal Credit uptake has increased (locally, in Haringey between March and June 2020 this increased by +128%). It is anticipated that the gap between those most and least deprived will only increase further.

Ethnicity is also a key factor; by way of example, although black people make up 18% of Enfield's population, they account for 32% of Enfield residents receiving mental health inpatient care.

Covid-19 has further increased the need to prioritise the tackling of health inequalities – with the pandemic having a disproportionate impact on certain ethnicities, older people and people with learning disabilities.

The merger of the NCL CCGs provided opportunity to strengthen the CCG's approach, working with key partners, to tackling health inequalities and it is important to build on the work undertaken to date - and in 2021/22 to prioritise the following:

- Strengthen our population health management capability, in terms of population segmentation, risk stratification and routine data dashboards (including necessary fields such as ethnicity data), that will enable change at the front line
- Embed system level clinical decision support and collaboration for multi-disciplinary working
- Maximise out of hospital and virtual care options to transform delivery
- Increase community based care and assets to address wider determinants of health and improve outcomes
- Develop and implement integrated working models at place level
- Develop capabilities to care for individuals who could be cared for at home with support to provide as much care in the community as possible
- Reduce variation in access, outcomes and experience of health services across NCL
- Put disproportionate focus and resource on our areas of highest need and poorest outcomes.

It will be critical that the CCG's ongoing partnership work to help tackle health inequalities, including through the commissioning of key healthcare services and a robust approach to population health management, continues through 2021/22 and in transition to a formal Integrated Care System from April 2022. Partnership working, including with local authority colleagues and through Health & Wellbeing Boards will remain key and the partnership-based HealthIntent system continues as a key e-platform to support population health management and improve health outcomes.

I. Embed robust approach to complex individualised commissioning and deliver the continuing healthcare recovery programme.

The provision of a complex individualised commissioning service is a core function of CCGs - which commissions individual care packages to support children, adults and those with learning disabilities and mental health conditions with complex needs.

As part of the single CCG model, key work in 2021/22 will include embedding the complex individualised care commissioning directorate. This will involve building on the foundations of each borough, developing a common understanding of individualised commissioning across NCL and taking forward key actions to support consistent and effective approaches to service delivery. This will include:

- Identifying patients by care group and ensuring they are logged on an NCL patient IT system
- Ensuring care packages are personalised, and meet the individual's needs.
- Personal health budgets are offered to individuals, supporting personal choice and independence
- Ensuring a quality approach to reviewing patient care is established
- Ensuring a NCL wide quality and value for money commissioning approach is adopted which is nuanced as appropriate for specific borough circumstances
- Establishing the financial authorisation processes and controls
- Ensuring contracts are in place and a central contract register is established
- Identifying opportunities for efficiency and quality improvement by taking a NCL strategic approach to individualised commissioning
- Working jointly with the five Local Authorities to implement the NCL care market management strategy.

Continuing healthcare (CHC) provides ongoing support to people with long-term complex health needs in a variety of setting including in individuals' homes or in a care home. There are number of key actions for the CCG to deliver in 2021/22 in relation to the CHC service and these include:

- Continuing to build on the work to implement the North Central London CHC model within the single CCG.
- Strengthening the business process support functions to ensure timely effective packages of care are commissioned and supporting a healthy provider market
- Delivering the CHC audit recommendations and maturity matrix action plan
- Addressing the backlog of CHC assessments accrued when the assessment and review element of the service was suspended to support the discharge of patients during the Covid-19 pandemic.

J. Prepare for the formal transition to an Integrated Care System and further development of Integrated Care Partnerships

Following the recent NHS England and NHS Improvement consultation on "*Integrating care - Next steps to building strong and effective integrated care systems across England*", and the subsequent publication of the Government's policy white paper "*Integration and innovation: working together to improve health and social care for all*" in February 2021 – the CCG will transition into a formal Integrated Care System from 1st April 2022.

This change will require significant focus throughout 2021/22 – including, but not limited to, work on:

- Purpose, strategic priorities, roles and responsibilities
- Design and infrastructure
- Leadership and governance models
- Ensuring compliance with current statutory responsibilities
- Transfer of people, assets and liabilities, contracts
- Impact on existing partnerships, membership arrangements
- Shadow arrangements
- Communications and engagement
- Supporting staff and system partners through the period of change.

Importantly, all of the above will be in the context of maximising the opportunity that this change presents to improve health outcomes for residents and patients - and help address health inequalities across North Central London. The CCG will play a key role in the work to develop the vision and strategic priorities for the new integrated care system.

Simultaneously, work needs to further accelerate through 2021/22 in the development of borough-based integrated care partnerships – placing emphasis on the importance of 'place' and strong, outcome-focussed partnership working at a borough-level, ultimately ensuring an optimum balance between healthcare commissioning activity most effectively undertaken at NCL and borough levels. The CCG's ongoing work with Local Authority partners in this regard will remain vital.

Section 2: Organisational Values

The NHS Constitution (2015) is founded on a common set of principles and values. The NHS values provide common ground for co-operation to achieve shared aspirations for staff that work in the NHS and the communities and people it serves.

Having a set of shared values is critical in setting out our standards and commitment to staff and other stakeholders as an organisation – and is a key part of a strong organisation’s golden thread. 84% of NCL staff in the 2020 staff survey felt it was important for the CCG to have a set of shared values.

Work has been undertaken, including extensive engagement with staff, to develop a set of seven organisation values – with supporting statements aligned to each value. The Engaging our People Forum has played a key role in developing the set - taking into account the NHS Constitution values, the legacy CCG values and values of other NHS organisations across NCL. Feedback on the proposed values has been received from staff via the forum representatives, staff diversity networks and staff side colleagues.

The new organisational values are fully supported by the CCG’s Governing Body and Executive Management Team and are as follows:

Collaborative	Accountable	Transparent	Efficient	Embrace Diversity	Support	Deliver
“We will connect with and listen to stakeholders across our system, whether that be staff, residents or system partners, in order that we can represent everyone’s needs and be reflective of those we serve.”	“We will be accountable to our staff, local populations and system partners. We will ensure that we have appropriate arrangements in place to discharge our functions.”	“We will be open, honest and communicate with transparency.”	“We will work in ways which are cost-effective, environmentally sustainable, equitable and accessible – making the best use of public money, our workforce and technology.”	“We will continue to celebrate the diversity of our people and communities and actively stand together to address discrimination and inequality.”	“We will respect each other and support our colleagues to reach their full potential to be the best in what they do, ensuring that the workplace is supportive to individuals’ needs, remains safe and is an enjoyable place to be.”	“We will continuously strive to be the best in all we do by embracing new ideas, technology and ways of working, taking opportunities to test, learn and improve. We will deliver services which are of a demonstrably high quality.”

The values will be launched and embedded within the CCG – including in the following ways:

- Organisational wide communications – including sharing of staff ‘good news stories’ in relation to the values
- Publishing of branding material
- Local discussions in teams
- Introduction of a behavioural competency framework
- Links to recruitment processes, appraisal framework and other HR policies and processes.

In order to measure the success of these values the CCG will draw on:

- Staff events and discussions
- Future annual staff survey results
- Meetings of the Engaging our People Forum
- HR workforce data
- Appraisal compliance and feedback on quality of appraisal discussions.

Section 3: Closing Summary

2021/22 is another key year for the NCL CCG, our staff, partners and other stakeholders – including in the context of the ongoing Covid-19 response, undertaking key CCG commissioning activity (including areas paused as result of the pandemic) and preparing for the formal transition to an Integrated Care System from April 2022.

An agreed set of corporate priorities and organisational values for 2021/22 provides a strong platform from which the CCG will operate from. This 'golden thread' focus throughout the organisation will support staff, partnership working, the use of resources and risk management, the work of CCG committees and key decision-making - to improve health outcomes across North Central London.

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