NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**NY CCG Governing Body**	**Agenda Item: 8.3**
Date of Meeting:	**24 June 2021**	
Paper Title:	**NY CCG Annual Report and Accounts 2020/21 (Includes the Annual Governance Statement)**	

Session (Tick)	
Public	X
Private	
Development Session	

Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance	**Report Author and Job Title** Sasha Sencier, Board Secretary

Purpose – this paper is for:

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting?

If yes, state the Committee / Meeting: Yes. The Governing Body delegated approval of the final Annual Report and Accounts to Audit Committee due to timing issues to submit to NHS England and Improvement. The report was approved at the Audit Committee on 8 June 2021.

Executive Summary

The CCG has a statutory requirement to produce and publish the Annual Report and Accounts each year, the contents of which is largely mandated by the Department of Health and Social Care.

The form and content of the Annual Report, Annual Governance Statement and Statutory Accounts is directed by NHS England and CCGs must meet the requirements of the Department of Health and Social Care's (DHSC) Manual for Accounts (the 'manual') and the HM Treasury Financial Reporting Manual (FReM). The 2020/21 report for NHS North Yorkshire CCG has been prepared in line with these national requirements.

The process of compiling the Annual Report and Accounts 2020/21 was completed in stages with due diligence checks throughout from the Accountable Officer, Executive Directors, the Clinical Chair, the Board Secretary, Auditors, and NHS England.

The draft Annual Report and Accounts 2020/21 was reviewed by the Audit Committee and was submitted to NHS England and Improvement for checking on 27 April 2021. Feedback was subsequently received from NHS England and Improvement highlighting any areas requiring additional clarity. All of these were minor and were addressed. Feedback was also received by external auditors, Mazars, highlighting any areas requiring additional clarity. All of these were minor and were addressed.

As delegated by the Governing Body, the Audit Committee received and approved the final report on 8 June 2021. The final report was then resubmitted to NHS England for final approval on 15 June 2021.

The Annual Report and Accounts 2020/21 will be published on the CCG website once formal approval has been received from NHS England and Improvement, which is expected in the coming weeks.

Recommendations

The Governing Body is asked to:

- Note the NHS North Yorkshire CCG Annual Report and Accounts for 2020/21 (which includes the Annual Governance Statement).

Monitoring

No monitoring is applicable for the Annual Report and Accounts as this is an annual requirement.

CCG Strategic Objectives Supported by this Paper

	CCG Strategic Objectives	X
1	**Strategic Commissioning:** • To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. • To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. • To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.	
2	**Acute Commissioning:** We will ensure access to high quality hospital-based care when needed.	
3	**Engagement with Patients and Stakeholders:** We will build strong and effective relationships with all our communities and partners.	
4	**Financial Sustainability:** We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	
5	**Integrated / Community Care:** With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	
6	**Vulnerable People:** • We will support everyone to thrive [in the community]. • We will promote the safety and welfare of vulnerable individuals.	
7	**Well-Governed and Adaptable Organisation:** In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	**X**

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	**X**
2	Compassion	**X**
3	Empowerment	**X**
4	Inclusivity	**X**
5	Quality	**X**
6	Respect	**X**

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X

Any statutory / regulatory / legal / NHS Constitution implications	The CCG has a statutory requirement to produce and publish an Annual Report each year. The form and content of the Annual Report and Annual Governance Statement is directed by NHS England and CCGs must meet the requirements of the Department of Health and Social Care's (DHSC) Manual for Accounts (the 'manual') and the HM Treasury Financial Reporting Manual (FReM). The Governing Body has responsibility to approve the Annual Report and Accounts but at the meeting in public in February 2021 formally delegated authority to the Audit Committee to approve due to timing issues to submit to NHS England and Improvement.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	There is a requirement from NHS England and Improvement for the CCG to publish the Annual Report

	and Accounts on the CCG website within 5 days of the final report being approved by NHS England and Improvement.
Financial / resource implications	No financial implications have been identified.
Outcome of Impact Assessments completed	Not applicable.

Sasha Sencier, Board Secretary and Senior Governance Manager

NHS North Yorkshire Clinical Commissioning Group

North Yorkshire
Clinical Commissioning Group

Annual Report 2020/2021

Introduction

Welcome from Amanda Bloor, Accountable Officer
NHS North Yorkshire Clinical Commissioning Group

Welcome to our annual report for the year which ends 31 March 2021. This report highlights our work to drive better healthcare outcomes for the people of North Yorkshire and to support and empower local people to take informed decisions about their own health and wellbeing in partnership with health professionals during this most extraordinary year.

This past year saw us coming together as a new organisation – NHS North Yorkshire Clinical Commissioning Group (NYCCG) – on 1 April 2020, just as the nation was entering national lockdown and the NHS was stepping up to address the considerable challenges of the COVID-19 pandemic. This year has seen the NHS deliver exemplary care for COVID-19 patients, implement robust COVID-19 secure measures to ensure all services could be delivered safely, and roll out the largest national vaccination programme the country has ever seen, with the COVID-19 vaccination programme for all adults in the UK.

What has been most inspiring to me over the last year is the way in which partner organisations have collaborated across health, social care, local authorities and community groups, together with the public, to respond to the pandemic. It has truly been a joint response with a shared aim – to keep people safe and well and to save lives.

NYCCG brought together NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, and NHS Scarborough and Ryedale CCG from April 2020 to provide a single healthcare commissioning voice for the people of North Yorkshire. This joined up approach has been welcomed over the last year, and has enabled the CCG to:

- Provide consistent, responsive, decision-making across North Yorkshire
- Work more strategically on a larger footprint with our local and regional partners
- Harmonise our approaches to remove variation and help reduce health inequalities
- Eliminate unnecessary duplication and bureaucratic boundaries to work more efficiently with our partners
- Reduce administrative costs to enable more investment in front line health services.

In the year to come, we will build on these achievements, and the step change in partnership working and agile decision-making which helped us respond to the COVID-19 pandemic as a health care system. Conversations are underway with colleagues across regional heath and care, local authorities and delivery partners to actively transform the way that health and care is planned and delivered to better integrate services and improve people's experience at all stages of health and care. This work is part of a national transformation programme for healthcare to integrate decision making and align delivery and the changes are detailed within the white paper.

I am strongly encouraged by the developments, building on the experience of the pandemic, and the transformation agenda underway which will enable us to work differently with our partners to deliver healthcare collaboratively and consistently for local people. I am looking forward to continuing our work to build strong partnerships, bring patient-centred healthcare into the community, and empower healthy choices in the year ahead as we emerge from the pandemic and look to the future.

Amanda Bloor

Table of Contents

1 Performance Overview

1.1 Introduction

This report is designed to give an overview of the CCG's priorities and achievements in 2020/21.

In this ‘Performance overview’ section you will learn more about our responsibilities, how the CCG works and our key achievements this year. In the sections that follow, the report looks in more detail at the significant work the CCG has undertaken, including not only responding to the COVID-19 pandemic and embedding the COVID-19 vaccination programme, but also the efforts to ensure healthcare continuity against the backdrop of the pandemic.

In the accountability report, which can be found on page 107, you can find out about the CCG's Members, the senior leadership team and how the CCG makes decisions. Finally, from page 178, you will find the CCG's annual accounts which are produced each year and submitted to NHS England. Throughout this report there are signposts to where you can view or find more information.

1.2 What we do

The CCG is responsible for purchasing (or ‘commissioning’) healthcare services for around 427,000 people in the North Yorkshire area. The services commissioned include the majority of healthcare services that local people may need to access either in hospital or in the community.

The CCG commissions:

- Primary health care which includes General Practice (GP) services.
- Planned hospital care, which includes non-emergency surgery and maternity services.
- Urgent and emergency care, including ambulances.
- Mental Health services.
- Children’s services.
- Rehabilitation care.
- Community health services, such as occupational health and physiotherapy.

Our staff are responsible for commissioning and delivering healthcare services across the locality. The CCG also provides assurance to NHS England that quality and performance standards are met and in line with national healthcare policy.

1.3 Equality of Service Delivery

Equality lies at the heart of the NHS and we also have duties under the Equality Act 2010 to promote the fair treatment of people regardless of any “protected characteristic”, such as race, gender, religion, sexuality or disability. We also take account of the Equality Delivery System for the NHS (EDS) which is a tool that helps us understand how equality can drive improvements and strengthen the accountability of services to patients and the public. For further information please see section 7.1.

1.4 Our Vision

Our work is driven by a clear vision:

Working together for healthier lives in North Yorkshire

This central vision will help us improve health outcomes for the people of North Yorkshire by ensuring high quality healthcare in the right place at the right time delivered by the right people.

1.5 Our Values

We have a strong commitment to our values, which run through everything we do. The CCG's values are:

- Collaboration
- Compassion
- Empowerment
- Inclusivity
- Quality
- Respect

1.6 About us, Our Community and How We Work

We are a clinically led membership organisation comprised of 51 local GP practices. This means that health professionals with patient experience are leading the decisions we make. Our Council of Members meet throughout the year to discuss strategic issues and share best practice. The Council of Members is supported by the CCG’s senior leadership team.

The CCG's Governing Body includes GPs who each take the lead for a clinical priority area, such as Mental Health, Quality, Hospital Based Care, Health Inequalities and Population Health, and to drive improvements. Our Governing Body also includes three independent lay members and a secondary care doctor who help represent the patient voice and provide an independent view, rigour and challenge to the commissioning decisions made regarding local services.

We actively involve the local population and patients in decisions which impact them and have adapted our approach this year to respond to pandemic restrictions. You will read more about how we have continued to involve patients and the public in this report.

We are accountable to our members, local people and NHS England. We demonstrate our accountability in a number of ways, such as holding our Governing Body and Primary Care Commissioning Committee meetings in public, publishing our commissioning plan each year, and producing annual accounts which are independently audited.

If you want to know more about how we are structured, roles and responsibilities, and how we make the decisions which affect you, you can find detail of this within the Constitution and also within the Governance Handbook[1]. You can also see papers and minutes from our Governing Body[2] and Primary Care Commissioning Committee[3] on our website.

1.7 Working with our Partners

The CCG could not succeed without working closely with its partners and stakeholders. Collectively we can deliver the best possible outcomes for the people of North Yorkshire. This section will give you a sense of the network of people and organisations working to make this happen. Working with local people is essential to make sure we commission services that meet the needs of everyone living in the North Yorkshire area.

1.7.1 Patient Participation Groups (PPGs)

GP Practice patient partners represent the patient voice and provide meaningful input into proposed projects and service developments, as well as providing feedback and insight. They are invaluable to the work we do. You can read more about them and how you can get involved in sections 2.5.1 and 6.4.1.

[1] https://www.northyorkshireccg.nhs.uk/about/
[2] https://www.northyorkshireccg.nhs.uk/about/governing-body/governing-body-meetings/
[3] https://www.northyorkshireccg.nhs.uk/about/primary-care-commissioning-committee/

1.7.2 Primary Care Organisations and Primary Care Networks

Primary care organisations include general practices and membership organisations which represent them. Collectively these organisations provide a number of healthcare services in the community to our patients.

Primary Care Networks (PCNs) were established as a national initiative aimed to increase capacity and resilience of GP practices and primary care services by providing additional funding for clinical roles and service specifications for the delivery of new patient focussed services. Each PCN covers a group of practices with the objective of working together, at scale, and sharing back office functions and clinical services where possible. For more information on PCNs please see section 2.1.1.

1.7.3 NHS Providers

Six NHS trusts provide the majority of services to our patients. These are: Harrogate and District NHS Foundation Trust (HDFT); Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV); York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTFT); County Durham and Darlington NHS Foundation Trust (CDDFT); Humber Teaching NHS Foundation Trust (HFT); and Hull University Teaching Hospitals NHS Trust (HUT). Leeds Teaching Hospitals NHS Trust (LTFT) and South Tees Hospitals NHS Foundation Trust (STHFT) provide more specialist care when needed. Our ambulance services are provided by Yorkshire Ambulance Service NHS Trust[4] (YAS) who is also the provider for our region.

1.7.4 Local Authorities

The CCG works in partnership with public health colleagues and jointly with North Yorkshire County Council, Harrogate Borough Council, Hambleton District Council, Richmondshire District Council and Scarborough Borough Council to commission a number of services, such as: the mental health crisis service; befriending and respite support for carers; community step-up and step-down beds; medical equipment; weight management; support for people affected by dementia; website to help young people access mental health services; and community equipment.

1.7.5 Local Elected Members

CCG colleagues meet regularly with local MPs and elected members and proactively brief and include them within developments in the area along with receiving and responding to feedback from their constituents about local health services.

[4] https://www.yas.nhs.uk/

1.7.6 Humber, Coast and Vale Health and Care Partnership (Integrated Care System)

The Humber, Coast and Vale Health and Care Partnership (Integrated Care System) is a collaboration of around 30 health and social care organisations who are working together to improve health and care across our area and a population of 1.7 million.

1.7.7 Community and Voluntary Sector

The CCG works closely with the active community and voluntary sectors that make significant contributions to local health care across the North Yorkshire region.

1.7.8 NHS England/Improvement

The CCG works closely with NHSE&I to ensure local challenges and successes are understood and best practice can be shared across the whole NHS.

1.7.9 North Yorkshire Scrutiny of Health Committee

The CCG keeps the Committee updated on engagement activities and service proposals through attendance at formal and informal meetings and via the stakeholder newsletter.

1.7.10 Healthwatch North Yorkshire

The CCG works with Healthwatch to support their work and drive engagement with members of the public. Healthwatch also attend the CCG's Quality and Clinical Governance Committee.

1.8 Multi-organisation Partnership Boards

The CCG actively participates in a number of cross-organisational boards. These include partnership boards and planning groups, some of which focus on particular health services and health conditions. Collectively these boards enable us to work more closely with our partners and take decisions together where that may have benefits for local residents. Our main strategic partnership boards are:

1.8.1 Health and Wellbeing Board

This strategic partnership across North Yorkshire brings together a broad spectrum of healthcare providers, elected members and Healthwatch North Yorkshire. The board is committed to delivering the Joint Health and Wellbeing Strategy[5], which considers the needs of our residents collectively. Through a 'joint needs assessment' we are able to set the priorities for integrated working, get

[5] More on the Joint Health and Wellbeing Strategy can be found at http://www.nypartnerships.org.uk/jhws

the best offer for people across the region and achieve the strategic priorities across North Yorkshire[6]. For more information, please see section 8.

1.8.2 North Yorkshire Mental Health and Learning Disability Strategic Partnership Board

Formed in 2018, this board brings together partners from across North Yorkshire[7]. The board aims to move away from a traditional commissioner and provider relationship to a transparent partnership approach, using its collective expertise to focus on what matters. This will enable us to think collectively about key issues such as how we invest to reduce unwarranted variation in outcomes across North Yorkshire, how we transform services by harnessing digital and technology developments and how we focus on a greater range of accessible locally based services.

1.8.3 Harrogate Public Sector Leadership Board

This board is made up of all key public sector organisations across Harrogate. The aim is to support a “One Public Service” vision and facilitate local agencies coming together seamlessly to deliver more cohesive, joined up and unified local services.

1.8.4 Transforming Care Partnership

North Yorkshire CCG and key partners[8] have worked closely together since the programme commenced in 2016. The Transforming Care Partnership (TCP) has worked collaboratively to ensure that key elements of the programme have been implemented and delivered, through a confirm and challenge approach to the Assuring Transformation Platform.

Throughout 2020/21, the focus has been on the development of a local and multi-agency led 'Dynamic Support System' for both Adults, Children and Young People (CYP) that informs the various workstreams involved. For more information see section 5.12.

1.9 COVID-19

In March 2020, the UK Government announced that due to the COVID-19 pandemic and the rapid rise in UK infection rates that the population of the country would be required to enter lockdown on Monday 23 March 2020. Acute hospital providers reduced their treatment of non-urgent, routine cases to free up capacity to treat seriously ill Covid free patients. This was done in line with national guidance and a list of routine elective procedures that could be paused was distributed. Routine referrals were triaged, people were given clinical advice and advised to contact their GP if they were concerned about their condition.

[6] More information on the Health and Wellbeing Board and the full joint needs assessment can be found at: https://www.northyorks.gov.uk/joint-strategic-needs-assessment

[7] Members of the board include North Yorkshire CCG, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), North Yorkshire County Council (NYCC) Adult Social Care, NYCC Children’s Services, NYCC Public Health.

[8] Key partners include Health colleagues, Local Authority, NHS England, families, children and young people.

All patients with potential COVID-19 symptoms were asked to contact NHS 111 rather than attend their GP practice in the first instance. Telephone appointments and video consultations reduced the number of face to face contacts. Primary Care Networks (groups of GP Practices working together) created 'hot and cold' GP practice sites. Hot sites for patients attending with suspected COVID-19 symptoms and cold sites for people with non-COVID-19 related symptoms.

An Incident Control Hub was put in place including 'Gold' and 'Silver' Command Groups, daily escalation calls were also implemented across the health and social care system to enable rapid decision-making. Additional funding was made available to GP practices and other providers for COVID-19 related expenditure. A COVID-19 risk register was set up with weekly monitoring by the Quality and Clinical Governance Committee to ensure all risks across the CCG were captured and mitigated accordingly.

The rapid response of the CCG's digital technology service was crucial in providing the tools to enable GP practices to continue functioning and serving the population of North Yorkshire. Our General Practice Information Technology digital team acted quickly to distribute over 400 laptops to GP practices to support home working, prioritising vulnerable/at risk staff to work remotely. The CCG also procured tablet devices for every care home in North Yorkshire to enable care homes to liaise remotely with their GP practices regarding patient care and receive training on the correct use of Personal Protective Equipment (PPE).

The Executive Directors of the CCG acted quickly to enable safe home working for all CCG staff, providing laptops, equipment and secure connections where required and phased the closure of the main CCG offices.

CCG staff supported GP practices with advice and guidance, access to increased funding, sourcing PPE and other equipment as required as well as distributing national clinical guidance. A daily COVID-19 briefing was published for all staff and GP practices. This was reduced in frequency in November 2020 to three times a week and as of March 2021 is now published as required, typically twice per week.

The COVID-19 pandemic had a significant impact on the way the clinical services were provided with increased telephone and video consultations and a reduction in face to face appointments. After an initial drop in demand for GP appointments these are now at levels similar to those seen prior to the COVID-19 pandemic in March 2020.

1.10 Our CCG's Key Strategic Objectives

The CCG has seven strategic objectives that were developed by the Governing Body and approved by the Council of Members in June 2020, following the establishment of the CCG in April 2020. The strategic objectives were updated in February 2021 with an addition to the vulnerable people strategic objective. These strategic objectives describe what the CCG needs to focus on in order to realise our vision to improve health outcomes for the people of North Yorkshire.

The CCG's strategic objectives are:

Strategic Commissioning:

- To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice
- To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care
- To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.

Acute Commissioning: We will ensure access to high quality hospital-based care when needed.

Engagement with patients and stakeholders: We will build strong and effective relationships with all our communities and partners.

Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services.

Integrated/Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.

Vulnerable People:

- We will support everyone to thrive [in the community]
- We will promote the safety and welfare of vulnerable individuals.

Well-Governed and Adaptable Organisation: In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.

2 Delivering Our Strategic Objectives

2.1 Strategic Commissioning: To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach to support the development of general practice

2.1.1 Developing Primary Care: Primary Care Networks

Primary Care Networks (PCNs) formally came into existence on 1 July 2019 and since then practices have been working together, and with the CCG and community providers, to develop and mature their networks. PCNs are intended to provide stability, generate different roles in general practice to supplement the workforce and contribute to larger, more multi-disciplinary teams, and act as a dedicated investment and delivery vehicle for primary care. The key to PCNs is providing community leadership through local Clinical Directors and integrating with healthcare providers in other settings to ensure better place-based health and care.

The focus of work for Primary Care in 2020/21 has been managing the COVID-19 pandemic and ensuring that patients can still access primary health services, as well as delivering local COVID-19 vaccination services. Ensuring continuity of services has resulted in new ways of working such as a total triage approach to all appointments. Primary Care Networks (PCNs) have been key to supporting GP practices to respond to the rapidly changing environment and new ways of working. PCN Clinical Directors were funded for additional time to enable them to provide leadership to local systems. This has developed leadership and rapid organisational development among PCNs that would not have been otherwise possible.

PCNs have increased capacity and resilience amongst GP practices and primary care workforce through additional roles within primary care and service specifications for the delivery of new patient focussed services.

North Yorkshire CCG has eleven PCNs, these are detailed below (correct as of 31 March 2021):

Name of PCN and PCN List Size	Clinical Director	Practice name	
Hambleton North 44,377	**Dr Mark Duggleby** Stokesley Health Centre	Stokesley Health Centre	Great Ayton Health Centre
		Mowbray House Surgery	Mayford House Surgery
Hambleton South 28,457	**Dr Sally Tyrer** Glebe House Surgery	Lambert Medical Centre	Thirsk Health Centre
		Glebe House Surgery	Topcliffe Surgery
Richmondshire 43,391	**Dr Richard James** Harewood Medical Practice	Scorton Medical Centre	Central Dales Surgery
		Quakers Lane Surgery	Friary Surgery
		Catterick and Colburn Surgery	Harewood Medical Practice

Name of PCN and PCN List Size	Clinical Director	Practice name	
		Leyburn Medical Practice	Aldbrough St. John
Whitby Coast and Moors 26,822	**Dr Simon Stockill** Whitby Group Practice	Sleights and Sandsend Medical Practice	Egton Surgery
		Danby Surgery	Staithes Surgery
		Whitby Group Practice	
Knaresborough and Rural 54,084	**Dr Chris Preece** Church Lane Surgery	Church Lane Surgery	Eastgate Medical Group
		Springbank Surgery	Beech House Surgery
		Nidderdale Group Practice	Stockwell Road Surgery
Heart of Harrogate 51,359	**Dr David Taylor** Dr Moss & Partners	Dr. Moss & Partners	Church Ave. Med Grp
		The Leeds Rd Practice	Kingswood Surgery
Mowbray Square 30,076	**Dr Ian Dilley** East Parade Surgery	The Spa Surgery	Park Parade Surgery
		East Parade Surgery	
Ripon and Masham 29,000	**Dr Richard Fletcher** Dr Ingram and Partners	North House Surgery	Ripon Spa Surgery
		Dr. Ingram & Partners	Dr. Akester & Partners
North Riding Communities 38,677	**Dr Greg Black** Ampleforth and Hovingham Surgeries	Ampleforth and Hovingham Surgeries	Sherburn Surgery
		Ayton and Snainton Medical Practice	Derwent Practice
Scarborough CORE 51,517	**Sally Brown** Central Healthcare	Central Healthcare	Eastfield Medical Centre
		Brook Square Surgery	Castle Health Centre
Filey and Scarborough Healthier Communities 30,857	**Dr Catherine Chapman** Filey Surgery	Filey Surgery	Hackness Road Surgery
		Scarborough Medical Group	Hunmanby Surgery

Each PCN covers a group of GP practices with the objective of working together, at scale, and sharing back office functions and clinical services where possible. Services established through PCNs in 2020/21 include Social Prescribers, Clinical Pharmacists working in GP practices, and First Contact Practitioners (FCPs). These are physiotherapists with extended skills providing physiotherapy assessment and treatment closer to patients' homes and earlier diagnosis of musculoskeletal problems (see section 2.6.4).

Development of PCNs will continue over the next three to four years and will result in a significant increase in primary care staff and access to services.

2.1.2 International GP Recruitment

Humber, Coast and Vale Health and Care Partnership ran a pilot recruitment scheme to recruit 65 international GPs to practices across five CCGs: Hull; East Riding; Scarborough and Ryedale (now part of North Yorkshire CCG); North East Lincolnshire; and North Lincolnshire to increase the clinical capacity in the region. The aim across the Scarborough and Ryedale area was to allocate 12 international GPs to practices over the three year period. During 2020, due to the COVID-19 pandemic, some of this recruitment slowed but recruitment has continued with ring fenced funding of International GPs across the Humber, Coast and Vale footprint.

North Yorkshire CCG currently has seven international GPs in the Scarborough and Ryedale area who are either working or completing their clinical placement with an additional international GP due to come to the Scarborough area in June 2021. A further international GP has now completed their clinical placement and is working between Hull and Scarborough giving a total of nine international GPs in the area by July 2021.

All international GPs are provided with individual support plans over a six month period, ahead of being assessed so as to ensure they meet NHS England standards and over 50 international GPs remain engaged in the process of studying for the Occupational English Test. The scheme has developed close links with medical schools in Spain and two practices have hosted placements where a student in family medicine undertakes a placement for a month in a local practice with a view that once qualified would complete the recruitment process and relocate to one of our local practices.

2.1.3 GP Extended Access Service

The GP Extended Access Service is fully operational across North Yorkshire and is provided either through one of the local GP Federations or from GP practices. This service provides additional evening and weekend appointments with a range of primary care clinicians including GPs; nurses, clinical pharmacists and also provides dressing clinics, cervical cancer screening and phlebotomy.

Some of the capacity in these services was reprioritised to support general practice during the initial response to the pandemic and also to support the COVID-19 vaccination programme. The North Yorkshire Extended Access Service has largely returned to pre pandemic services.

The contracts for this service are currently held by the CCG. Responsibility for commissioning Extended Access was due to be transferred to PCNs in April 2021. This has now been delayed to April 2022, however PCNs and CCGs can agree an earlier transfer if appropriate.

2.1.4 Digital

The Humber, Coast and Vale Strategic Digital Board has been established to deliver transformational change using digital tools and technologies. North Yorkshire and York CCG are playing a key role on the Strategic Digital Board driving digital change in the region.

The North Yorkshire and Vale of York Digital Transformation Programme Board which represents organisations delivering health and care to patients continues to receive good support and this year has played a key role in a number of integration projects delivering clinical benefit to our populations. Work will continue in line with the NHS Long Term Plan[9] published last year and other system wide priorities.

Funding has been awarded to the Yorkshire and Humber Care Record to deploy shared record capability, end of life care planning and broadening of system integration across organisations. The Shared Care Record helped the system respond and manage demand arising from the COVID-19 pandemic.

Throughout the COVID-19 pandemic the CCG has had a strong focus on promoting options for accessing healthcare services, such as via NHS 111 online, the NHS App, and video consultations. This has widened the ways in which people can engage with healthcare, and some of these changes will endure beyond the pandemic. We are aware that not everyone has access to the internet. The CCG has demonstrated commitment to an Integrated Care System-wide approach to tackling digital exclusion – identifying people who struggle to access services on their laptops, tablets or smartphones and ensuring they know where to turn for help, should they wish. We have been working with partners across the system, sharing our knowledge and insight, with a view to shaping a shared approach across the Humber, Coast and Vale footprint. We will be continuing to build on the early foundations of this work next year.

2.1.5 GP Patient Survey

The GP Patient Survey 2020 was completed by 6,367 people in the North Yorkshire CCG area and performed above the national average in almost every indicator with 89% of patients describing their experience of their GP practice as "very good" or "fairly good" compared to 82% nationally. 96% of patients in the CCG area felt involved in decisions about their care and treatment, 97%

[9] https://www.longtermplan.nhs.uk/

had confidence and trust in the healthcare professional and 96% felt their needs were met, which are all above the national average, further information can be found on the CCG website[10].

2.2 Strategic Commissioning: To make the best us of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care

2.2.1 Worked Closely with our Health and Social Care Partners

The CCG has continued to strengthen partnership working to ensure a unified and agile response to the COVID-19 pandemic and recovery planning as we move out of the pandemic. This includes collaborative working with NHS England / Improvement regional, relevant integrated care systems, North Yorkshire County Council and NHS Vale of York CCG. To learn more about our partners and our collective work please see sections 1.7, 1.8, 2.8.1, 5.10, 5.12 and 8.

2.2.2 Commitment to Integration

Services working together will deliver better outcomes for patients. We have seen increased integrated working across community services over the last few years, and are continuing to build on the work started, including through the integrating care transformation currently anticipated by government (for more see section 3 'Looking Ahead'). The CCG and North Yorkshire County Council have agreed to the development of a joint commissioning strategy to support the integration of services as a commitment to continue to work collectively in the best interests of the population.

2.2.3 COVID-19 Vaccination Programme

The Accountable Officer of the CCG is the Senior Responsible Officer for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System) Vaccination Programme with the Chief Nurse as the Senior Responsible Officer for the North Yorkshire and York system. As of 31 March 2021, 872,998 people had received a first vaccination and 103,275 people had received a second vaccination, giving a total of 976,273 vaccinations across the Humber Coast and Vale footprint. All national targets have been met and exceeded and it is expected that cohorts 1 to 9 will have been offered a vaccination by mid-April 2021. For further information please see sections 5.19 and 6.4.2.

[10] https://www.northyorkshireccg.nhs.uk/gp-patient-survey-2020-north-yorkshire-practices-perform-better-than-the-national-average-on-every-indicator/

2.3 Strategic Commissioning: To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition

The CCG is a member organisation of the Humber, Coast and Vale Health and Care Partnership (Integrated Care System) and during 2020/21 has engaged in the development of a number of initiatives to support the recovery and restoration of planned care including:

- Optimisation of referrals into hospital services by offering specialist advice and guidance at the point of referral
- Maximising the use of virtual appointments where it is safe and sensible to do so
- Enabling patients to manage their own follow-up care (patient initiated follow-up)
- Identification of specialty redesign priorities
- Supporting patients who are waiting for their treatment by developing an approach to address health inequalities and avoid deterioration.

The CCG is working with the Collaborative of Acute Providers (CAP) of the HCV Partnership (ICS) to develop a standardised approach to clinical prioritisation and optimisation of capacity to support recovery of the waiting list position and is working closely with the Vale of York CCG as a key partner in the North Yorkshire and York geographical partnership.

2.4 Acute Commissioning: We will ensure access to high quality hospital based care when needed

The delivery of acute hospital based care has been impacted significantly by the COVID-19 pandemic during 2020/21. Our acute trusts, in line with national policy, stood down all routine elective care to protect hospital bed capacity in both general and intensive care settings, whilst maintaining access for urgent referrals and urgent and emergency care services.

Trusts began to re-open routine referrals from June 2020 and plan for recovery of the waiting list position during the remainder of the year however subsequent waves of the pandemic, with peak hospital bed occupancy during November 2020 and January 2021 have impacted on recovery with people waiting longer for their routine treatment and care.

All waiting lists are being reviewed clinically to prioritise patients using a nationally designed framework ensuring that those with the most urgent clinical need are treated soonest. The specialties with the longest waiters are orthopaedics, ophthalmology and general surgery.

2.4.1 111 First

The 111 First programme works to connect people with the right care first time and every time when they have urgent or emergency care needs. This year the programme was further developed to help control patient numbers and enable social distancing during the pandemic by aligning to a national system (called EDDI) which enables patients to be allocated a time slot to arrive at Accident & Emergency (A&E) for treatment for non-life threatening conditions. This alignment has helped manage flows of patients through emergency departments.

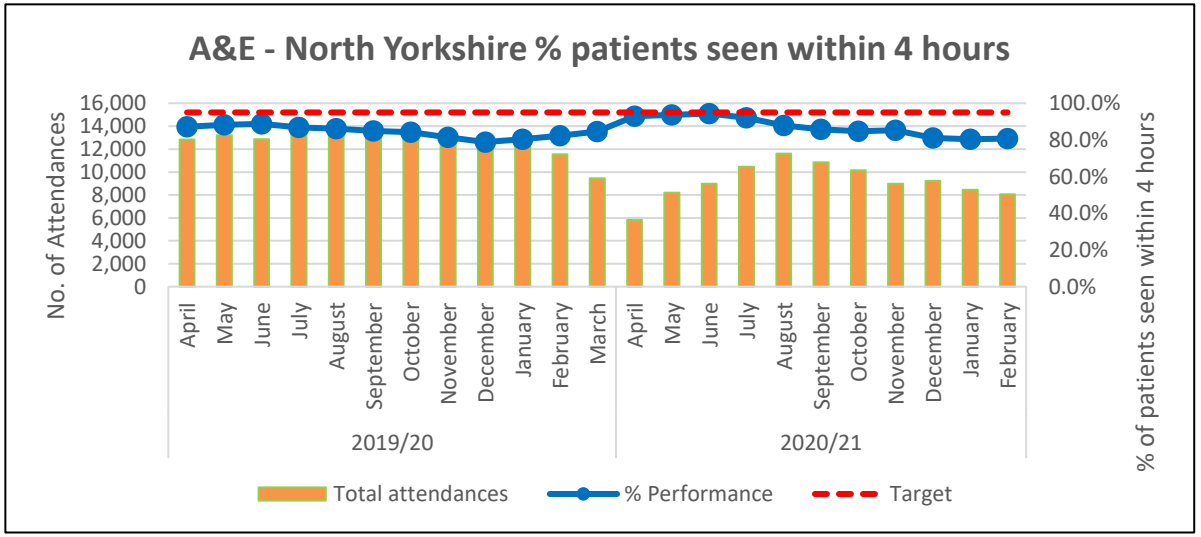
To achieve this, clinical assessment of the patient's requirements takes place as close to their first contact with the NHS as possible. To deliver this increased clinical assessment capacity a local Clinical Advisory Service (CAS) was developed across the Humber, Coast and Vale region with the aim of making this process more systematic and to increase the number of clinical assessments that take place.

The local CAS commenced operation in early December 2020. Data from December 2020 to January 2021 shows that 1,736 patients were referred to the local CAS (these patients would otherwise have been directed to the emergency department) and out of these, 70% were safely redirected to alternative services and 30% continued on with their emergency department referral. Early assessment of patients using the CAS shows a high satisfaction rate and 90% compliance rate with the clinical advice given. Work is now underway to consider the commissioning options for 2021/22.

2.4.2 Emergency Department (A&E) 4-hour Performance

The national target is that 95% of patients who attend A&E departments are seen and either discharged or admitted within four hours of their arrival. The CCG measures its performance against this target across all unit types. This will include patient activity at A&E departments and also Urgent Care Centres.

The graph opposite shows demand and 4-hour performance during 2019/20 and also between April and February 2020/21.



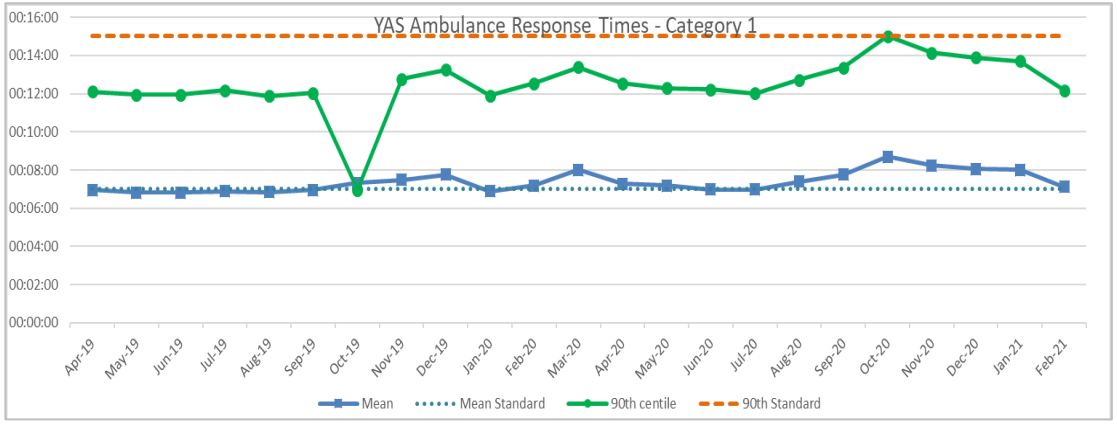
Significant challenges have impacted on the overall 4-hour performance during the COVID-19 pandemic even though A&E demand was significantly reduced during 2020/21.

The local picture has been reflected nationally and regionally and includes:

- increased COVID-19 positive admissions
- higher acuity of patients attending
- high bed occupancy
- bed closures due to necessary infection prevention and control measures, and
- significant workforce challenges due to COVID-19 related absence.

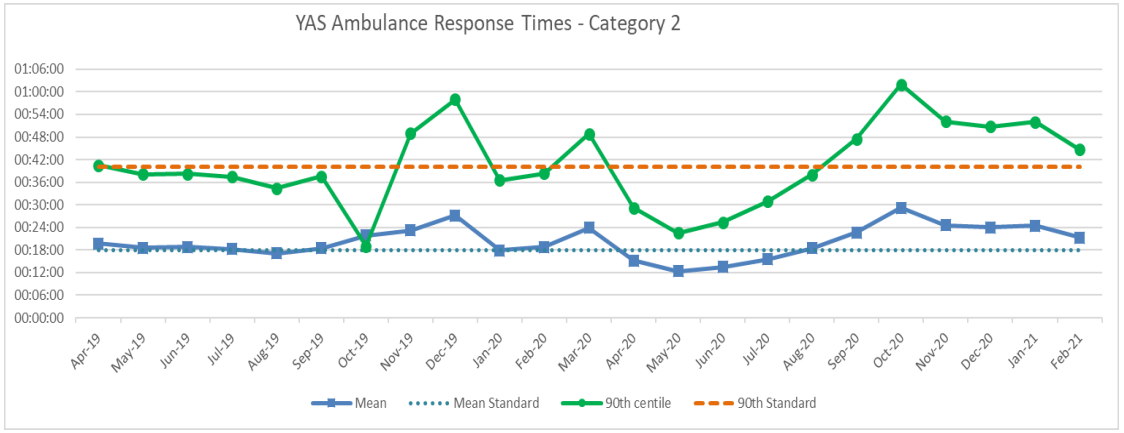
2.4.3 Yorkshire Ambulance Service – Ambulance Response Times

The three graphs opposite and below show the performance of Yorkshire Ambulance Service (YAS) NHS Trust against their Trust based Category 1 (the most life threatening priority calls), Category 2 (life threatening calls) and Category 3 and 4 (lower priority calls) response time targets during 2019/20 and also April to February 2020/21. For life threatening calls the target is to respond to Category 1 calls within an average of seven minutes and Category 2 calls within an average of 18 minutes.

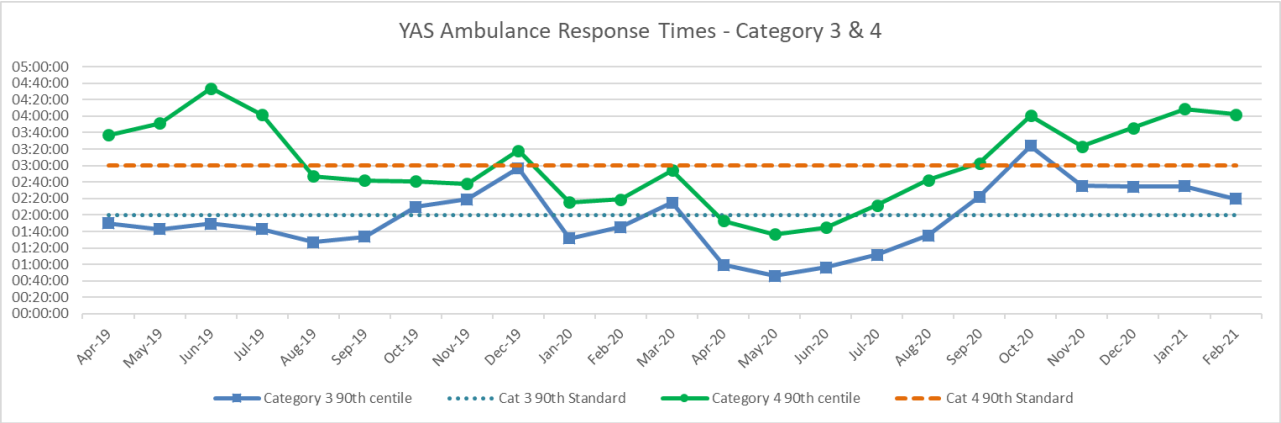


As 999 demand reduced significantly during the height of the pandemic response times to Category 1 calls were maintained with an average performance of around or just above seven minutes.

In response to Category 2 calls YAS achieved their average response time target of 18 minutes during the first half of 2020/21, but this average increased above 18 minutes during Quarter 3 and has remained so to date in Quarter 4.



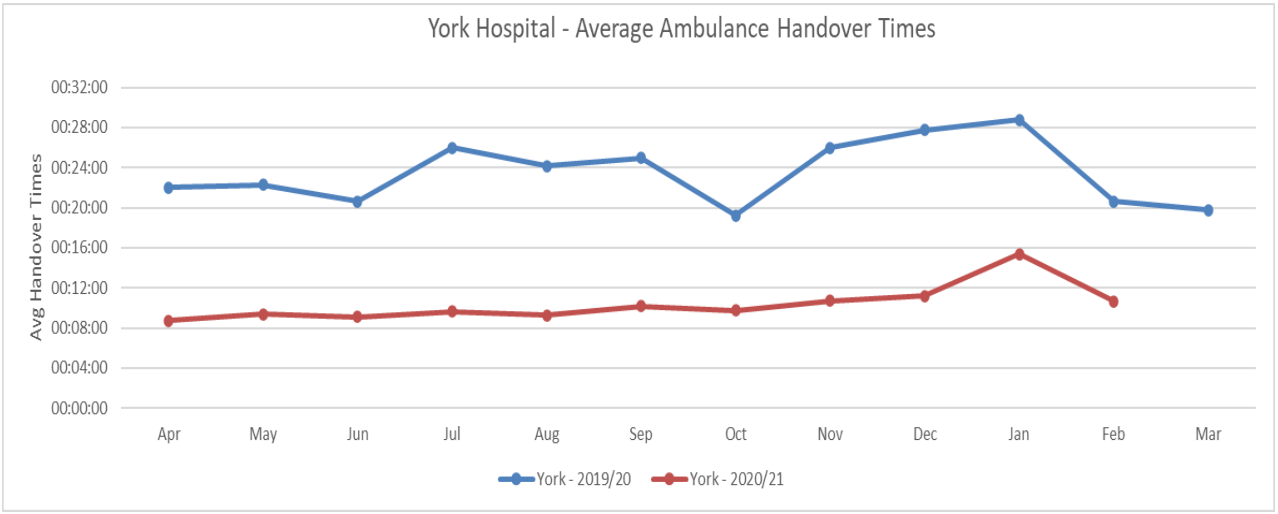
This pattern was similarly replicated for Category 3 and 4 calls. The target for Category 3 is for 90% of calls to be responded to within 2 hours and Category 4 is for 90% of calls to be responded to within 3 hours.



2.4.4 Yorkshire Ambulance Service (YAS) – Average Hospital Ambulance Handover Times

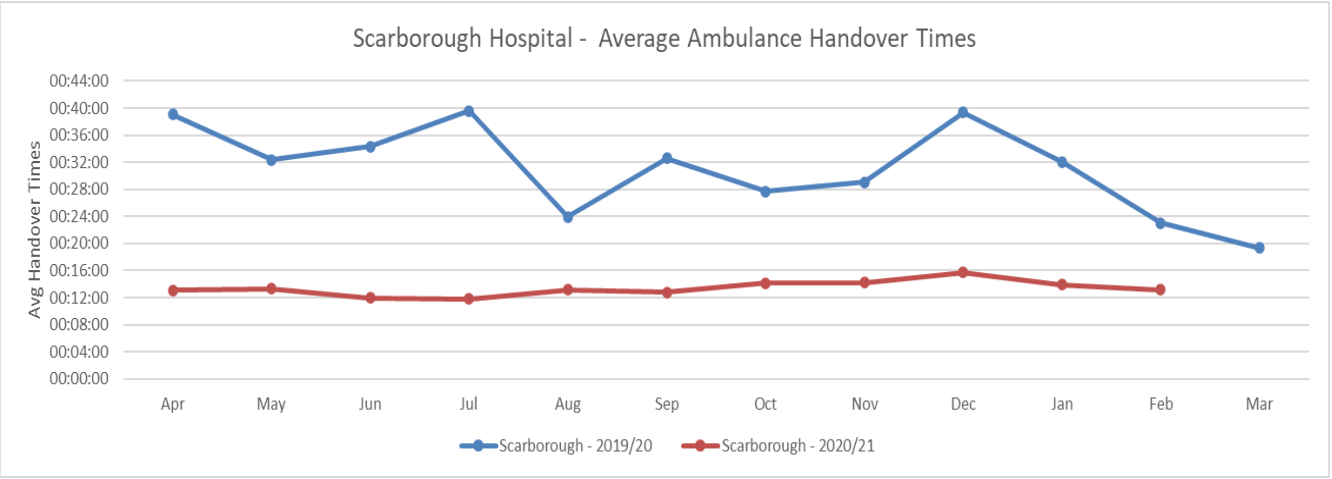
Patient handover is where the professional responsibility and accountability for the care of the patient is transferred from the ambulance crew to the medical/nursing staff at the hospital. Timely handover of patient care can help reduce response delays and improve the service offered and outcomes to patients.

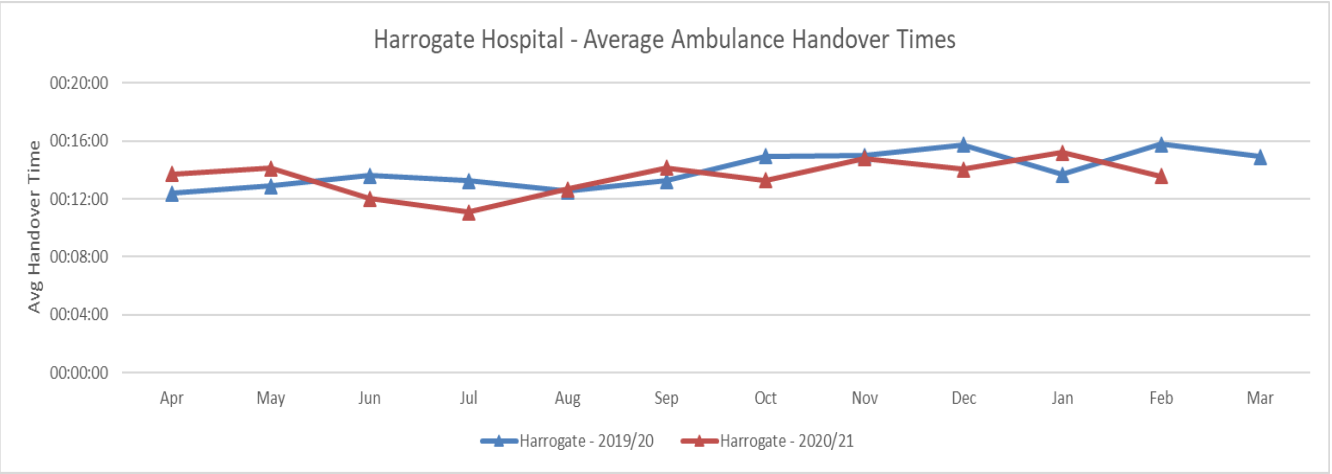
Turnaround time is the overall time taken for the ambulance crew to handover the patient, and then clean, restock and make the vehicle available to respond to another call. This is important as it affects the number of patients that YAS can respond to in a timely manner. Delivering and maintaining good handover times are dependent on a number of factors including surges of emergency activity, flow throughout the department (particularly where patients require admission) and workforce.



The graphs above, opposite and below show ambulance handover times recorded at York, Scarborough and Harrogate hospital sites during 2019/20 and 2020/21 (data for April 2020 to February 2021).

Ambulance handovers at Harrogate have remained stable and consistently at or around the target time of 15 minutes during the last two years. A significant amount of work has been undertaken to improve ambulance handovers at both the York and Scarborough hospital sites. The positive results and outcome of this work can be seen in the graphs for each of the two hospital sites when comparing data from 2019/20 with performance data for 2020/21.





2.4.5 Cancer Services

National and Local Ambitions

Throughout 2020/21, transformations to cancer pathways across North Yorkshire have continued to address the challenge set by the National Long Term Plan for Cancer:

- By 2028, 55,000 more people each year will survive their cancer for five years or more, and
- By 2028, 75% of people with cancer will be diagnosed at an early stage (stage one or two).

Transformation of Cancer Services

Resources for funding the more substantial of these transformations have been directed via Cancer Alliances – three of which cover the North Yorkshire population (West Yorkshire and Harrogate; Humber, Coast and Vale and Northern Cancer Alliance). Examples of such transformations include:

- **Rapid Diagnostic Centres (RDC):** aim to promote faster diagnosis by assessing patients' symptoms holistically and providing a tailored pathway of clinically relevant diagnostic tests as quickly as possible. South Tees Hospitals NHS Foundation Trust (STHT) has provided an RDC service out of Friarage Hospital for patients who have serious non-specific symptoms; Harrogate and District NHS Foundation Hospital (HDFT) are looking to incorporate referrals for suspected upper gastrointestinal cancers and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTFT) have rolled out their rapid diagnostic service to Scarborough again for patients who have serious non-specific symptoms. All services are looking to increase the scope of cancer sites covered by this initiative.
- **Diagnostic Capacity/ Imaging:** Diagnostic services across the country are challenged by the demands associated with an ageing population and increasing incidence of cancer. Provider trusts serving North Yorkshire have been working in partnership to develop 'network' services, enabling them to share images – providing a more resilient reporting service between them. Similar partnerships are developing regarding pathology and endoscopy services.
- **Introduction of new diagnostic technologies:** new diagnostic technologies which can be utilised alongside existing procedures e.g., capsule endoscopy which uses a small camera inside a pill-shaped capsule to take pictures of your GI tract. It is used to detect and diagnose conditions like GI bleeding, Crohn's disease, and coeliac disease. This initiative is being implemented in all three providers covering North Yorkshire.
- **Personal Stratified Follow Ups (PSFU):** PSFU is an effective way of adapting care to the needs of patients after cancer treatment. The ambition for breast, colorectal and prostate cancer patients is that a significant proportion of patients have moved to supported self-management pathways with remote surveillance and guaranteed access back to their cancer team when needed. HDFT has implemented PSFU in lung, prostate breast and colorectal pathway; YSTFT in breast and colorectal pathways; and STHT in breast and prostate pathways. Providers are also considering digital solutions which can enhance follow up care for patients.
- **Active Against Cancer:** Active Against Cancer provides a free health and wellbeing service for people living with cancer in Harrogate district. Whilst the format of the service has been adapted as a result of the pandemic – it has continued to provide a virtual service where possible and appropriate.

Impact of COVID-19

At the start of the pandemic, we saw a reduction in the number of people coming forward to have their symptoms clinically evaluated, and disruptions to cancer diagnostics and treatment. Overall cancer services have recovered to the pre-pandemic baseline however, some cancer sites, for different reasons, have still to fully recover, in particular lung, lower gastrointestinal and head and neck.

Actions taken to improve the uptake of cancer services and ensure safe provision of cancer treatment and care have included:

- National and local campaigns to restore public confidence in accessing services during the pandemic, for example, 'Help Us to Help You', including the promotion of the restoration of cancer screening services (breast, cervical and bowel)
- Use of technology to provide, where possible and appropriate, virtual consultations with medical/ nursing staff in primary and secondary care
- Ensuring the workforce 'aligned to cancer' are protected from transfer to other services throughout the pandemic
- Ensuring those patients at highest risk of cancer have access to services via clinical triage of referrals (e.g., lower gastrointestinal referrals), continual risk assessment of those individual who are waiting for diagnostic procedures and/ or treatments and 'safety netting' of those individuals in primary care and secondary care who have been unable to attend health services during the pandemic
- The provision of 'mutual aid' between providers – thereby sharing and securing treatment and diagnostic capacities across a number of providers
- Some work programmes may have been put 'on hold' during the pandemic, for example, Lung Health Checks (LHC)
- Diagnostic pathways have evolved on some cancer pathways to manage patients on cancer referral pathways more effectively and efficiently. For example, the use of FIT (a stool test designed to identify possible signs of bowel disease by detecting minute amounts of blood in faeces) has been used to risk stratify lower gastrointestinal cancer referrals.

COVID-19, Cancer and Inequalities

As key stakeholders engaged in the commissioning and provision of cancer services, the CCG has a duty to support and ensure equity of access to services and there is focussed attention at national and local level to detect and address inequalities which may have been exacerbated by the pandemic. Cancer Alliances are working with North Yorkshire CCG to design and develop work programmes which address any identified inequalities.

2.4.6 Stroke Services

National Ambition

The NHS Long Term Plan sets out the ambitions for the NHS over the next 10 years, identifying stroke as a clinical priority. It describes how partners will work together to improve stroke care along the full pathway from symptom onset to ongoing care. This includes prevention, treatment and rehabilitation.

A selection of the specific aims of the national programme include:

- Improve post-hospital stroke rehabilitation models for stroke survivors
- Deliver a ten-fold increase in the proportion of patients who receive a clot-removing thrombectomy (surgical removal of clot) so that each year 1,600 more people will be independent after their stroke
- Deliver clot-busting thrombolysis to twice as many patients, ensuring 20% of stroke patients receive it by 2025
- Ensure three times as many patients receive 6 month reviews of their recovery and needs – from 29% today to 90%.

Meeting the ambitions in the Long Term Plan would result in the NHS having the best performance in Europe for people with stroke.

Humber, Coast and Vale Integrated Stroke Delivery Network (HCV ISDN)

During 2020/21, the HCV ISDN was established to support and enable the local contribution to the national targets and ambitions for stroke. Membership of the HCV ISDN includes clinical and managerial colleagues from across the integrated care system who have an interest and/ or a responsibility in the delivery of stroke services.

A Senior Responsible Officer (Director Lead) and a Programme Lead have been appointed and a work programme has been agreed. For more information on the HCV ISDN work programme please see section 5.8.

2.4.7 Diabetes

Diabetes work streams including Structured Education, Foot Care and Improving Treatment Targets have continued across North Yorkshire during 2020/21.

As a result of the pandemic, providers have been unable to offer face to face sessions and the development of virtual services in respect of the National Diabetes Prevention Programme (NDPP) has been underway during the year and will continue going forwards.

The Low Calorie Diet was introduced across North Yorkshire in February 2021. The fully remote programme, accessed via GP referral is designed to help people with type 2 diabetes lose weight, achieve a healthy blood glucose level, and reduce their need for diabetes and blood pressure related medications. The programme is offered over a 12 month period and is led by a team of diabetes specialist dietitians who provide education and support.

2.4.8 Ophthalmology

The Minor Eye Conditions Service was adapted in response to the COVID-19 pandemic to give a telephone assessment to patients in the first instance. The aim of this change to the service model was to avoid unnecessary community Ophthalmology and hospital attendances and give early patient advice where self-management was appropriate.

2.4.9 Orthopaedics and Musculoskeletal

Local orthopaedic pathways are continually being reviewed against current best practice guidance and to move in line with National Evidence-Based Interventions policies.

Work has continued with our acute hospitals to implement new and/or improved pathways with orthopaedic consultant colleagues, musculoskeletal clinicians and musculoskeletal radiologists regarding spinal, hip, knee and shoulder radiology diagnostic pathways across North Yorkshire.

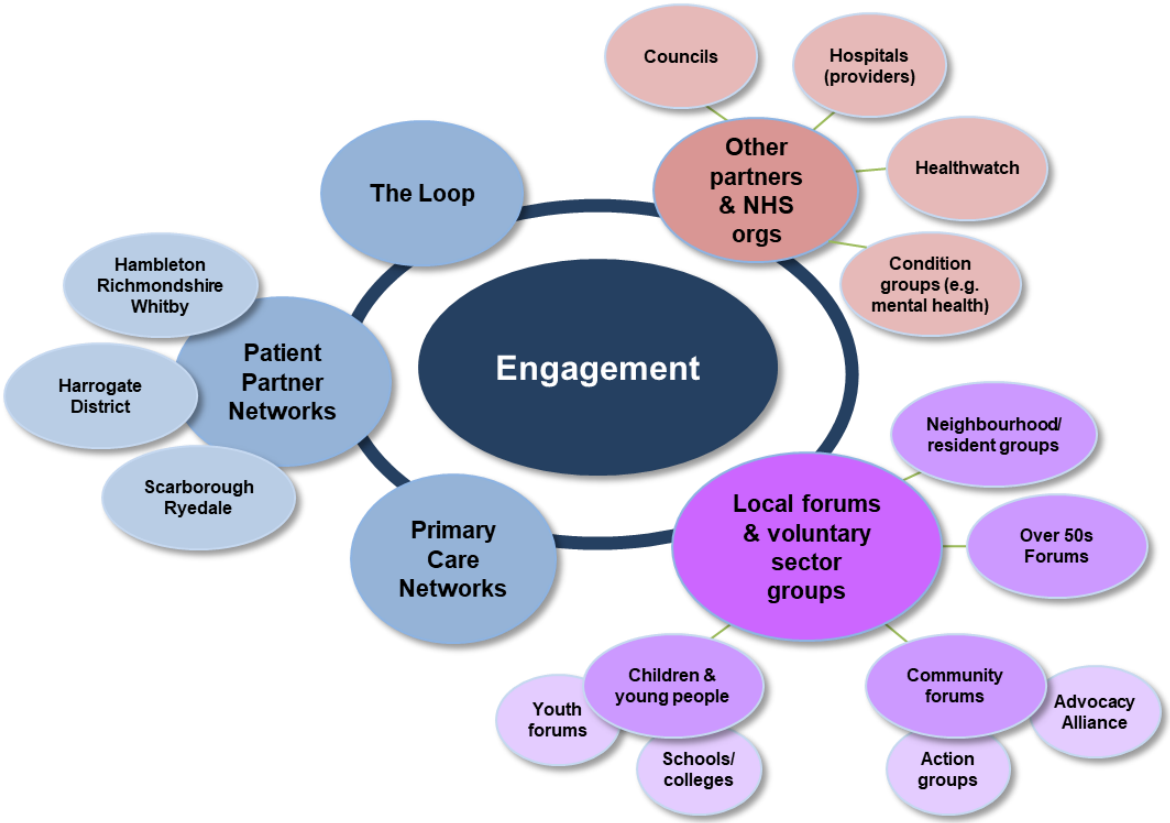
2.5 Engagement with patients and stakeholders: We will build strong and effective relationships with all our communities and partners

Everyone has a stake in the health of their community. Health matters to people and we want effective communication and engagement to be at the heart of what we do. We want to listen to our patients, their carers and representatives to make sure we secure the best quality services we can with the resources we have available.

Our engagement aims are to:

- Uphold our commitment to “no decision about me, without me”
- Listen and take patient experiences into account when we are developing local healthcare services
- Communicate to ensure our staff, partners and patients are kept informed, with access to information people need, when they need it
- Recognise potential barriers to communication and engagement and be open and accessible to all of our community.

These engagement aims will help us use patient and community perspectives and experiences to improve the quality of our commissioning and improve health outcomes as well as build confidence in the organisations and raise awareness and understanding of the CCG, its role and the challenges faced. We have a five-year Communications and Engagement Strategy which helps shape our work, which is underpinned by an action plan. You can find our Communications and Engagement strategy on our website[11].



COVID-19 shaped our activities this year, but it did not prevent us from communicating fully and effectively with patients and our communities or engaging with the people who use our services. You can read more about our key activities this year below.

2.5.1 Our Patient Partner Network

The CCG Patient Partner Network is made up of two members of each practice's Patient Participation Group. The Network has three locality chapters: Harrogate and Rural District; Hambleton, Richmondshire and Whitby; and Scarborough and Ryedale.

The network is designed to act as a conduit for effective two-way communication between the CCG and practice patient participation groups and represent patients, carers and the wider public, ensuring that the patient and public voice is heard and informs the commissioning of local healthcare. The network meets four times a year – in spring and winter in locality meetings and in summer and autumn across the network.

In the first year of the newly established CCG, we have made significant strides in developing and strengthening this network. In December 2020, we saw over 70 patient partners participate in the network, and over 50 in the spring meetings. The Patient

[11] https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2020/08/NYCCG-communications-and-engagement-strategy-FINAL.pdf

Partners have discussed primary care during the COVID-19 pandemic, vaccinations, flu, CCG finances, primary care networks, self-care and a number of other important topics over the last year. You can find out more about the North Yorkshire CCG Patient Partner Network, including notes of past meetings, on our website[12].

2.5.2 Keeping People Connected

Website

We have been using our website more than ever this year to ensure that we have essential information available for those that might need it – from members of the public to clinical partners. COVID-19 safety and safe access to services, as well as information about the COVID-19 vaccination programme, have all featured on our website this year. We have been particularly mindful to ensure that information is available for speakers of languages other than English and in easy read formats for those who may benefit from those additional resources.

Stakeholder newsletter

We produce a stakeholder email each month. This is distributed to roughly 400 people and covers news about the CCG's activities and developments in the broader health and care environment. You can sign up for the stakeholder newsletter here: https://www.northyorkshireccg.nhs.uk/sign-up-for-our-newsletters/

The Loop

The Loop is a virtual engagement network of patients, carers and the wider public with interests in health services funded by the CCG. It is free to join and Loop members get first-hand information about the work of the CCG and developments to health services across North Yorkshire. Members receive a monthly stakeholder newsletter (electronically) with the latest news and events and have the opportunity to contribute their views through topical surveys, focus groups, events and meetings. You can be in the Loop here: https://www.northyorkshireccg.nhs.uk/get-involved/the-loop/

Patient Stories

This year we launched 'Patient Stories'[13], highlighting patient experiences of healthcare during the COVID-19 pandemic. This is part of the wider patient engagement work which also involves the Patient Partner Network in North Yorkshire. These personal and

[12] https://www.northyorkshireccg.nhs.uk/get-involved/patient-partner-networks-ppns/
[13] https://www.northyorkshireccg.nhs.uk/get-involved/patient-stories/

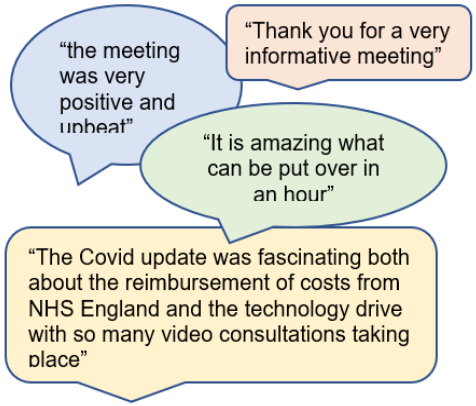
insightful stories provide the CCG with valuable information about the patient experience and also help demonstrate how care continued during the pandemic. They were part of work to help encourage everyone to access the care that they needed and not delay seeking guidance from a healthcare professional if they felt unwell.

Social media

When the CCG came into existence in April 2020 we launched three new social media sites, on Twitter[14], Facebook[15] and Instagram[16]. Whilst we know that social media alone will not keep people connected it is a valued platform to share information and promote health and wellbeing campaigns. This year our social media presence has helped us share timely information about COVID-19 safety, encourage the use of NHS111 for health advice, promote our winter wellness and flu vaccine programme, increase visibility of cancer services, antibiotics awareness, 'Pharmacy First' and alcohol awareness.

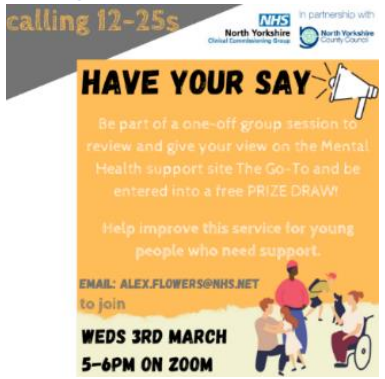
Annual General Meeting

Approximately 20 members of the public joined us at our first virtual Annual General Meeting on 25 August 2020. There was positive feedback from the meeting and 100% of the participants who responded to the evaluation said they would take part in future virtual meetings.



Broadening our reach

This year we have increased our expertise with digital engagement which is helping us reach audiences who we may not have had access to in the past, such as working age adults or young people who might not choose to come to a face to face meeting. As we emerge from the pandemic, we will have the opportunity for blended engagement which will make use of our enhanced digital engagement approach coupled with face to face engagement. This will enable us to reach communities across North Yorkshire.



[14] https://twitter.com/NorthYorks_CCG
[15] https://www.facebook.com/NorthYorksCCG/
[16] https://www.instagram.com/northyorks_ccg/

2.6 Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services

2.6.1 Managing the CCG Finances

In accordance with the control total set by NHS England & Improvement (NHSE&I), North Yorkshire CCG had been planning to deliver a £15.7m deficit in 2020/21. To achieve this position the CCG needed to deliver a challenging savings programme, of £20.3m, however in direct response to the COVID-19 pandemic the operational planning process for 2020/21 was suspended in March 2020, and emergency financial measures were introduced across the whole of the NHS.

For the first 6 months of the year CCGs were asked to operate within a centrally set allocation, NHS contracting was stood down and all NHS providers received a centrally agreed block payment. True up funding was then received by all CCGs and providers to ensure all organisations broke even in the first 6 months of the year, and all COVID-19 related expenditure was paid for centrally.

In the second half of the year the regime changed, NHS organisations were given system allocations, asked to work together to manage a breakeven position across their systems and any pressures were to be managed collectively. This system funding covered all business-as-usual activities, COVID-19 spend and winter pressures.

Our CCG forms part of the North Yorkshire and York System, which includes the following main NHS partner organisations:

- NHS North Yorkshire CCG
- NHS Vale of York CCG
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Harrogate and District NHS Foundation Trust

North Yorkshire CCG is the lead CCG for this system and as such receives system level allocations, and not just those relating to the population of North Yorkshire CCG.

For providers outside of our system (e.g., South Tees Hospitals NHS Foundation Trust, Humber Teaching NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust), COVID-19, winter monies and system true up funding has been provided through their own local systems.

Prior to COVID-19, and as part of NHS England's five-year revenue funding settlement, CCG allocations had previously been set for the 5-year period between 2019/20 to 2023/24, the expectation is that we will return to these allocations at a future date to be determined by NHS England and dependent upon the pandemic. During the last 12 months the underlying recurrent financial

pressures within North Yorkshire CCG have not been resolved, and going forward savings, efficiencies and productivity will continue to be required to ensure the CCG can spend within its set allocation. The CCG also has a cumulative deficit brought forward at the time of merger of £45m, the 2020/21 Operational Planning and Contracting Guidance had included guidance with regard to historic debt, this matter will be discussed with NHSE&I once normal business is resumed following the pandemic and recovery.

2.6.2 Sustainable Services in Acute Commissioning

The focus of all acute providers over the last 12 months has been to ensure that those patients needing hospital care for both COVID-19 and non-COVID-19 related reasons could be treated optimally and safely in hospital. A number of priority initiatives that were being worked up pre-COVID-19 have been accelerated during the pandemic i.e., telephone triage (NHS111 First) and virtual consultations. The intention is for this to continue with increased use of digital solutions where it makes sense to do so (see section 2.1.4).

2.6.3 Outpatient Transformation

The CCG is a key partner in the Humber, Coast and Vale Health and Care Partnership outpatient transformation programme and is involved in a number of programmes alongside other partner NHS organisations that aim to transform the delivery of outpatient care supporting the NHS Long Term Plan target of reducing face to face outpatient appointments by one third.

2.6.4 Referral Optimisation

There has been an increased use of advice and guidance and clinical triage to improve access for primary care to provide expert input at the point of referral, ensuring that patients receive their treatment and care in the most appropriate setting improving the efficiency of the clinical pathway and ultimately the patients' experience.

The CCG worked collaboratively with primary care colleagues and Harrogate and District NHS Foundation Trust to successfully roll out Musculoskeletal First Contact Practitioners (FCP's) across the Harrogate locality. This service enables patients with musculoskeletal conditions to access expert advice at the start of their care pathway from their local GP practice. The FCP role has had a positive response from service users and has developed excellent working relationships between primary and secondary care colleagues. It has demonstrated reduction in inappropriate referrals to secondary care services such as physiotherapy, orthopaedics and radiology and ensures that patients who do need ongoing treatment are seen by the right clinician, in the right place, first time. The CCG intends to implement this approach across North Yorkshire alongside Primary Care Networks during 2021/22.

2.6.5 Alternative Care Models

The CCG continues to work with providers to deliver safe, efficient care which makes the best use of clinical and patient time.

The pandemic has increased the use of technology to deliver virtual consultations and the CCG will continue to support its continued use across all providers. New ways of providing virtual Multi-Disciplinary Team (MDT) clinics to enhance a shared care approach between primary and secondary care clinicians are currently being developed. This will enhance the management of long term conditions and avoid unnecessary outpatient clinic appointments.

2.6.6 Policy Harmonisation

During 2020/21, a clinically led working group has been reviewing and harmonising the commissioning policies of the three former CCGs which became North Yorkshire CCG on 1 April 2020 to ensure provision of equitable access to care across North Yorkshire. The CCG aims to launch the harmonised North Yorkshire CCG policies in 2021/22.

2.6.7 Continuing Healthcare

During 2020/21 Continuing Healthcare (CHC) has played an important role in ensuring the healthcare system has been able to manage the discharge of patients from hospital settings safely and efficiently, prioritising safe discharge. This has created a backlog in formal case assessments so in the second half of the year the team have also been focused on rapidly completing any outstanding assessments.

An Actual Cost of Care review has been undertaken jointly across services commissioned by North Yorkshire County Council, City of York Council, Vale of York CCG, The Independent Care Group and North Yorkshire CCG. This included reviewing services from health and social care and independent care providers to determine costs for different levels of funding needed from each service commissioner. This work will form the basis of weekly rates for residential/nursing and domiciliary care across North Yorkshire and York and revised market management plans for implementation during 2021/22.

The CHC team has been developing a new policy to be implemented in 2021/22, which will enable families to 'top up' care costs to provide additional services over and above those identified as health costs.

2.6.8 Tackling Medicine Waste

The overall rate of prescribing remained relatively steady in 2020/21 compared to the previous year, but due to the increase in NHS list prices, the cost per item has grown locally by 5.34% (April 2020 to March 2021). This emphasises the continued need to minimise waste through improving prescribing and dispensing systems. With the support of local prescribers, dispensing contractors, care homes, patients and their representatives, we continue to reduce unnecessary prescribing, prevent premature

supply and hoarding, as well as improved models of supply. For example, the mechanism to supply dressings to community nurses has been extended throughout North Yorkshire. This approach to access to approved wound care products enhances wound management, greatly reducing waste and improving efficiency in time and travel.

Not all medicines waste is avoidable, however a significant proportion of avoidable waste is associated with items being ordered in error. We have improved this locally by working with dispensing contractors to stop them ordering on behalf of patients and educating patients and carers to only order what they need. Projects to promote on-line ordering, improved repeat prescribing systems and electronic transfer of prescriptions have removed some confusion from the process, and patient online access to their records helps ensure medicine regimes are up to date. Local and national programmes have improved the communication between healthcare partners, including from hospitals. This provides a better understanding of changes to medicines, reduces the risk of errors and allows professionals in primary care to provide further support to patients after discharge to ensure they understand and are coping with any changes. North Yorkshire has made great progress in recent years to facilitate online ordering of medication by care homes on behalf of their residents and time is being invested to extend this to more homes in 2021/22.

2.6.9 Over the Counter Prescriptions

In October 2020, the CCG relaunched its county-wide programme with GP practices and community pharmacies to encourage the public to apply self-care for the management of minor illness conditions. This is supported by national campaigns, regional and local, encouraging patients to seek professional advice from community pharmacists for minor illness conditions and not to expect prescriptions for ‘over the counter’ medication. By February 2021, there was reduced prescribing in 30 of the 36 clinical areas, but only a small (2.4%) reduction overall, which has helped the CCG to target areas like indigestion and heartburn remedies and vitamins and minerals. Three of our GP practices started the national Community Pharmacy Consultation Service in March 2021, which provides a structured and assured model to refer patients to their local community pharmacy. Further roll-out is expected in 2021/22 and the CCG Medicines Management Team continues to work with, share and adopt best practice from other areas.

2.6.10 Reducing Antibiotic Resistance

Reducing the inappropriate use of antibiotics remains a high priority for the CCG, although overall usage continues to fall and remains below national levels (March 2021 data). Local use of ‘restricted’ antibiotics remains well below national target overall, but support has been accepted by individual practices with the highest usage of these drugs to help them reduce their prescribing rates. This is supported by the regular review and update of the countywide antimicrobial guidelines throughout the year, to most accurately present current guidance and best standards. By working closely with The West Yorkshire Research and Development team, GP practices in the Harrogate area have benefited from their initiative on Lowering Antimicrobial Prescribing (LAMP). These

practice reports and the quality improvement audit methodology have been well received by practices and contribute to reducing unnecessary use of antibiotics within our wider antimicrobial stewardship programme.

2.6.11 Reducing Opioid Prescribing

There has been continued attention to maintaining the quality and safety of prescribing despite the demands of managing the COVID-19 pandemic. Medication reviews continue to be delivered by health professionals, with focus on individuals of greatest need, which includes review and clinical interventions to avoid and reduce the over prescribing of opioids, particularly for management of chronic pain. Local practices in the Harrogate area continue to engage in the audit within the Campaign to Reduce Opioid Prescribing (CROP) project (led by the West Yorkshire Research and Development team), which has demonstrated past reductions in patient numbers being prescribed an opioid analgesic. As with other areas of prescribing, practices have interactive software to advise and steer prescribers to help optimise safe use of medication.

2.7 Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care

2.7.1 Integrated Operating Model: Frailty

Reviewing and developing frailty services

Across the CCG area, population health data suggests we may have approximately 17,000 people living with frailty, 4% of our total population. Many of these people will be active and healthy within their local communities, while others may be in poorer health, more vulnerable and require support. Despite the COVID-19 pandemic, this has been a continuing priority for service development for the CCG.

We know that frailty is a major driver of non-elective activity in older people, particularly due to falls and hospitalisation approaching end-of-life. Frail people have a high consumption of healthcare resources. In the past year, the COVID-19 pandemic threatens to worsen this position through social isolation, deconditioning and reduced access to treatment. Our clinical approach to supporting the frail population needs to be built across primary, community and acute care, and cover a spectrum from proactive case-finding and presentation, through to crisis management.

Addressing frailty successfully requires us to understand who our frail population are and assess the severity of their frailty. How frail a person is will determine what support they may require. If they are mildly frail, this may be to help them to make better connections within their local area for social or lifestyle reasons. For patients with more severe frailty, this could involve creating

more comprehensive care plans, so that they and their families are well supported and local GPs and community staff caring for them have a better understanding of their care preferences later in life.

During the last year, we have been working with clinicians across North Yorkshire looking at emerging models and reviewing them against the core standards set out in the NHS's national RightCare Frailty Toolkit and the North East regional iCare Toolkit. This has helped to identify priority areas for development and action in 2021/22.

Developing frailty knowledge and skills with staff

Supporting health and social care staff to be able to better care for people with frailty is a key priority. We have been working with community service providers in each of the places across North Yorkshire to establish a process of competency development, funded from our "Ageing well" allocation from NHS England.

In Scarborough and Ryedale, the local community service provider is working to both develop basic training and competency across a wide range of staff. In Hambleton, Richmondshire and Whitby, we are creating frailty champions in GP practices. In Richmondshire, we are working with the community service provider to trial developing key individuals to a much higher level of knowledge and expertise, using a structured framework, to act as resources across health and social care. In Harrogate, the focus has been on strengthening skills within the team at the 'front door' of the hospital. The process of skills and competency development will be accelerated in 2021/22 as we lay a foundation for the system as a whole.

Enhancing and strengthening existing services

As part of developing frailty services, we have reviewed and revisited the excellent work and services that are already in place across North Yorkshire and considered how they can be strengthened for the future.

In Hambleton, Richmondshire and Whitby area, a frailty Local Enhanced Service has been commissioned from local GP practices to stratify patients using the nationally-recommended Rockwood tool, undertake modified geriatric assessment, and develop Advance Care Plans and Emergency Health Care Plans for people with moderate and severe frailty, which allows the patient's wishes to be communicated to health care professionals in a health emergency. This process will continue into the year 2021/22 with a view to reviewing the whole frail population across North Yorkshire.

People in Scarborough and Ryedale who arrive at Scarborough Hospital with frailty are assessed via a Home First Unit so that they do not have to be admitted unless absolutely necessary. The existing Frailty Service provided by Humber Teaching NHS Foundation Trust has been reviewed and the nationally recommended Rockwood tool is being adopted in this area so that a common understanding of who is frail can allow services to provide more integrated support.

In Harrogate, the profile of frailty within Harrogate and District NHS Foundation Trust has already been raised by the community geriatrician. The acute trust and community service provider have also worked together to create a new service that provides “acute response and rehabilitation in the community, home and hospital setting” (ARCH). The ethos of this service places support for the frail person at its core. As the service is established, utilisation of Rockwood and the approach to assessment is being developed and refined.

2.7.2 Integrated Operating Model: Improving Hospital Discharge Processes and Reducing Delayed Transfers of Care (DTOCs)

The health and care systems in place to discharge patients from hospital quickly and safely have evolved to meet the challenges of the COVID-19 pandemic. The CCG has worked closely with Vale of York CCG, North Yorkshire County Council (NYCC) and City of York Council (CYC) to design and deliver integrated solutions in line with the National Discharge Policy. This work has achieved significantly enhanced flow from all acute hospitals with the national discharge fund fully utilised to support community-based packages of care and bed placements. The approach has been supported by effective relationships built at all levels, across the system.

Integrated whole system leadership has been provided by two joint Senior Responsible Officers, one from North Yorkshire CCG and one from NYCC who have been supported by two System Discharge Co-ordinators. Integrated performance monitoring information has been produced daily and weekly for the executive leads and more broadly to the weekly Silver Command meeting across multiple organisations.

A range of practical and process measures have been undertaken. Discharge command centres have been established at all the main hospital sites, led by dedicated social care professionals and underpinning seven day working. New assessment discharge processes were established in each hospital. Joined up discharge pathways have been created that ensure all relevant assessments are undertaken within the required six week post hospital discharge period, including Continuing Healthcare (CHC) and Fast Track. An integrated approach to the management of CHC across health and local authority has been supported by improved relationships and escalation processes. To safely support and isolate patients with COVID-19, designated beds were established for COVID-19 contact and positive cases in Care Quality Commission (CQC) approved facilities.

Care homes were embraced as full system partners through Care Homes Gold, and representation on Silver Command. Homes were supported by programmes of engagement and training / education, for example in relation to remote monitoring using oximetry, which measures the concentration of oxygen in blood.

South Tees Hospitals NHS Foundation Trust was one of the hospitals that nationally pioneered the use of a virtual ward so patients with COVID-19 could be discharged home more quickly, supported by daily telephone calls from a respiratory nurse and

equipped with an oximeter to measure oxygen saturation levels. This model of good practice was adopted by all the hospitals in our area during the later stages of the second wave of the pandemic in late 2020/early 2021.

Community Care to Avoid Unplanned Admissions and Support Discharge Home

From the start of the pandemic, providing safe, effective home-based care became even more important. Community providers and GP practices worked flexibly to respond to patient needs, with increased use of digital or remote communications. Multi-disciplinary team discussions often became virtual, which allowed patient care to be successfully maintained.

Ensuring that people do not go into hospital unnecessarily has been even more important during the COVID-19 pandemic. All three places across North Yorkshire have strong community services comprising district nurses and therapists which are able to support people in their own homes, for example managing illness or infections, or responding to falls.

Similarly, community services have been instrumental in enabling hospitals to discharge people home more quickly. Improvements have been made throughout the North Yorkshire system. Caring for people in their home environment enables them to recover more quickly and prevents the greater deterioration in function and capability associated with long hospital stays.

Community teams have also supported the implementation of the Primary Care Network Directed Enhanced Service in relation to care homes by aligning staff to individual homes so that multi-disciplinary team meetings and integrated working between care homes, community teams and GP practices can be better achieved.

During winter 2021, local GP practices implemented Oximetry@Home for patients who were symptomatic with COVID-19, over 65 or for whom there was a clinical concern. Patients were given an oximeter and instructions on how to monitor their oxygen levels. Where oxygen levels were at a safe level, patients could be reassured to stay at home, while those patients with otherwise undetected hypoxia (an inadequate supply of oxygen) could more quickly attend hospital for appropriate preventative treatment.

Long term conditions

Self-management for long term conditions has been particularly important during the pandemic. Innovative models for undertaking diabetes structured education and pulmonary rehabilitation on-line have been trialled. The CCG continues to promote the use of self-management apps where appropriate, particularly in Hambleton, Richmondshire and Whitby where we are trialling the use of the My MHealth app[17].

[17] https://apps.apple.com/gb/app/my-mhealth/id1342640926 or https://play.google.com/store/apps/details?id=com.mymhealth.hybrid&hl=en_GB&gl=US

The CCG is also piloting the use of blood pressure monitors at home, following the new national pathway, to identify and managed uncontrolled hypertension. This work will build on the “healthy hearts” initiative.

Voluntary sector / Stronger Communities

The Voluntary, Community and Social Enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, wellbeing and care outcomes. The CCG continues to work collaboratively with Community First Yorkshire (CFY), the umbrella organisation providing practical support and advocacy to voluntary and community organisations, parish councils and social enterprises in North Yorkshire. This allows us to better support our communities and address health inequalities. VCSE organisations are essential to the planning of care and supporting a greater shift towards prevention and self-care. Through ongoing discussions with CFY, the CCG is ensuring the VCSE are included earlier in health and care pathway and service redesign, for example the three year Community Mental Health Transformation project which fully begins from 1 April 2021.

Recognising there is a growing demand for social prescribing activity, which is best jointly planned and co-produced early on, the CCG is starting to create opportunities for developing place-based working through connecting CFY with Primary Care Networks and existing integrated forums across the county, such as Scarborough and Ryedale Partnership Board. This will ensure that as the health and care system seeks to fully recover services in the wake of the pandemic, system leaders will be able to fully commit to equitable partnerships and co-production with the VCSE sector and reflect this in governance structures and operational activity.

Organisations across the VCSE sector have been uniquely placed to support people and communities throughout the COVID-19 pandemic. The CCG were able to promote work led by NYCC to ensure co-ordinated support for vulnerable people through volunteer community support hubs and national NHS volunteer service. Twenty-three community support organisations across the county have ensured everyone who needs help has someone they can call on, covering a range of things such as: shopping for food or other essentials, collecting and delivering prescriptions, caring for pets, using on-line technologies, and addressing loneliness.

2.7.3 Integrated Operating Model: Place based innovations

Harrogate and Rural Alliance Integrated Community Care

In the previous year, local health and social care providers came together, operating as the Harrogate and Rural Alliance (HARA), to provide adult service users with joined up community health and social care in Harrogate and Rural District. This emerging partnership has proved hugely valuable in meeting the challenges of delivering integrated services throughout the pandemic. The creation of HARA has allowed the process of reducing reliance on acute beds in favour of a community-based model to proceed. A

community virtual ward and enhanced discharge hub as part of HARA is currently being tested. This provides an acute response and rehabilitation in both community and home settings (ARCH).

South Tees Hospitals NHS Foundation Trust (STHFT)

STHFT colleagues have continued to work closely with GP practices in managing complex patient caseloads within a well-established multi-disciplinary approach. Throughout the pandemic mutual support between practices and community staff was key to managing the flow of patients and delivering care closer to home. Multi Agency Meetings (MAMs) have continued to be utilised within the locality to ensure collaborative case management. There has been excellent system-level engagement observed within the locality with system wide NYCC-led operational meetings throughout pandemic.

Humber Teaching NHS Foundation Trust (HTFT)

HTFT provided an excellent response in working with partners to support discharge and manage transfer of patients from acute services into both community beds and patients own homes during the pandemic. Effective community therapy was maintained throughout the whole period, particularly winter, and services were quick to adopt and use digital technology to provide advice and support where necessary to minimise disruption in service delivery i.e., use of Upstream digital platform. HTFT are an active member of the Scarborough Partnership Board and are integral in driving forward transformation in services for people at risk of, or living with frailty, a priority pathway for development. Work is currently underway to establish MDTs for the future model of managing those people with complexity of care in partnership with PCNs.

2.7.4 Transformational Estates Programmes

Whitby Memorial Hospital Redevelopment

In 2019, the NHS Hambleton, Richmondshire and Whitby CCG Governing Body approved the Whitby Hospital full business case.

The redevelopment is now well underway and will result in a new and fit for purpose hospital in Whitby. The hospital will have inpatient beds, outpatient facilities, diagnostic services such as X-ray, physiotherapist and occupational therapy services and other services to support patients. The facility will also act as a base for community services staff and is planned to open to patients in early 2022.

Catterick Integrated Care Campus

During 2020/21, the CCG continued to work in partnership with colleagues from NHS England and the Ministry of Defence (MOD) to develop a sustainable, long term solution for health and care services on the Catterick Garrison site. The aspiration for the site has been named the ‘Catterick Integrated Care Campus’. This project aims to promote modern health services across the whole of

the Catterick area, including the Garrison and in support of the wider Richmondshire area. This means creating an active partnership between primary, secondary, community and mental health provision through both the NHS and MOD so that the whole population, armed forces and civilians, experience equal access to high quality services in the most efficient way. On completion, this will be the first fully integrated joint NHS and MOD health and care facility in the country.

Ripon

Future solutions for the provision of primary care and community services are currently being assessed and will be considered during 2021/22.

Harrogate

A feasibility study and options appraisal into premises development for primary and community services in the Heart of Harrogate has been completed in 2020/21. Options will be considered and a plan for the future drawn up in 2021/22.

Richmond Primary Care

Current leasing arrangements on the Friary Hospital building expire in February 2024. Detailed plans have been developed to refurbish the building; co-locating the two GP practices in Richmond and re-providing the hospital services to create a future-fit frailty hub for the people of Richmondshire and preserve a much loved healthcare facility in the heart of Richmond.

2.8 Vulnerable People: We will support everyone to thrive [in the community]

2.8.1 Mental Health, Learning Disabilities and Autism Services

Partnership working

The North Yorkshire Mental Health, Learning Disabilities and Autism Partnership (MH&LDA), which started in 2018, has continued to develop and lead the delivery against the NHS Long Term Plan (LTP) and other local priorities throughout the last year whilst managing the challenges from the COVID-19 pandemic.

The partnership is committed to investing in and improving services for local people through partnership working which is now well established. Through the robust planning process investment decisions were taken to ensure delivery against the Mental Health Investment Standard (MHIS). The MHIS guarantees that investment into mental health services is at least in line with the growth in allocation received by the CCG.

The key principles of the partnership remain as:

- Greater focus on prevention and early intervention
- Provision of integrated care closer to home
- Intervening and supporting people earlier and more effectively in their illness to reduce the number of admissions for inpatient treatment
- Better use of resources across the whole pathway
- Supporting people to achieve their self-determined health and well-being goals.
- Delivery of comprehensive mental health and learning disability services, initially prioritising those in the NHS Long Term Plan and the Transforming Care Partnership (TCP).

As a strategic system across North Yorkshire our multi agency working and communication has been key in enabling us as a whole system to work collaboratively to ensure that our MH&LDA population remain a priority and remained safe whilst receiving person centred care through the pandemic.

Our transforming care programme, namely our multi-agency operational group 'the engine room' has developed processes and protocols collectively. This close working as a system has supported out health and social care providers to work together to ensure that our pathways and services have been accessible and that our support to our LD population did not stop.

The North Yorkshire Care Treatment Review (CTR), Care and Education Treatment Review (C(e)TR) and Dynamic Support Register (DSR) processes and protocols have been recognised nationally as best practice and are being adopted by other areas across the country.

Building on the work of 2019/20, the partnership board agreed a number of priorities for 2020/21 including the following:

- **Early intervention in Psychosis (EIP):** Following investment agreed through the MH&LDA partnership, plans have been revisited to align with PCN footprints. The new model will deliver the national quality and access standards for which work will continue during 2021/22.
- **Individual Placement and Support (IPS) Services**: Following a review of performance it is evident that both TEWV as our lead MH provider and the CCG is leading the way with exceptional comparative performance and we continue to encourage through delivery, IPS growth to meet the Long Term Plan.

2.8.2 Crisis

The CCG has continued to invest and develop the crisis café model across North Yorkshire through partnership working with the voluntary sector. To support the Long Term Plan ambition around mental health acute liaison the CCG was successful in the bid for transformation funds to support a 24/7 service at Scarborough Hospital from 1 April 2021.

A pilot scheme was developed over the winter by working with Scarborough Survivors to integrate mental health support workers into the Emergency Department (ED) to support vulnerable patients and support ED staff for those patients whilst in the department.

The CCG led the refresh of the 'Crisis Care Concordat' across North Yorkshire and York which has led to an agreed vision and priorities across the system.

As a result of the COVID-19 pandemic, the Long Term Plan ambition for a 24/7 all age crisis line was brought forward and mobilised at pace at the start of the year. This will now be reviewed to ensure that this is a sustainable service to support the wider system within the funding available.

2.8.3 Perinatal

Following on from the service that commenced in 2019, there continues to be further developments across North Yorkshire including the 'Dad Pad' app[18] which offers fathers access to specialist Perinatal Mental Health services.

Through the Humber, Coast and Vale Health and Care Partnership, we have been successful in becoming a maternity mental health hub services fast follower which will meet the psychological, emotional and mental health needs of women during their maternity journey. There will be a hub within the North Yorkshire and York system to support the local population.

2.8.4 ADHD/Autism service redesign

Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) continues to be a key priority for the MH&LDA partnership for 2020/21 with a waiting list initiative agreed that started in January 2021 to reduce waiting times for both adults and children.

Work continues with Vale of York CCG around the commissioning of a sustainable model from April 2022 onwards.

[18] https://www.northyorkshireccg.nhs.uk/on-the-go-wellbeing-support-for-dads-in-north-yorkshire/

2.8.5 'Transforming Mental Health Services'

Commissioning the right mental health services for our patients remains a priority for the CCG.

Following the closure of the inpatient beds at the Briary Wing at Harrogate and District NHS Foundation Trust, all key metrics and outcomes agreed as part of the transformation project have been delivered, these included:

- Reduction in Length of Stay
- Reduction in Admissions
- Changes / Increases to Staffing Establishment.

By investing in community services, we aim to reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital (this is what people told us they wanted). When people need to spend time in hospital these services are provided in the purpose built facility in York (Foss Park).

2.8.6 Living Well with Dementia

Due to the pandemic regrettably the planned development work was paused. This will be recontinued as partners move back to 'business as usual' and will be a key priority for the partnership.

As part of the successful 'crisis alternatives' transformation bid we will be developing dementia coordinators across North Yorkshire who will support primary care to enable an increase in the dementia diagnosis rates which is a key ambition within the Long Term Plan.

2.8.7 Promoting Access to IAPT (Improving Access to Psychological Therapies)

The ability for people to self-refer into IAPT services is now well established and has increased further during the COVID-19 pandemic. The service adapted during the pandemic with a move to delivering over a virtual platform but will continue to offer face to face treatment where required and clinically appropriate.

Under the partnership approach the ambitions within the NHS Long Term Plan remain a priority, with additional investment agreed for 2020/21 and over the next three years.

As partners, we will develop a three year delivery plan which will work on a sustainable approach and will focus on demand, workforce and funding, acknowledging the increase in the acuity on the types of referral over the last 12 months.

2.8.8 Community Transformation Programme

Significant work has been undertaken through 'Right Care, Right Place' across the whole system in North Yorkshire to develop integrated transformation plans for community mental health services. Initiatives have been co-produced with stakeholders and partners over the last two years and include place-based approaches; small scale testing and commissioning of initiatives such as primary care-based specialist mental health staff and the development of a new community mental health vision and values.

The Community Mental Health Framework (CMHF) is a focus for further planning, integration of service delivery, building on established partnership working across primary and secondary care, local authority and Voluntary, Community and Social Enterprise (VCSE) boundaries.

Transformation funding will be used to bring about whole system change across local partnerships, enabling people with moderate to severe mental health problems to live well in their communities. A fundamental principle underpinning our vision is that mental health and wellbeing is everybody's business. This includes:

- commitment to an all-age, whole life course approach; and,
- developing services based on a bio-psychosocial model – to focus on promoting wellbeing and prevention rather than diagnosing and treating illnesses.

Building on significant investment from our Commissioning Partnerships, our intention is to accelerate additional enablers for this transformation in 2021/22, to assess the impact of new capacity and to grow workforce capacity to deliver the longer term plan for transformation in years two and three. This will build on new ways of working with Primary Care Networks embedding mental health workers into GP practices across North Yorkshire, and further develop single access/assessment processes, integrated/non-stigmatising support, continued monitoring of four week waits, and supporting people with Serious Mental Illness (SMI) to access physical health checks and interventions. This means in 2021/22, our new/emerging model of care will help us support those with complex and long term needs in addition to those with newly presenting (or re-presenting) SMI needs in the community, to ensure rapid access to appropriate, evidence-based interventions, including psychological therapies.

We recognise that the North Yorkshire geography is diverse, covering town and rural populations, therefore, one service model does not fit all. Furthermore, learning from the COVID-19 pandemic and consolidation of digital enablers will be integrated into the model and used to reach particularly vulnerable groups to tackle loneliness and isolation, ensuring services are wrapped around communities. Services will, in the coming years, move away from the traditional building focus to more place-based and located with community assets within the communities they serve. This model will work both physically and virtually ensuring that it can serve both the urban and rural areas of the locality

2.8.9 Supporting people with severe mental illness

The CCG is working closely with primary care colleagues to improve the systems and processes to help with the uptake of the health checks for people with a severe mental illness.

2.8.10 Care Homes

There are over 4,800 care home beds within the North Yorkshire area. Whilst the CCG does not commission services from care homes we recognise the significant contribution made by our care home providers to improve the health and wellbeing of our local population and the importance of working together. There has been a significant effort made by our care home colleagues, the CCG and key partners from health and social care and other agencies in the response to the COVID-19 pandemic and these strong working relationships continue. For further information on the work carried out to support our care homes, please see section 5.11.

2.9 Vulnerable People: We will promote the safety and welfare of vulnerable individuals

2.9.1 Safeguarding

Work undertaken by the Designated Professionals Team during 2020/21 has included:

- The Designated Professionals Teams have continued to provide a high level of support and professional leadership to safeguarding colleagues in NHS provider organisations during the COVID-19 pandemic. Safeguarding professionals network meetings have been moved 'on-line', frequent bulletins developed to ensure colleagues are kept informed of national and local safeguarding developments and increased offer of support and supervision during a particularly busy year.
- The Designated Professionals have played an active role in the ongoing development of the Humber, Coast and Vale Designated Professional Network. A joint action plan aims to support safeguarding developments across the Humber, Coast and Vale footprint and ensure safeguarding is integral to future commissioning arrangements across the Integrated Care System.
- Internal audits have been undertaken in respect of both Children and Adult Safeguarding teams. The outcome for the Children's team showed 'High Assurance' and the outcome for the Adult's team showed 'Significant Assurance'.
- Safeguarding Training across Primary Care: all training packages have been adapted to be delivered virtually; 747 Primary Care staff have been trained during 2020/21.

- Continued support has been offered to all practices with completion of the NHS England safeguarding self-assessment tool. This tool provides assurance of compliance with safeguarding arrangements.

Safeguarding Adults

- The Designated Professionals for Safeguarding Adults worked together with partners to support care home organisations and residents at risk of abuse and neglect by rapidly reconfiguring information sharing systems to identify and respond to emerging concerns and risks.

Safeguarding Children

- Supporting and protecting our children and young people has rarely been as important as during 2020/21 as families experience significant pressures and children become less visible to agencies during the COVID-19 pandemic. The Designated Professionals for Safeguarding Children have responded to the imperative to rethink and restructure our established Child Protection Systems, working closely with partner agencies to ensure systems continue to operate robustly during the COVID-19 Pandemic.
- The Designated Professionals for Safeguarding Children have worked closely with safeguarding partners across North Yorkshire to respond to an increased number of cases considered under the North Yorkshire Safeguarding Children Partnership Learning and Improvement Framework. The Team have supported the identification of learning, agreeing actions and seeking assurance that such actions are embedded in practice.
- Guidance for the management of Children who are not taken to health appointments ('Was Not Brought') has been updated and disseminated to all GP practices to support effective identification of child neglect.

2.9.2 Crisis Support for Children

A dedicated Children and Young Peoples Crisis and Intensive Home Treatment service is available across North Yorkshire CCG provided by Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust. In response to the COVID-19 pandemic and a national call for an all age 24/7 urgent care access telephone function, the service expanded to become a 24/7 service in April 2020.

2.9.3 North Yorkshire School Mental Health Project

Previously, the North Yorkshire CCGs, Vale of York CCG and North Yorkshire County Council (NYCC) worked jointly with TEWV to submit a joint Green Paper Trailblazer Mental Health Support Teams in schools bid to NHS England. The application was successful and in early 2020 pilot sites were launched in secondary schools across the Scarborough and Selby Localities. Despite

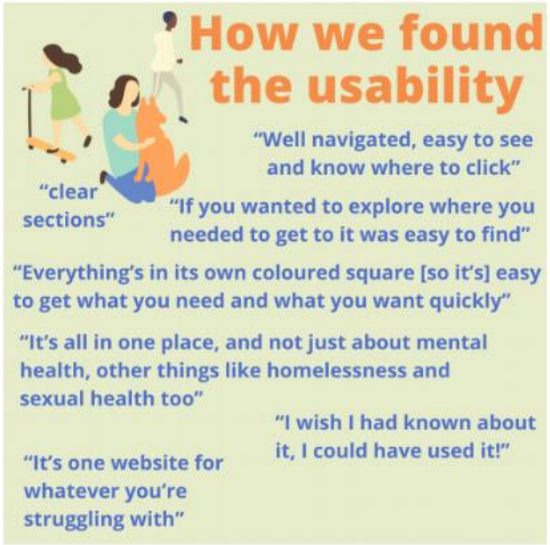
the challenges of COVID-19, the launch of these teams has been successful, effectively establishing themselves within the school system. The service received 120 referrals into the service by Quarter 3 2020/21.

2.9.4 Integrated Pathways for Children and Young People's Mental Health

Integrating pathways for Children and Young Peoples Mental Health services is a key priority across the North Yorkshire CCG.

The Go-To website (thegoto.org.uk) is a signposting website for Children and Young people's mental health, commissioned by the NYCCG in collaboration with North Yorkshire County Council. In the Summer of 2020, a call was made for Go-To website Champions and young people, professionals, parents and carers were invited to become involved as a Champion to support the website. Over 20 Champions contacted us who have been involved in a number of ways including providing content, writing blogs and promoting the website through networks and social media, and work with the Go-To Champions is ongoing.

In early 2021, almost a year after the launch of The Go-To website, focus groups were organised with young people to review the content, layout, and usability of the website. Feedback from some of our focus groups can be found opposite and the comments will be used to improve the website. Further focus groups are also planned for spring and summer 2021, including focus groups with professionals and parent carers.



Since the launch of The Go-To website in May 2020 to end December 2020 there have been:

- 3,733 young people, families and professionals visited The Go-To website over 5,047 sessions
- 12,039 pages were viewed
- An average of 1:48 minutes spent on the website per session
- A total of 9,084 minutes (almost 151 hours) spent looking at information on supporting children and young people's mental health.

Joint commissioning

The North Yorkshire CCG and North Yorkshire County Council (NYCC) have worked together to establish joint commissioning intentions for children and young people's early intervention mental health services (currently Compass BUZZ and Compass Reach). This jointly commissioned service will be launched in October 2021.

Embedded digital offer

Young people aged 11-18 years across North Yorkshire can access Kooth, a website offering free online counselling and emotional wellbeing support. Kooth[19], from digital mental health provider XenZone, gives young people instant access to emotional and wellbeing advice and support whenever and whenever they need it. It incorporates self-help articles and online tools such as a mood tracker, as well as professional online therapy and moderated peer-to-peer forums. The Kooth service has been commissioned by local mental health provider Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as part of its commitment to provide early mental health guidance and support through digital provision. The service is accredited by the British Association for Counselling and Psychotherapy (BACP) and provides a safe environment where young people can chat anonymously and in confidence with qualified counsellors, who are online from noon until 22:00 on weekdays and from 18:00 - 22:00 at weekends, 365 days a year.

2.9.5 Compass BUZZ

Objective: Publish the Local Transformation Plan for children and young people's mental health and meet the 49 recommendations in Future in Mind

Compass BUZZ is an innovative service which works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff supporting children with emotional and mental health concerns. It also offers support for schools to deliver co-facilitated one to one or group sessions to children and young people.

Quarter 3 2020/21 data for the 396 schools in North Yorkshire is included below:

- A total number of 391 schools (99%) have received the Compass BUZZ level 1 training and 11,533 staff had been trained. 91% of attendees said the training had increased their knowledge and 91% said it had increased their confidence.
- A total number of 365 schools (92%) have received the Compass BUZZ level 2 training and 2284 staff had been trained. 97% of attendees said the training had increased their knowledge and 95% said it had increased their confidence.

[19] https://www.kooth.com

- A total number of 347 schools (88%) have received the Compass BUZZ level 3 training and 1711 staff had been trained. 95% of attendees said the training had increased their knowledge and 96% said it had increased their confidence.

2.9.6 Buzz Us

BUZZ US is a confidential texting service for young people (aged 11-18 years) across North Yorkshire and was launched to encourage more young people to access mental health support and advice more easily. By texting the free service young people can receive confidential advice, support and signposting from a wellbeing worker and the service continues to be exceptionally well used by young people across North Yorkshire. Since the launch of the service in January 2019, the service has supported a large number of young people as outlined in the data at Quarter 3 2020/21 (from start of service in January 2019) below:

- 13,587 messages received
- 16,890 messages sent
- 755 conversations opened (there will usually be multiple messages sent and received for each conversation).

2.9.7 Transforming Care for Children and Young People

The North Yorkshire and York Transforming Care Partnership (TCP) Children and Young People's (CYP) Dynamic Support Register (DSR) is a multi-agency group that meet on a monthly basis to review the DSR which identifies those children and young people with a Learning Disability and/or Autism who have been admitted to inpatient or residential settings (or those who are at risk of escalating into such settings within the next 6 months). This last year has seen recognition from the group that the DSR requires refreshing. The Chair of the group has been working with partners to review how the DSR might evolve to capture all the vulnerable children and young people in this cohort who are eligible to be added to the DSR and move to a rag rating system that determines outcomes and actions. The Chair of the group attended the Exceptional Placement Panel in December 2020 to provide an overview of the 'refresh' work and has also held a DSR Awareness Session with health colleagues in February 2021.

The new full time Designated Clinical Officer (DCO) for Special Educational Needs and Disabilities (SEND) started with the CCG Children's Team in February 2021. Moving forwards the DCO will chair the monthly TCP CYP DSR meetings and will lead on the refresh of the DSR.

We were successful in securing additional non-recurrent funding for short break/respite which will enable another 30 to 35 families to benefit from the grant. The additional funding has gone to the North Yorkshire County Council Early Help Grant where families who have a child with a disability (but who do not have a social worker) may apply for a grant to access either a short break or a piece of equipment that can support them in their caring role.

We were also successful in securing additional non-recurrent TCP funds which has been allocated between North Yorkshire Parent Carer Voice and the North Yorkshire Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS).

Robust reporting measures to evidence how these TCP monies are spent will be put into place.

2.9.8 Autism Pathway – Children and Young People

The Provider for the Scarborough and Ryedale Children's Autism Diagnostic service is The Retreat. The Provider for the Harrogate locality and the Hambleton, Richmondshire and Whitby locality Children's Autism Diagnostic Service is Harrogate and District NHS Foundation Trust (HDFT). The average wait from referral to first appointment as at Quarter 3 2020/21 are shown below (we await details of the Q4 2020/21 performance). NICE guidelines recommend that the wait between referral and first appointment is no longer than 3 months.

Average wait from referral to 1st appointment – Q3 2020/21:

- **Scarborough and Ryedale locality**: 38 weeks
- **Hambleton, Richmondshire and Whitby locality**: 45 weeks
- **Harrogate locality**: 45 weeks

The Head of Service attended a Rapid Process Improvement Workshop with HDFT in December 2020. Performance data has shown that there has been an increase in referrals in 2020/21 with the HDFT service. This increase may be due to children being at home more during the COVID-19 pandemic and parents being able to identify issues that may not have been evident otherwise. Moving forwards HDFT will be taking a 'one team' approach to ensure greater co-ordination and will also be looking at digital innovations to improve the service.

During the COVID-19 pandemic, The Retreat explored innovative ways to deliver their service and as a result has developed a new Autism diagnostic service delivery model that offers virtual assessments. This new way of delivering the service has been operating since August 2020 and has been positively received. The new model involves adjustments that are different for younger children (4-7 years) and older children and young people (8-18 years).

The Retreat service has also been extended to March 2022 which will provide more time to scope, procure and commission a new North Yorkshire and York Neurodevelopmental needs led service. Also, additional non-recurrent funding has also been secured for The Retreat service for children under 4 years old (in early years settings) who may require an autism assessment. Referrals

will be made by GPs to Community Paediatrics for a developmental review to be made and who will then advise if an autism assessment is required.

Waiting List Initiatives (WLI) from additional non-recurrent funding have also been agreed with both The Retreat and HDFT for 2021/22 to reduce the waiting list to a sustainable level with an aim to reduce this to an 18 week wait from referral to first appointment. Performance will continue to be monitored to measure the impact of the WLIs.

The Whitby Children's Autism referrals will transfer from HDFT to The Retreat from 1 April 2021. The CCG has been working with both HDFT and The Retreat on the mobilisation plan to ensure a seamless transfer for these children.

2.9.9 Special Educational Needs and Disabilities (SEND)

Health Providers have a statutory duty to respond to health information requests to support Education Health and Care Plans (EHCP) within six weeks. There is a requirement that 92% of these requests should be returned within the six weeks. The COVID-19 pandemic has had an impact on the redeployment of some staff, and this caused a decline in timely responses. In response to COVID-19 an easement was placed on the timely response up to 31st July 2020. Following this the easement was lifted and professionals were made aware of their responsibility under the SEND Code of Practice (2015).

The latest EHCP health advice performance is below (we await Q4 2020/21 performance data).

- Harrogate locality: within Q3 at 19% (Q1 at 54% / Q2 at 34%).
- Hambleton, Richmondshire and Whitby locality: within Q3 at 86% (Q1 at 97% / Q2 at 75%)
- Scarborough and Ryedale: within Q3 at 96% (Q1 and Q2 both 100%)

With regard to the performance in the Harrogate locality a previous process allowed the Designated Clinical Officer (DCO) to respond quickly to a decline in meeting this target in HDFT and was able to identify the professional group to which this related. The DCO held a training session with HDFT clinicians in January 2021 to explain the clinician's role and responsibilities within the process. Workforce development has allowed this to be addressed and we hope to see improved quality and timeliness moving forwards into Q1 2021/22. A meeting will be held with all providers in May 2021 to discuss the EHCP on-line training and to go through the Council for Disabled Children guidelines on EHCP plans. A group to assess the quality of EHCPs is due to start in June 2021 across North Yorkshire and the Vale of York and will include Lancashire and Bradford areas also.

In Quarter 3 2020/21 the DCO carried out an Audit of the timeliness of EHCP health advice returns for the six month period between Quarter 3 and Quarter 4 2019/20 to identify the number of late returns and understand the reasons for not meeting the target. The recommendations are as follows:

- The definition of ‘COVID-19’ was not deemed a sufficient reason for late returns
- DCO to request that Providers continue to provide valid reasons for late returns
- DCO to request that Providers continue to complete and return the Exceptions Form to identify non-exceptional reasons.

A quality assurance process within the SEND Panel was informally agreed during the COVID-19 pandemic. This allows poor quality advice to be identified and addressed with professionals allowing for a more meaningful EHCP for the child. This has supported professionals understanding their duties and how to write better advice. We have seen fewer national trial challenges in the last 12 months which could be related back to professionals understanding how to communicate and write better advice in the EHCPs.

There has been progress on joint commissioning with Local Authority that places emphasis on an individualised approach to some education and health funding school support which has positively meant children are safe and supported in school. However, more work is needed for the CCG to fully meet their statutory responsibilities in funding health support in schools in exceptional circumstances. The DCO will be reviewing how other areas approach the individualisation agenda and its related processes.

The key priorities for 2021/22 will be to develop a quality assurance process with providers, local authority and the North Yorkshire Parent Carer Voice, with a focus on the individualisation agenda, forming alliance around the Integrated Care System (ICS) and to ensure a joined up and strategic approach is in place to support joint commissioning with partners.

2.9.10 Children’s Continuing Care

The Children’s Continuing Care Team works across the North Yorkshire and NHS Vale of York CCGs providing continuing care packages of support to children and young people with complex needs whose health needs are not met through universal or targeted services alone.

Integrated working is essential to deliver a holistic package of support through continuing care and the team continues to maintain positive working relationships with local partners, including local authorities and both local NHS and private providers.

The service has undergone a period of review and this has led to the appointment of a dedicated Children’s Continuing Care Team Leader which allows full-time support to the team.

The team has begun to develop a training package which has been delivered to some provider services and the local authority with excellent feedback. The next stage will be to develop this into a more comprehensive training package to include transition pathways and differences between Children’s Continuing Care and Adult Continuing Healthcare.

The team have developed a caseload tracker to identify caseload capacity, dates for annual Children's Continuing Care and for Education Health and Care Plan (EHCP) reviews to ensure we are invited and included in the EHCP process to look at moving towards more integration in determining the outcomes.

2.9.11 Children's Sleep Clinic Pilot

The evaluation of the existing Scarborough, Ryedale and Whitby Children's Sleep Clinic pilot showed positive results and feedback from families with children who are experiencing sleep difficulties. This included:

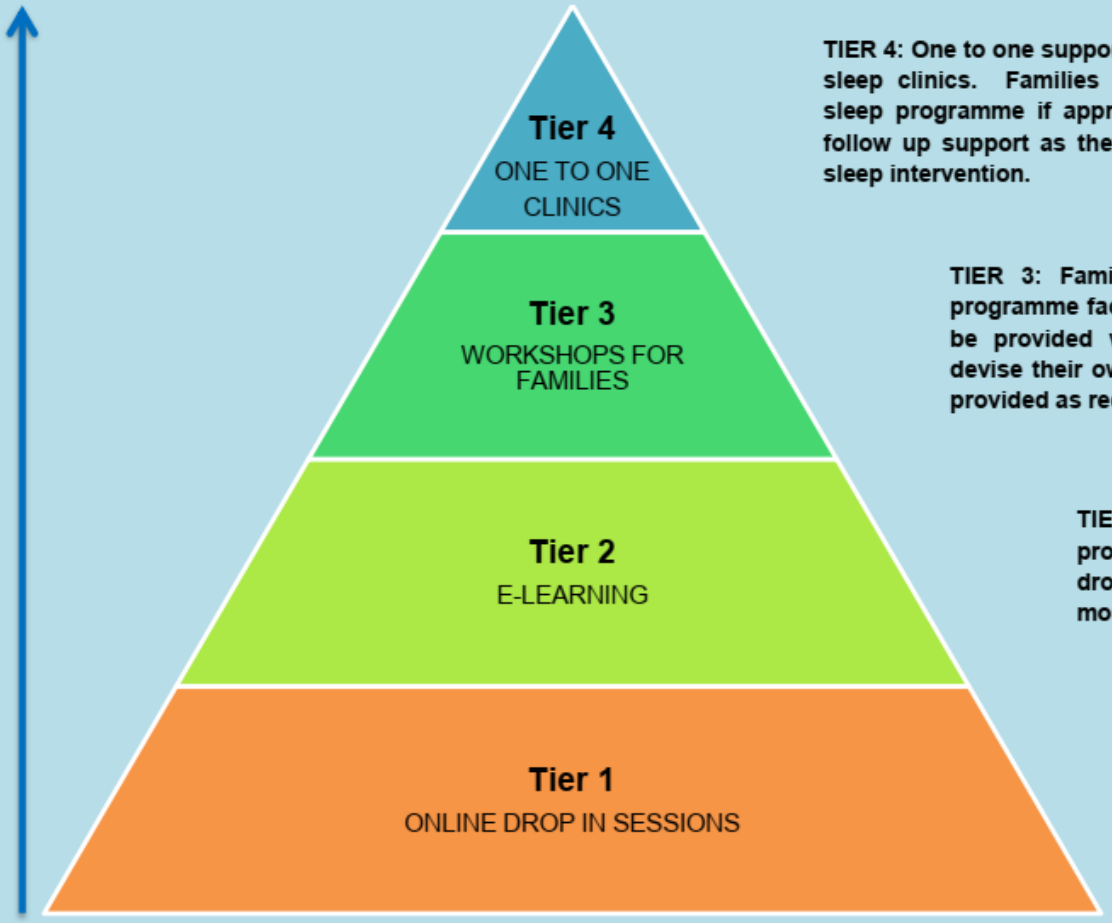
- 89 sleep programmes implemented
- 670 contacts made to support families
- 122 contacts to support Practitioners
- 53 children successfully discharged
- 100% of families seen within 6 weeks
- 100% satisfaction rate from families discharged from the service

If you would like further detail the Sleep Charity Evaluation Report can be found on our website[20].

The proposal for a North Yorkshire sleep clinic pilot for 12 months has been approved and this service will start from 1 April 2021. Moving forwards, the North Yorkshire pilot will be based on a tiered system dependent on need, including online drop-in sessions, e-learning, workshops and one to one clinics (see Tiers diagram on the next page).

[20] https://www.northyorkshireccg.nhs.uk/your-health-and-local-services/children-and-young-people/childrens-sleep-support-clinic/)

THE SLEEP CHARITY
NORTH YORKSHIRE CHILDREN'S SLEEP CLINIC PILOT – TIERS OF INTERVENTION



TIER 4: One to one support provided through specialist sleep clinics. Families will receive an assessment, sleep programme if appropriate and up to 12 weeks follow up support as they implement the behavioural sleep intervention.

TIER 3: Families will access a two-week workshop programme facilitated by a Sleep Practitioner. They will be provided with sleep education and supported to devise their own intervention. Follow up support will be provided as required.

TIER 2: Access to an e-learning programme will be provided with the opportunity to attend an online drop-in session to ask further questions or gain more support from a Sleep Practitioner.

TIER 1: Online drop-in sessions provide evidence based information and support delivered by a Sleep Practitioner at early intervention level.

Cohort: Children and Young People aged 12 months up to 18 years of age at time of referral and who are registered with a North Yorkshire GP Practice affiliated to NHS North Yorkshire Clinical Commissioning Group (CCG), or not registered with any GP Practice and live within the North Yorkshire boundary and have NHS North Yorkshire CCG as their Responsible Commissioner.

North Yorkshire Children's Sleep Clinic pilot – Tiers of Intervention (dated 22nd March 2021 - FINAL)

2.10 Well Governed and Adaptable Organisation: In supporting our objectives we will be a well governed and transparent organisation that promotes a supportive learning environment

2.10.1 Adaptability to respond to COVID-19 pandemic

Throughout 2020/21 the CCG has been focussed on the pandemic and COVID-19 recovery. Details of our adaptability to the pandemic are referenced throughout the whole of the annual report and annual governance statement in section 11.

2.10.2 Development and implementation of strategies and plans

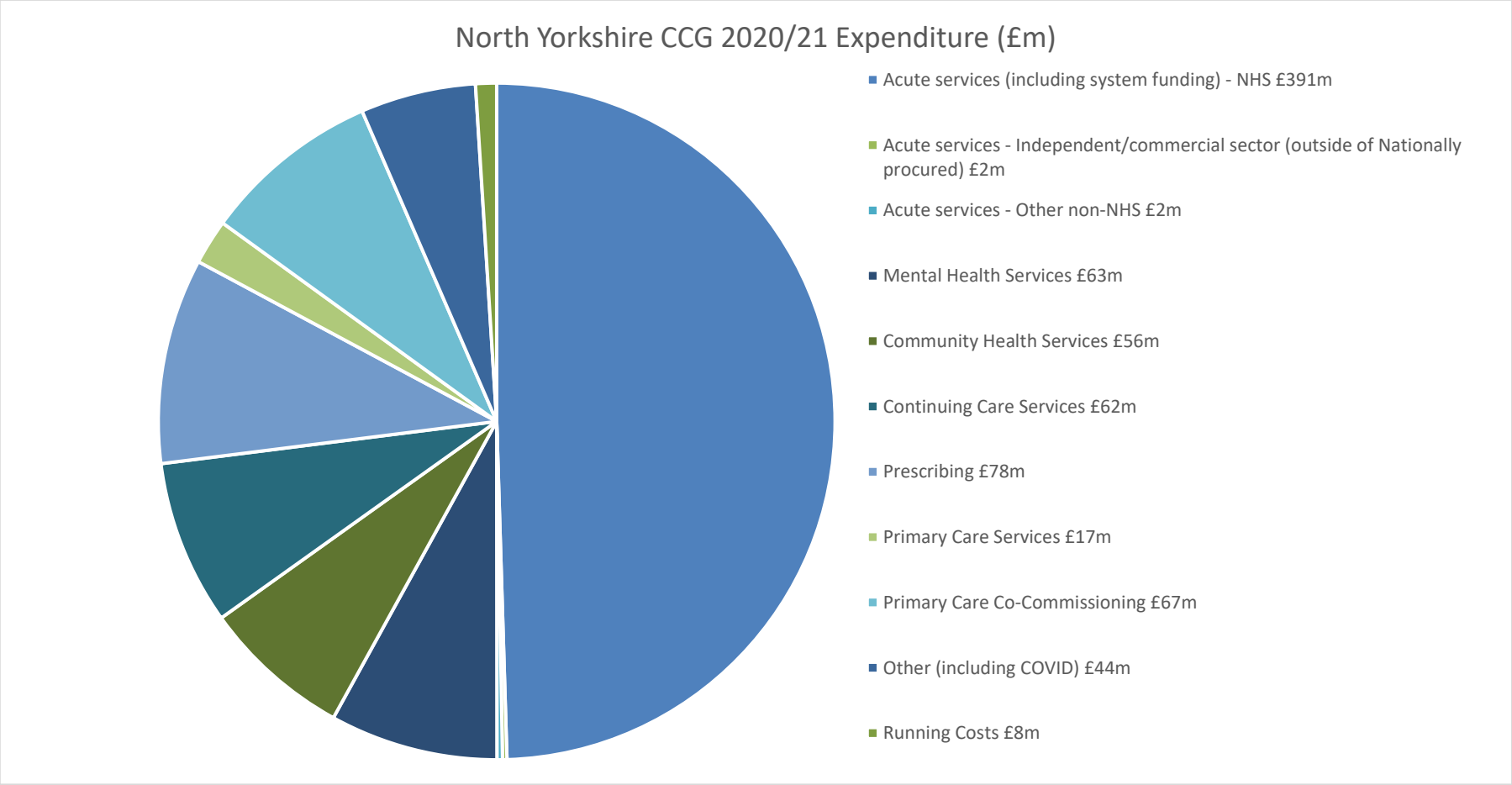
In 2020/21, as a newly established CCG, a number of strategic documents were developed and implemented as detailed below in order to support our objectives as a well governed and transparent organisation that promotes a supportive learning environment.

Constitution and Standing Orders	Governance Handbook
Scheme of Reservation and Delegation	Operational Scheme of Delegation
Risk Management Strategy	Statutory and Non-Statutory Policies and Procedures
Business Cases	Committee Terms of Reference (including Joint Committees)
Communications and Engagement Strategy	Memoranda of Understanding
Annual Reports	Sustainable Development Management Plan
Emergency, Preparedness, Resilience and Response Policy Major Incident Plan and Business Continuity Policy	NY CCG Values
NY CCG Strategic Objectives	Governing Body Assurance Framework
Equality and Diversity Plan	Risk Registers
Internal Audit Reports	Internal Audit Recommendations
Effectiveness Reviews	Development of the OD Plan for 2021/22

2.10.3 Our Financial Position

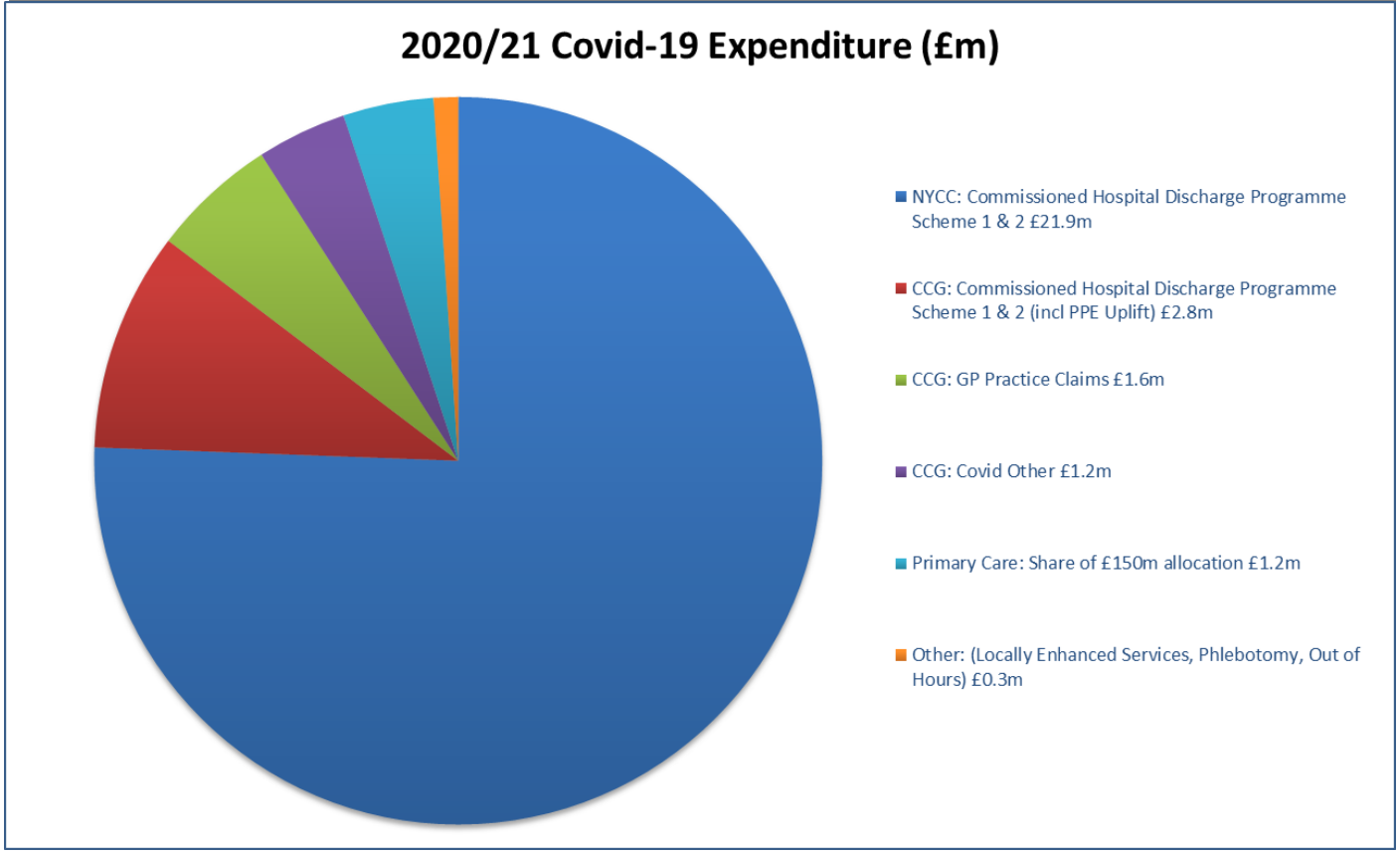
The emergency financial measures introduced in response to the COVID-19 pandemic mean that North Yorkshire CCG has delivered a surplus (£0.12m) during 2020/21.

The CCG received a funding allocation of £746m in 2020/21, including £8.3m to fund its running costs. The following pie chart provides a breakdown of where the funds were spent during 2020/21:



As lead CCG, the CCG received system level allocations to support partner organisations in the North Yorkshire and York System (£42.4m) and significant additional non-recurrent funding to enable the CCG to respond to the pandemic (£66.9m).

Non-Recurrent Funding	£m
Centrally Funded COVID-19 Costs (NYCCG and North Yorkshire County Council)	£29.0
'True Up' to breakeven Month 1 – Month 6	£10.7
'True Up' to deliver breakeven Month 7 – Month 12	£13.8
NHS Provider contract top ups	£11.1
Growth and COVID-19 Allocations Month 7 – Month 12	£2.3
Total Non-Recurrent Funding	**£66.9**



The non-recurrent funding for the centrally funded COVID-19 costs covers costs incurred by both North Yorkshire CCG (£7m) and North Yorkshire County Council (£22m) (the funding received for North Yorkshire County Council covers the additional costs incurred for all their residents and not just those who form part of the North Yorkshire CCG population). Most of the County Council costs were incurred on behalf of the health system in terms of discharging patients into care settings including residential and nursing care, and home with through the door care. The pie chart illustrates areas of COVID-19 spend.

Throughout this pandemic the NHS has also invested heavily in primary care services, North Yorkshire CCG has invested approximately £5.1m more in primary care this year, of which £2.4m is recurrent. Areas of investment have included Additional Roles Investment to increase capacity in GP practices, £1.9m has been made available recurrently to recruit to roles such as Pharmacists, Therapists and Paramedics, non-recurrent funding has also been made available to expand general practice capacity up until 31 March 2021 to support the COVID-19 response.

GP Forward View and Primary Care Network Organisational Development funding has been received to support a national development programme to speed up the transformation of services. Funding has also been made available to support other primary care services including increased non-recurrent capacity for phlebotomy services, the creation of Hot Hubs in Harrogate and Northallerton to manage COVID-19 patients, and the early introduction of the enhanced care homes scheme, aimed at strengthening support for the people who live and work in care homes. The COVID-19 vaccination programme and the expansion of flu vaccinations to the 50+ age range have also attracted additional funding.

In line with national expectations, the CCG continued to invest in mental health services at a higher rate than its funding allocation increase. This requirement is mandated to CCGs through the Mental Health Five Year Forward View[21].

The CCG has made significant investments this year to reduce assessment and diagnosis waiting times for adults and children with Autism and Attention Deficit Hyperactivity Disorder (ADHD), it has also continued to develop and invest in perinatal and crisis services, and in Improving Access to Psychological Therapies (IAPT). The CCG also acted as the lead commissioner for the Humber, Coast and Vale Resilience Hub. The hub supports all the health and care workers who have worked through the COVID-19 pandemic, and who live or work in the Humber, Coast and Vale region.

Financial recovery is still a high priority for the CCG, opportunities for service transformation and efficiencies are still under development to ensure the CCG can manage both the increase in patient numbers now waiting for treatment due to the pandemic and meet its statutory financial duties. As outlined there has been significant investment throughout the COVID-19 response, and an opportunity to transform services irreversibly, many digitally supported schemes have already been introduced such as digital front doors, appointments and triage, expansion in NHS111, and the care homes model. The intention is for these schemes to continue to support the transformation agenda.

[21] www.england.nhs.uk/mental-health/taskforce/

2.10.4 Risk Management

Our policy and approach to risk management is set out in detail in section 11.4 of the Annual Governance Statement. The risk management and assessment process underpins successful delivery of our strategy, achievement of our objectives and the management of our relationships with key partners.

We are committed to maintaining a sound system of internal control based on risk management and assurance. By doing this, we aim to ensure we are able to maintain a safe environment for patients through the services we commission, for staff and visitors, as well as minimise financial loss to the organisation and demonstrate to the public that we are a safe and efficient organisation.

2.10.5 Overview of Strategic Risks

In 2020/21 the Governing Body Assurance Framework (GBAF) for North Yorkshire CCG was developed over a number of months with Governing Body Members and was formally approved by the Governing Body in December 2020. The Audit Committee received the GBAF prior to Governing Body approvals and was assured that processes are in place to manage all risks effectively.

All risks are aligned to Committees which enables the CCGs to identify where there are risks associated with meeting statutory duties and the organisation's strategic objectives. The CCG received an opinion of high assurance in the management of risk for 2020/21.

All significant risks that have an impact on the CCG's strategic objectives are detailed within the risk management section of the Annual Governance Statement, see section 11.4.

2.10.6 The CCGs Project Management Approach

The CCG's project management office (PMO) has worked closely with project teams across North Yorkshire and Vale of York CCG to move to a standard approach across the geographical area. A new project management handbook has been developed and the PMO continues to provide support to key transformational projects and the Transformation and Financial Recovery programme.

3 Looking Ahead

As we look ahead we know that we will have a dual focus on continuing to ensure smooth delivery of the primary care COVID-19 vaccination programme for the people of North Yorkshire and taking the necessary interventions to keep COVID-19 infection rates low in our communities, while working towards a full recovery of the services which may have been impacted by COVID-19. This

includes moving through waiting lists for services and ensuring we are making full use of our facilities as COVID-19 restrictions change over time.

The NHS has a lot to be proud of in how it has met people's needs during a time of national crisis. We were able to come together, quickly learn and embed new ways of working, and be agile in our decision making. We want to build on these successful new ways of working. We are now collaborating with colleagues across regional heath and care, local authorities and delivery partners to actively transform the way that health and care is planned and delivered. This will enable us to take a significant forward step in integrating services and improve people's experience at all stages of health and care. This work is part of a national transformation programme for healthcare to integrate decision making and align delivery. We have high hopes that this transformation will enable us to better ensure the needs of the most vulnerable are being fully met, embed a more responsive person-centred health and care service with a strong focus on prevention and staying well for longer, and improve care for all.

4 Sustainable Development

The NHS is the largest employer in Britain and is responsible for 4% of the nation's carbon emissions. In October 2020, NHS England & Improvement published it's Delivering a 'Net Zero' National Health Service[22] report setting the ambitious targets to deliver a net zero NHS Carbon Footprint by 2040 and to achieve net zero on emissions we can influence (NHS Carbon Footprint Plus) by 2045.

The CCG recognises the role it plays in delivering these targets and how our activities and decisions have the potential to affect the resources available to us, the communities in which we serve, and the wider environment. Sustainability means recognising, measuring and managing the impact of our business activities, including commissioned services delivered by providers. We recognise that good maintenance and care of the environment contributes a great deal to the long-term health of people, their social wellbeing and economic prosperity.

Our local strategy demonstrates the importance of sustainable development and our commitment to ensuring that we act now to promote initiatives which help us meet the challenges facing the NHS, its 2040 net zero target and our legal duty to cut carbon emissions under the 2008 Climate Change Act.

[22] https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/

As a newly established organisation in April 2020, the CCG developed an NHS North Yorkshire CCG Green Plan (2020 – 2022) which was approved by the Governing Body. The Governing Body also appointed the Lay Member for Patient and Public Engagement as the Sustainability Lead for the CCG.

The plan captured the work which had already been achieved by the previous CCGs prior to their disestablishment and identified where progress was still to be made. The plan has been published on the CCG website[23].

NHS North Yorkshire CCG is part of the Humber, Coast and Vale Sustainability and Climate Change Network Group which works in partnership with NHS and social enterprise organisations to lead and influence Humber, Coast and Vale's ambition to meet the NHS Carbon Footprint Targets, particularly as the CCG's progress to the long-term vision of Integrated Care Systems.

The CCG is aware of the impact of the rurality of its localities and the challenges this creates in delivering equitable health services. Issues regarding health inequalities and how the CCG are addressing them are highlighted in Section 7. COVID-19 has exacerbated existing problems in rural areas and also highlighted new ones and these will be addressed during the recovery work over the coming year.

As a member of the Rural Services Network, the CCG also recognises the challenges faced by NHS organisations operating in rural areas, as highlighted in the diagram, and is working with its partners across the local health service to find ways to make improvements.

Source: Rural Services Network, 2020

COVID-19 has had a substantial impact on the CCG's approach to working and has had a positive impact on sustainability in the organisation. The roll out across the organisation of smarter ways of working, such as mobile devices for all staff and the

[23] https://pdf.browsealoud.com/PDFViewer/_Desktop/viewer.aspx?file=https://pdf.browsealoud.com/StreamingProxy.ashx?url=https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2020/12/2020.12.10-FINAL-NHS-North-Yorkshire-CCG-Green-Plan-2020-22-V1.0.pdf&opts=www.northyorkshireccg.nhs.uk#langidsrc=en-gb&locale=en-gb&dom=www.northyorkshireccg.nhs.uk

introduction of programmes such as Microsoft Teams and Jabber, has minimised the requirement for staff to travel. Staff have also had limited access to paper documents and as such there has been significant progress towards a paperless office.

The CCG has learned from the impact of COVID-19 on new ways of working and a Home First Working Policy is being considered with the purpose of encouraging staff to work from home where possible, thus reducing the requirement for staff to travel to work. Discussions are ongoing regarding the use and size of the CCG's office space to reflect a different working style which has the potential to have a positive impact in terms of sustainability, such as energy efficiencies.

With regards to staff health and wellbeing during this period, a number of initiatives have been introduced to support staff working from home. These have included CCG wide and team 'coffee breaks', a Wednesday Un-winder Newsletter with suggestions for looking after physical and mental health, recommendations for books to read and TV and films to watch and mobile apps to support hobbies. The CCG has also established a Staff Engagement Group which, among other things, has looked at ways to help staff maintain work life balance.

In addition to these significant changes to the way we work, the CCG has continued with positive work in the following areas throughout the year to increase its sustainability:

Emissions	What are we doing?
Pharmaceuticals	• We continue to reduce pharmaceutical waste.
Energy	• When staff return to the offices we will use smarter ways of working, making efficient use of our office space by hot desking, reducing the need for travel. • We have an office recycling programme in place to minimise the amount of waste we generate. • As part of an effort to minimise use of paper, we will continue to encourage a paperless office.
Travel and Transport	• Staff are encouraged to work from home and hot desk where appropriate once working from offices resumes. • Teleconferencing facilities are available in the CCG office and all staff have access to Microsoft Teams reducing the need to travel to attend meetings. • Staff are encouraged to car share when attending meetings when it is safe to do so. • The CCG has a travel and expenses policy. The use of passenger rate encourages car sharing and there is also a mileage rate for pedal and motorcycle use.

Emissions	What are we doing?
	• The CCG offices have facilities available to encourage active travel such as cycle parking, showers that are accessible to staff and visitors alike.
Our People	• When staff return to the offices, they have access to facilities and support for their health and wellbeing including a staff room for rest and kitchen facilities. Our organisation and estates are smoke free, and support is provided to staff wanting to use smoking cessation services. • The CCG has clear processes in place to manage our duty of care (e.g., health and safety) to all staff, contractors and third-party personnel working on our sites or on our behalf. • A Modern Slavery Statement for the CCG is published on our website and where appropriate we ask prospective suppliers to confirm that they comply with the Modern Slavery Act 2015. • The CCG commitments for the Governing Body are condensed, where possible, into one day a week to avoid unnecessary travel and improve efficiency of work patterns.

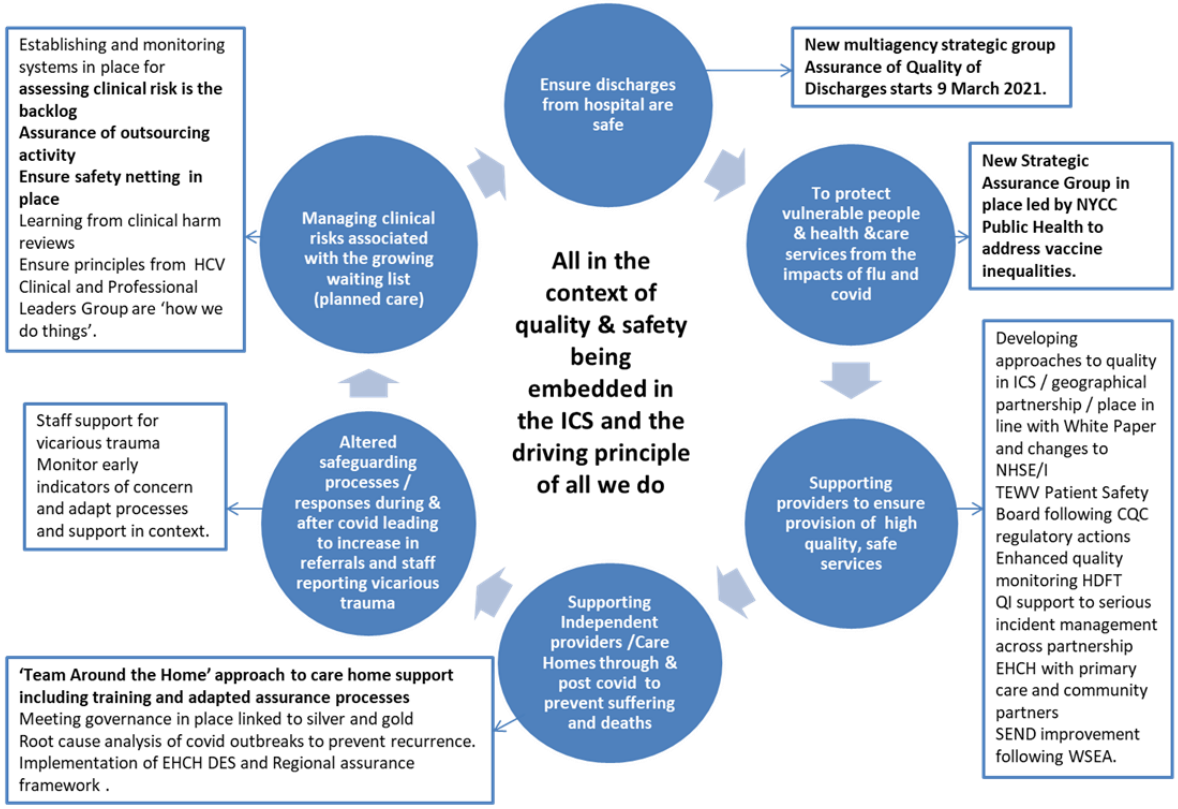
4.1 Procurement

The NHS is a major employer and economic force both in North Yorkshire, and within the wider North of England region.

We recognise the impact of our purchasing and procurement decisions on the regional economy, and the positive contribution it can make to economic and social regeneration of North Yorkshire and the surrounding area. We are committed to the development of innovative local and regional solutions and in 2020/21 and have supported a sustainable local health economy, working with other public sector organisations to deliver innovative projects to the local population whilst developing the local supplier base.

4.2 Sustainable clinical and care models

We are part of a wider Humber, Coast and Vale Health and Care Partnership (Integrated Care System) and as part of the North Yorkshire and York geographical partnership we have taken a lead role in developing models of care that will strengthen the provision of services. This year, under the leadership of a community system silver command structure (jointly chaired by North Yorkshire County Council and the CCG) there has been strong collaboration across the system to respond to the operational pressures arising from COVID-19 whilst maintaining safe and sustainable care models. This has included:



- Delivering infection, prevention and control (IPC) core training to all care homes over a short period of time
- Daily Care Home Gold meetings in conjunction with local authorities and key partners to support COVID-19 management and target where support is required
- Using digital tools to enable GPs to work remotely and continue to provide patient appointments on a virtual basis
- Ensure use of £588m discharge funding including implementation of creative solutions to capacity pressures
- Implement COVID-19 Oximetry @ Home to allow patient self-monitoring
- Using the learning from the OPTUM programme to support a wider programme of population health across 19 PCNs linked to need and inequality
- Clinical prioritisation and protection of urgent and cancer care.

The CCG actively engages patients in service design and redesign so that care models are realistic, appropriate and aligned to the expectations of our patients, carers, their families and the community. This learning is captured and shared internally and externally, including our mistakes, to support care models in being future proof.

5 Improving Quality

The CCG complies with its responsibility to discharge its duty to improve quality under section 14R of the Health and Social Care Act 2006 (as amended). As an organisation at a time of increased financial pressures it is essential that quality remains at the forefront of everything we do to ensure the patient experience is the best it can be, whilst meeting the quality standards the CCG has set.

To ensure effective governance, all potential new or changes to services have been subject to a Quality and Equality Impact Assessment (QEIA). This is completed as part of the commissioning cycle and are reviewed by the Quality and Clinical Governance Committee (QCGC) to ensure that all commissioning decisions are also considering the quality perspective in addition to the performance and financial objectives. The Quality and Clinical Governance Committee is a forum where different sources of intelligence in relation to patient concerns, patient experience, quality and safety are triangulated to provide a clearly articulated and accurate position statement. Throughout the first wave of the pandemic QCGC monitored all COVID-19 related risks on a weekly and then bi-monthly basis.

Over the last year, in spite of the COVID-19 pandemic, work has continued with providers to seek assurance and have a productive dialogue regarding care provision, areas of improvement, lessons learned and new innovations.

5.1 Quality of Primary General Practice Services

The quality of General Practice primary care services has continued to be a key priority for the CCG and is overseen by the Primary Care Commissioning Committee, which in 2020/21 was chaired by a lay member of the CCG's Governing Body. The CCG has developed a range of methods to build a two-way dialogue with its 51 practices. Patient feedback from GP Practices continues to be good with Friends and Family performance above the national average.

93% of patients would recommend their GP service to a friend or member of their family. This is compared to a national figure of 90%. The GP Survey (July 2020) shows favourable responses for North Yorkshire CCG compared with national figures. 89% of patients reported that their experience at their GP Practice was either Very Good or Fairly Good. This is compared with 82% nationally.

5.2 Care Quality Commission (CQC) Inspection of GP Practices

All 51 of our practices have been inspected by the Care Quality Commission (CQC). 98% of our practices had a CQC rating of 'Outstanding' or 'Good' compared to a national figure of 95%. One GP practice received a rating of 'Requires Improvement' in January 2020. Additional clinical and management capacity was created for this practice along with agreed funding support. An improvement plan was agreed with the practice and CCG support was provided. A further informal CQC inspection has shown the considerable improvements within this practice and a rating of 'Good' is expected at its next formal inspection.

5.3 Fast Track Packages for End of Life Care Patients

In the last few weeks or months of a person's life their condition can rapidly change. Some people require immediate support to manage a range of complex symptoms and receive care in the place of their choice. This support can streamline discharge from hospital, help to prevent unnecessary admissions to hospital, as well as enable someone to remain at home in the last weeks of their life.

Through listening to family feedback and health care staff in hospital and the community, the CCG recognised that there was difficulty sourcing Fast Track packages of care for people in the last few weeks of life. The Fast-Track process for End-of-Life patients requiring residential or nursing care is fully operational throughout North Yorkshire CCG, this is managed through the Continuing Healthcare Team. In addition, the integrated end of life care pathway is now well established in the Hambleton and Richmondshire area. This service allows patients to die at home knowing they are receiving the best possible care and support. Day time care is provided by Herriot Hospice Home Care, supported by the District Nurses, Community Nurses, Specialist Palliative Care and GPs. Marie Curie continue to provide the overnight care. Following a successful pilot with Saint Michael's Hospice a similar integrated pathway has been established in the Harrogate and Rural area supported by the District Nurses, Community Nurses, Specialist Palliative Care and GPs with Marie Curie providing overnight care. A Hospice from Home service is currently operating in the Scarborough Ryedale area and development work is progressing to align the service to further support End of Life patients.

In September 2020, the Government updated the hospital discharge process providing funding via the NHS for up to six weeks for reablement and recovery on discharge from hospital, and in February 2021 this was extended until the end of June 2021. Four pathways were identified locally with Pathway 4 being those people at End of Life. The CCG has developed a Local Area Agreement with North Yorkshire County Council, with the CCG maintaining responsibility to review these individuals appropriately at four and eight weeks and move to Fast Track funding or assess for Continuing Healthcare. This was to minimise the need for people on this pathway to go through multiple assessments with potentially two agencies and to identify the most appropriate

source of funding without delay, enabling choice including remaining at home and preventing readmission to hospital. The Community Fast Track referral process remains unchanged.

5.4 Improving Hospital Discharge Processes and Reducing Delayed Transfers of Care (DTOCs)

The last year has presented significant challenges to the health and social care system to discharge patients from hospital, quickly and safely, given the nature of the COVID-19 pandemic. North Yorkshire CCG (NYCCG) has worked closely with Vale of York CCG, North Yorkshire County Council (NYCC) and City of York Council (CYC) to design and deliver integrated solutions in line with the National Discharge Policy. This work has achieved significantly enhanced flow from all acute hospitals with the national discharge fund fully utilised to support community-based packages of care and bed placements. The approach has been supported by effective relationships built at all levels, right across the system. For more information see section 2.7.2.

5.5 Continuing Healthcare

Throughout 2020/21, the CHC team has successfully adapted to the restrictions imposed by COVID-19 lockdowns and have carried out all assessments virtually. This required a shift in clinical practice, and standard operating procedures have been implemented to support the clinical and administrative workforce to provide a responsive and efficient service. Despite working in extremely difficult circumstances, CHC team morale remains high and a number of achievements have been accomplished.

iQA is a software platform specifically designed for managing NHS-funded continuing healthcare. Following further system development, the new platform has been implemented and is now being used extensively by the CHC team for all aspects of CHC care management, finance and performance reporting. Since the iQA system has been in use it has, unfortunately, proven to be less efficient for clinical working. The licence is due to expire in September 2021 and work has begun to identify other systems that may offer a more effective and efficient service for administrative, financial and clinical operations. The CHC management team are exploring alternatives used by other CHC teams across the region to identify cost effective and efficiency improvements.

Dedicated staff time and resource has also been employed to review standard processes for all areas of CHC activity allowing for consistent standards and practices. In February 2021, an Internal Audit was carried out to provide assurance to senior management and the Audit Committee that the CCG has effective systems and processes in place to manage the data relating to Continuing Healthcare and received Significant Assurance on the effectiveness of the controls in place.

There are increasing numbers of CHC patients now accessing personalised care by means of a Personal Health Budget (PHB). In early 2020 this was extended to include Personal Wheelchair Budgets. CHC will also be looking at the options for further extending the PHB model to include S117 patients. All PHBs are now managed ‘in house’ in conjunction with the North Yorkshire County

Council Direct Payment Team. The CHC team is in the process of moving all packages of care at home on to a 'Notional' PHB in line with NHS England & Improvement targets and the 'Right to Have' guidance. The team is improving support planning and looking at ways of simplifying this for individuals and their families. The team is planning and developing a PHB Lead role to drive forward personalisation and improve the service offered, improving and developing links with the voluntary sector and third party sector.

One of CHC's key objectives is to ensure that CHC assessments are undertaken in a timely way (within 28 days of referral). Unfortunately, this objective has not always been met, however we are in the process of developing a plan to focus on a roadmap for recovery that should include short term stabilisation, setting ambitions for success and a migration path that addresses closer working relationships with the local authority. In addition, CHC aims to look at the potential for the strategic recommissioning of services that it is hoped will achieve better efficiencies and outcomes.

Due to the COVID-19 pandemic, CHC assessments were paused nationally on 18 March 2020 and were not restarted until 1 September 2020. Whilst CHC activity was paused, a number of CHC staff were redeployed to support our colleagues working in other areas. This included working within discharge teams in hospital settings and in virtual command centres to facilitate discharges into community settings and safeguard acute capacity, as well as other staff delivering PPE training virtually across the county. The remainder of the team focused on supporting complex packages of care where the lockdown was causing issues.

During this time discharges from hospital into packages of care were funded by COVID-19 specific funding. Arrangements which would then need to be reassessed and moved onto the appropriate funding stream depending on eligibility.

Since the restart, CHC has planned and met set trajectories for deferred assessments which were completed by the end of March 2021. Due to the increase in COVID-19 cases, and the third lockdown at the beginning of 2021, one trajectory remains unmet and has impacted on the CCG, local authority and private sector workforce. The CHC team responded proactively and were able to minimise the impact on service delivery, redirecting team resource and working collaboratively with the local authority and other stakeholders for better outcomes.

From February 2021, the CHC team has also prioritised the new Discharge to Assess process with the local authority and has developed a Local Area Agreement to ensure funding streams are consistent and appropriately allocated. Most Discharge to Assess cases are assessed within the six week funding period and a system is in place to manage the funding of those that extend beyond this time frame. Funding is usually extended due to clinical and/or social need rather than lack of local authority or CHC workforce.

The CHC Team is working towards recovery and has maintained business as usual including complex case management, appeals and CHC reviews of joint and fully funded individuals.

A new Mental Health and Vulnerable Adults Team has successfully been recruited to and work has continued managing those individuals who require support under S117 Mental Health Act. This includes, but is not exclusive to, this group, legal support and challenges to Deprivation of Liberty restrictions.

5.6 Personalisation and Choice

The CCG has made progress in creating the infrastructures for people in receipt of Continuing Healthcare funding to have Personal Health Budgets (PHBs) which enable them to have more choice regarding their care delivery. In the last year the focus has been on offering PHBs as standard for all new care packages.

We are currently developing our improved PHB offer and are involved in a number of work streams and multi-agency planning reporting to market development board in nursing and residential strategy and also supported living and housing solutions.

We are involved in the Humber, Coast and Vale Personalisation Care Network Group and are in the process of developing a PHB Lead position within the team to lead and drive personalisation and choice.

5.7 Diabetes

Diabetes workstreams including Structured Education, Foot Care and Improving Treatment Targets have continued across North Yorkshire during 2020/21.

As a result of the pandemic, providers have been unable to offer face to face sessions and the development of virtual services in respect of the National Diabetes Prevention Programme (NDPP) has been underway during the year and will continue going forwards.

The Low Calorie Diet was introduced across North Yorkshire in February 2021. The fully remote programme, accessed via GP referral is designed to help people with Type 2 diabetes lose weight, achieve a healthy blood glucose level, and reduce their need for diabetes and blood pressure related medications. The programme is offered over a 12 month period and is led by a team of Diabetes Specialist Dietitians who provide education and support.

5.8 Humber, Coast and Vale Integrated Stroke Delivery Network (HCV ISDN) Work Programme: Progress to Date

5.8.1 Review of Hyper Acute Stroke Units (HASU)

HASUs provide the initial investigation, treatment and care immediately following a stroke. An external clinical review (lead by the National Clinical Director for Stroke) of the hospitals providing hyper acute services across Humber, Coast and Vale has been completed.

The outcomes of these reviews are currently under consideration by the HCV ISDN.

5.8.2 Thrombectomy

A region wide group of tertiary centres offering thrombectomy services has been established to implement the requirements of delivering 24/7 access to thrombectomy. An evident challenge to the provision of this service is the availability of trained workforce, including interventional radiologists (who use real-time imaging techniques, including X-rays and ultrasound, to guide surgical intervention).

It is anticipated that tertiary centres providing thrombectomy services across the region will collaborate to provide extended hours/ evenings/ weekend services over time.

5.8.3 Artificial Intelligence (AI):

Stroke artificial intelligence (AI) techniques provides physicians and stroke teams with the ability to diagnose more stroke patients and extend the treatment window. RAPID is the AI tool, which will be utilised across North Yorkshire and Humber, Coast and Vale and will improve access to thrombectomy for stroke patients.

5.8.4 Sentinel Stroke National Audit Programme (SSNAP)

The aims of the SSNAP clinical audit are to benchmark services regionally and nationally to monitor progress against a background of organisational change to stroke services and more generally in the NHS to support clinicians in identifying where improvements are needed. HCV ISDN will collate outputs of SSNAP across the ICS footprint and use this information to deliver improvements in stroke services and outcomes at all points along the stroke care, treatment and recovery pathway.

This initiative will also include identifying and planning to address gaps in the stroke workforce.

5.8.5 Inequalities

All NHS organisations, systems and process are required to address inequalities in access to services. Stroke services are no exception to this requirement and HCV ISDN has started to make links with other programmes or work/ initiatives to co-ordinate overlapping approaches (e.g., prevention and smoking control).

5.9 Transformations of Cancer Services

Resources for funding the more substantial of these transformations have been directed via Cancer Alliances – three of which cover the North Yorkshire population (West Yorkshire and Harrogate; Humber, Coast and Vale and Northern Cancer Alliance). Examples of such transformations include:

- **Rapid Diagnostic Centres (RDC):** aim to promote faster diagnosis by assessing patients' symptoms holistically and providing a tailored pathway of clinically relevant diagnostic tests as quickly as possible. South Tees Hospitals NHS Foundation Trust (STHT) has provided an RDC service out of Friarage Hospital for patients who have serious non-specific symptoms; Harrogate and District NHS Foundation Hospital (HDFT) are looking to incorporate referrals for suspected cancers on the Upper Gastrointestinal and York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTFT) have rolled out their Rapid Diagnostic Service to Scarborough again for patients who have serious non-specific symptoms. All services are looking to increase the scope of cancer sites covered by this initiative.
- **Diagnostic Capacity/ Imaging:** Diagnostic services across the country are challenged by the demands associated with an ageing population and increasing incidence of cancer. Provider trusts serving North Yorkshire have been working in partnership to develop 'network' services, enabling them to share images – providing a more resilient reporting service between them. Similar partnerships are developing regarding pathology and endoscopy services.
- **Introduction of new diagnostic technologies** which can be utilised alongside existing procedures e.g., capsule endoscopy - Capsule endoscopy uses a small camera inside a pill-shaped capsule to take pictures of your GI tract. It is used to detect and diagnose conditions like GI bleeding, Crohn's disease, and coeliac disease. This initiative is being implemented in all three providers covering North Yorkshire.
- **Personal Stratified Follow Ups (PSFU):** PSFU is an effective way of adapting care to the needs of patients after cancer treatment. The ambition for breast, colorectal and prostate cancer patients is that a significant proportion of patients have moved to supported self-management pathways with remote surveillance and guaranteed access back to their cancer team when needed. HDFT has implemented PSFU in lung, prostate breast and colorectal pathway; YSTFT in breast and colorectal

pathways; STHT in breast and prostate pathways. Providers are also considering digital solutions which can enhance follow up care for patients.

- **Active Against Cancer:** Active Against Cancer provides free health and wellbeing service for people living with cancer in Harrogate. Whilst the format of the service has been adapted as a result of the pandemic – it has continued to provide a virtual service where possible and appropriate.

For more information on cancer services, please see section 2.4.5.

5.10 Voluntary, Community and Social Enterprise

The voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, wellbeing and care outcomes. The CCG continues to work collaboratively with Community First Yorkshire (CFY), the umbrella organisation providing practical support and advocacy to voluntary and community organisations, parish councils and social enterprises across North Yorkshire. This allows us to better support our communities and address health inequalities. VCSE organisations are essential to the planning of care and supporting a greater shift towards prevention and self-care. Through ongoing discussions with CFY we are ensuring the VCSE are included earlier in health and care pathway and service redesign, for example the 3-year Community Mental Health Transformation project which fully begins from 1 April 2021. For more information see section 2.8.8.

5.11 Care Homes

There are over 4,800 care home beds within the North Yorkshire CCG area. Whilst the CCG does not commission services from care homes we recognise the significant contribution made by our care home providers to improve the health and wellbeing of our local population and the importance of working together. There has been a significant effort made by our care home colleagues, the CCG and key partners from health and social care and other agencies in the response to the COVID-19 pandemic and these strong working relationships continue.

We have been working closely with North Yorkshire County Council teams in supporting the maintenance of the quality agenda and continuing to develop ways in which to support our care home partners to improve the quality of care. Collaborative “virtual” care provider engagement events are available to all care homes across North Yorkshire which is an opportunity for the provision of education, networking and key updates. The CCG quality team have supported with the development and rollout of several care home policy and guidance documents related to the pandemic response.

The CCG has worked closely with our Primary Care Network (PCN) partners in the delivery of the Enhanced Health in Care Homes Framework requirements and has successfully supported the roll-out of electronic devices to aid video consultations with GPs and other healthcare professionals as well as providing a means for people residing in care homes to connect with their loved ones.

The CCG and Primary Care Networks have been pivotal in the successful rollout of the COVID-19 Vaccination Programme for care home residents and staff.

5.12 Transforming Care Partnerships – Mental Health, Learning Disability and Autism

We work closely with key partners including health providers, the local authority, NHS England, families, children and young people to establish a North Yorkshire and York Transforming Care Partnership (NYY TCP) for children, young people and adults with a learning disability, autism or both. For further information please also see sections 2.9.7 and 2.9.8.

Through a retrospective review of admissions over past 18 months, we were able to identify that our key 'risk' is those people with a diagnosis of Autism Spectrum Disorder (ASD) only (non-Learning Disability). We also found that these were often people who were not previously known to any of our services, who presented at the point of crisis, and who despite a Local Area Emergency Protocol (LAEP)/Care and Education Treatment Review (CeTR) Multi-Disciplinary Team wrap around approach, required brief interventions and or alternative environments to provide meaningful assessment and treatment. This has evidenced our focus and commitment going forward to develop safe spaces and community assessment and treatment hubs over the coming three years to reduce the reliance on in-patient services.

Our local systems of monitoring and evaluating commissioner oversight visits is captured via our Dynamic Support Register (DSR) process to ensure that visits are timely and meaningful. We have named professionals involved in the process to ensure that the care people receive is appropriate and of a high standard, at the right time, in the right place. Our escalation process ensures a timely response to concerns, and it is envisaged that an ICS wide approach will extend capacity and intelligence. This year the DSR has demonstrated:

- An average of 100% compliance achieved with care and education treatment review (C(E)TR / care and treatment review (CTR) provision (all age post admission and pre-admission) through a dedicated C(E)TR/CTR resource across the TCP
- Timely access to Local Area Emergency Protocols (LAEP) for all ages
- A 33% reduction in use of (all age) in-patient beds between Dec 2017 and March 2021
- Length of Stay for new admissions averages at around 28 days.

The TCP currently monitors out of area community placements via the Adult Dynamic Support Register (DSR) so that there is a coordinated and timely response to reviews and crisis. In relation to inpatients, there are currently three people placed in locked rehabilitation beds, however all three have plans in place to repatriate on discharge including one lady into a service developed locally with NHS England capital grant funding.

Via both the Adult and Children and Young People DSRs we have been able to identify trends and risks that have helped to shape and inform our three year commissioning plans going forward.

Indicator	Target 2020/21	Position 2020/21
Care and Treatment reviews compliance	90%	100%

5.13 The Learning Disabilities Mortality Review (LeDeR) Programme

The Learning Disability Mortality Review (LeDeR) programme was established in 2015 to drive improvements in the quality of health and social care for people with a learning disability and to help reduce premature mortality and health inequalities. Now, in 2021, the programme nationally provides the largest body of evidence on deaths of people with a learning disability at an individual level anywhere in the world.

In North Yorkshire there has been considerable progress made in 2020/21 by completing the backlog of reviews and we have developed a wealth of local knowledge of the lives of people with a learning disability. Key learning has highlighted the importance of attending annual health checks and accessing health screening and the benefits of good communication between all those involved in supporting someone with a learning disability.

5.14 Compass BUZZ

Objective: Publish the Local Transformation Plan for children and young people's mental health and meet the 49 recommendations in Future in Mind

Compass BUZZ is an innovative service which works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff supporting children with emotional and mental health concerns. It also offers support for schools to deliver co-facilitated one to one or group sessions to children and young people. Quarter 3 2020/21 data for the 396 schools in North Yorkshire is included below:

- A total number of 391 schools (99%) have received the Compass BUZZ level 1 training and 11,533 staff have been trained. 91% of attendees said the training had increased their knowledge and 91% said it had increased their confidence.

- A total number of 365 schools (92%) have received the Compass BUZZ level 2 training and 2,284 staff have been trained. 97% of attendees said the training had increased their knowledge and 95% said it had increased their confidence.
- A total number of 347 schools (88%) have received the Compass BUZZ level 3 training and 1,711 staff have been trained. 95% of attendees said the training had increased their knowledge and 96% said it had increased their confidence.

5.14.1 BUZZ US

BUZZ US is a confidential texting service for young people (aged 11-18 years) across North Yorkshire and was launched to encourage more young people to access mental health support and advice more easily. By texting the free service young people can receive confidential advice, support and signposting from a wellbeing worker and the service continues to be exceptionally well used by young people across North Yorkshire. Since the launch of the service in January 2019, the service has supported a large number of young people as outlined in the data at Quarter 3 2020/21 (from start of service in January 2019) below:

- 13,587 messages received
- 16,890 messages sent
- 755 conversations opened (there will usually be multiple messages sent and received for each conversation).

5.15 EPRR Assurance

The CCG has a responsibility to ensure it is able to respond appropriately if there is an emergency that affects the North Yorkshire CCG and wider area such as pandemic flu, floods, cyber-attacks and terror threats.

Our main role, as a category 2 responder under the Civil Contingencies Act, is to provide a support/coordination role for local health services. The CCG is an active member of the Local Health Resilience Partnership (LHRP).

During 2020/21, the CCG has developed and adopted a business continuity plan, which sets out how the CCG will respond to any one or more of a range of key threats:

- loss of access to premises
- loss of key staff
- loss of key partners/stakeholders
- loss of key services.

The CCG also reviewed it's out of hours on call system, which is supported by senior members of staff and Executive Directors. All managers and Directors undertook training and an On Call Induction Pack was created as part of the review.

In addition, the CCG has a responsibility to ensure that it can continue working as an organisation (business continuity) as well as responding appropriately to any emergency situations. This process is called Emergency Preparedness, Resilience and Response (EPRR).

To demonstrate this each year NHS organisations are required to complete an EPRR Assurance process. NHS England lead the process to gain assurance that NHS organisations are prepared to fulfil their Category 2 response in their response to emergencies and are resilient in relation to continuing to provide safe patient care.

The review normally supports the CCG to assess itself against:

- A range of core standards around EPRR that all CCGs and health service providers have to deliver
- A specific topic of interest.

During 2020/21 NHS England limited the requirements of the assessment process and requested a Statement of Assurance from the Accountable Officer reviewing our response to COVID-19 and the incorporation of progress and learning into winter planning arrangements. In addition, the CCG were required to submit an assurance return in relation to our readiness for the EU Exit at the end of 2020.

The CCG has in place an EPRR exercising and testing programme from which lessons are identified and acted upon.

In response to the COVID-19 pandemic the CCG has continued to support local command and control processes enabling rapid decision making with briefings and national guidance circulated to GP practices and key staff.

The leadership of the CCG has continued to respond quickly to the evolving situation created by COVID-19. All staff continue to work, and the technology provider continues to support the organisation and GP practices to function and serve the population of the CCG.

A lessons learned exercise was completed in 2020/21 at the end of wave one of the pandemic and continues to be monitored and reviewed through this period.

5.16 Medicines Management

Medicines and prescribing continue to offer opportunities to enhance the quality, safety and cost effectiveness of prescribing. Data to March 2021 demonstrates that NY prescribing trends have followed those of England, with a small (1.45%) drop in prescribing rates but a growth (+3.76%) in costs due to increased drug prices. The latter are influenced by international manufacturing difficulties and the supply chain of some relatively common medicines. However, the CCG and our GP practices continue to deliver

cost efficiencies and are on track to achieve the target of £1.77m saving for 2020/21, while investing greater effort and commitment to supporting the wider NHS in ensuring highest standards in quality, safety and value in the use of medication.

Key areas of focus for the CCG's medicines and prescribing programme during 2020/21 have included:

- Medicines safety has been maintained during each lockdown wave of the COVID-19 pandemic through established and effective models in primary and secondary care that have had to adapt to the circumstances. The switch of patients from warfarin to other anticoagulants was greatly accelerated as their safety was more practical to monitor. Other changes included guidance and advice on wider drug monitoring, prescribing and access to medicines (in particular for palliative care drugs) as well as focused safety reviews (monthly topics and a new safety bulletin) to ensure the health and safety of our population was protected with minimal delay. A Medicines Safety Group has been established to identify, plan and react to safety concerns and deliver a programme across all GP practices and in partnership with secondary care and community pharmacy. Audits continued but were selected based on safety risk assessment and were structured to allow maximum benefit without demanding excessive time investment. For example, the Lowering Anti-Microbial Prescribing (LAMP) project provided GP practices with regular reports that helped reduce inappropriate antibiotic choice and prescribing rates, keeping the CCG well below national targets
- Providing pharmaceutical expertise to planning and maintaining the COVID-19 vaccination programme, including site assurance visits, advice on avoiding and managing incidents and the safe and secure handling of the different new vaccines. The team was also a key recipient for individual enquiries about vaccination and was able to maintain a prompt and assured response system to assist and ensure front line clinicians were informed, including clarity about frequent changes to national standard operating procedures and their implications. The CCG and MMT has received very positive feedback about how greatly our local partners have appreciated our timely support, advice and instruction, including from the Local Medical Committee and GP Leads in the Primary Care Networks
- The team has taken the lead in the influenza vaccination programme for the CCG, delivering a very successful campaign during a very challenging period that exceed the vaccination rates achieved in recent previous years
- Supporting NHS partners during points of greatest challenge during the pandemic, with pharmacist expertise on ITU and COVID-19 wards as well as team members helping GP practices in handling queries and booking vaccination appointments, and throughout the pandemic, the Medicines Management Team has been recognised and praised for its pharmaceutical support and advice to clinicians and the public

- Advice and support to care homes has proved challenging during the COVID-19 pandemic, with visits to care homes being restricted in the best interests of patient and staff safety. Combining the use of technology with pharmaceutical expertise, the Medicines Management Team has advised and assisted social care staff remotely, giving greater assurance on the safe use of medicines for their residents and compliance with legislation and quality standards. As well as encouraging practice colleagues to include care home residents in priority groupings for structured medication reviews, the team has provided training and system assurance for secure online ordering systems into care homes. These will improve the safety and quality of care for the residents as well as help reduce waste
- Our local programme to encourage the public to apply self-care encourages patients to seek professional advice from community pharmacists for minor illness conditions and not to expect associated medication to be prescribed. During 2020/21, promotional campaigns and advisory sessions for practice colleagues were aimed primarily at reducing pressure on GP practice appointments. While this may be of great benefit during a pandemic, wider and standard application of referral and self-care will steer patients to be very effectively advised and provided for through other skilled healthcare professionals in the community pharmacy setting
- Following previous positive participation in the West Yorkshire and Harrogate Healthy Hearts programme, the CCG has begun the promotion of the hypertension guidance to practices in the rest of county. This has been and will be of particular benefit by reducing unnecessary face to face contact for monitoring during the pandemic and the ongoing busy health system, identifying and treating larger numbers of patients to NICE blood pressure targets, which will result in the avoidance of deaths, strokes and heart attacks in the years ahead
- The Medicines Management Team has worked collaboratively with GP practices and care homes to promote on-line ordering of repeat prescriptions. This is improving time efficiency for GP practice and care home staff, reducing the risk of error and medicines waste. This use of electronic prescribing systems (EPS) is now over 70% and still growing, and while uptake of electronic repeat dispensing (eRD) is low, it is becoming more popular. Previously unidentified benefits of eRD became obvious during the pandemic and the CCG continues to work with practices and pharmacies to increase awareness of its advantages and its uptake. Benefits of eRD include:
  - Reduced footfall in GP practices and community pharmacies, supporting social distancing
  - Improved assurance and management of the medicines supply chain, reducing risk of unavailable items
  - Reduced workload on prescribers, allowing prioritisation of resources, with effective eRD saving up to 46 minutes of a GP's time each day, and if 80% of all repeat prescriptions are managed through eRD, then 2.7 million GP hours could be saved.

- Structured medication reviews have grown significantly in number and in value, with expansion in skilled practice and PCN based pharmacist resources to allow much greater application in 2021/22 and beyond. The MMT has supported staff to develop the skills and confidence to target patient groups and conditions to return the greatest benefit. These patient groups have expanded from those with mental health, learning disabilities and autism to include those in care homes, the frail and those on complex or higher risk medicines regimes such as opioid analgesia or large numbers of medicines. Local hospitals are increasingly working with local practice colleagues and community pharmacists to arrange consented follow-up of higher risk patients following discharge from hospital. Practices have grown their confidence and evidence of the value of medication reviews and are increasingly supporting the principle of stopping the overuse of medicines (STOMP) in the wider population
- The establishment of a new CCG Medicines Commissioning and Formulary process has successfully addressed the risk of variance that was symptomatic of the previous drug decision making pathways across North Yorkshire. It is also being used to address the historic variances between the predecessor CCGs. The process is inclusive of key local partners of Vale of York CCG and local hospitals and as well as our mental health provider Tees, Esk and Wear Valley NHS Foundation Trust. It also works closely with neighbouring organisations in our integrated care system (Humber, Coast and Vale Health and Care Partnership) as well as West Yorkshire and County Durham and Tees Valley. This will help ensure all our population is subject to the same commissioning positions that include medicines safety at their centre. The creation of a North Yorkshire and York Area Prescribing Committee is underway and will further manage and reduce variance.

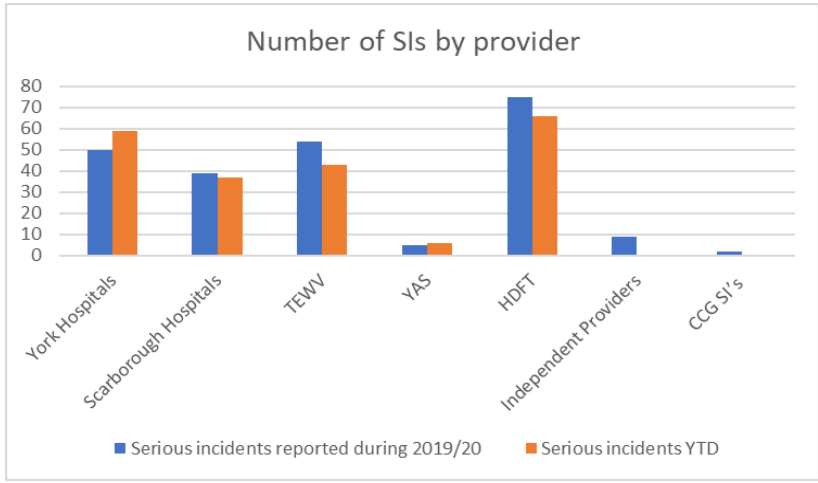
Our Medicines Management Team continues to work closely with local partners as well as neighbouring organisations. This encourages new ideas and initiatives to be considered, debated and developed, resulting in a more assured Medicines and Prescribing Programme.

5.17 Serious Incidents

The CCG remains committed to commissioning services which provide safe care however we acknowledge that systems and processes can break down and lead to errors within the NHS. It is imperative that these are identified and managed appropriately with a robust systematic review. The governance process is supported by the North Yorkshire and York CCG's Serious Incident Team for Harrogate, Scarborough, Ryedale and York providers, and the North of England Commissioning Support Unit for the Hambleton, Richmondshire and Whitby providers. The CCG receives all serious incident reports for review through the monthly Collaborative Serious Incident panel meetings, where each investigation report is peer reviewed, the robustness of the action plan assessed to ensure that lessons are learned and disseminated and fed back with any additional queries provided.

5.17.1 Scarborough, Ryedale and Harrogate Localities

The CCG and York and Scarborough Teaching Hospitals NHS Foundation Trust are working collaboratively as the Trust undertakes a rapid improvement programme and are redesigning their Serious Incident (SI) processes, CCG representatives are participating in several task and finish groups and a representative attends the Trust's internal SI panel meetings on behalf of the North Yorkshire CCG. This welcome involvement provides additional assurance and scrutiny of process and the opportunity to influence future processes and policies.



The chart opposite identifies the number of SIs reported by our main providers in 2020/21 (orange) against those reported in 2019/20 (blue).

Harrogate and District NHS Foundation Trust (HDFT) has reported 66 incidents during 2020/21, compared to 75 incidents reported during 2019/20 and 88 in 2018/19. One Never Event has been reported during Quarter 4, concerning a retained foreign object. A thorough investigation will be completed with key learning to be identified. The CCG are supporting HDFT with a review of their Serious Incident process.

Scarborough and Bridlington Hospital sites have reported 28 incidents during 2020/2021, compared to 39 incidents during 2019/20 and 43 reported for 2018/19, however this does not include any 12 hour trolley breaches where no harm came to the patient as a result of their extended stay. No Never Events have been reported for these sites.

Tees Esk and Wear Valley NHS Foundation Trust has reported 33 incidents during 2020/2021 of which 12 concern Harrogate and Scarborough localities, with the remaining concerning York locality. In comparison, 38 incidents were recorded during 2019/20 and 36 reported for 2018/19.

5.17.2 Hambleton Richmondshire and Whitby localities

North East Commissioning services co-ordinate the Serious Incident process for the Hambleton, Richmondshire and Whitby localities. The chart opposite identifies the number of Serious Incidents reported by our main providers in 2020/21 (red) against those reported in 2019/20 (blue).

The table below identifies the number of SIs reported by our main providers in 2020/21 against those reported in 2019/20.

Organisation	2019/20	2020/21
County Durham and Darlington NHS Foundation Trust	1	1
GP Practice	1	
Independent Provider	1	
Newcastle Upon Tyne Hospitals NHS Foundation Trust		2
South Tees Hospitals NHS FT	25	11
Tees, Esk And Wear Valleys NHS Foundation Trust	16	10
York and Scarborough Teaching Hospitals NHS Foundation Trust	12	1
Yorkshire Ambulance Service	1	1
Grand Total	**57**	**26**

One Never event has been reported during Quarter 4, concerning a misplaced Naso-Gastric tube. A thorough investigation is underway to identify key learning.

5.18 HCA Infections

Organisations are required to meet national standards for reducing the number of infections from Clostridium Difficile (C.Diff) and blood stream infections (BSI) from Methicillin-resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Aureus (MSSA) and Escherichia Coli (E.Coli). Due to the COVID-19 pandemic all national HCAI targets were suspended therefore the CCG and acute trusts continue to utilise the previous year's figures as the baseline for performance monitoring. Although the C.Diff and E-Coli data suggests non-compliance with the threshold it evidences an improved position on last year's data. There have been no recorded

cases of MRSA for the CCG, York and Scarborough Teaching Hospitals NHS Foundation Trust, Harrogate and District NHS Foundation Trist and two cases reported by South Tees Hospitals NHS Foundation Trust in July 2020 and September 2020 which were investigated internally. Providers have continued to share their data and the CCG is represented at the appropriate meetings and panels to oversee the actions and progress made.

5.19 Vaccination Programmes

The Flu vaccination programme across the CCG locality has proven to be a success with the national targets for vaccinating the over 65 age group exceeded. As the COVID-19 pandemic continues, there is increased pressure on all parties and collaborative working continues with the CCG supporting both primary care and care homes. The roll out of the national COVID-19 vaccination programme has been extremely successful in achieving the national targets, work is ongoing and to get to this point has taken significant co-ordination and collaboration with our Primary Care Networks being at the centre of the delivery model.

5.20 Same Sex Accommodation

All providers of NHS funded care are expected to eliminate mixed sex accommodation, except where it is in the overall best interests of the patient. NHS organisations are required to submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation.

Whilst the CCG has been notified of breaches where they have occurred, due to the Coronavirus pandemic (COVID-19) and the need to release capacity across the NHS to support the response, NHS England and NHS Improvement have paused the collection and publication of the Mixed Sex Accommodation breaches.

5.21 Safeguarding Adults and Children

CCGs have a statutory responsibility to ensure that both the organisation itself and the providers from which services are commissioned, prioritise the safety and wellbeing of children and adults. This work is led by a small, established team of safeguarding nurses and doctors.

The CCG has appropriate systems in place for discharging its statutory safeguarding responsibilities in line with national guidance (HM Government, 2018; NHS E/I, 2019 Care Act 2014). These include:

- A clear line of accountability for safeguarding which is reflected in the CCG governance arrangements
- An established Designated Professionals Team including a Designated Doctor and Nurse for Safeguarding Children and Children in Care, and a Designated Paediatrician for Child Deaths

- Named GPs for Safeguarding Children and Adults and, as part of collaborative arrangements with Vale of York CCG, a Named Nurse and Specialist Nurse for Safeguarding in Primary Care (Children and Adults)
- Regular reporting into the CCG Quality and Clinical Governance Committee from the Designated Professionals Team and the Primary Care Safeguarding Nurses
- Appropriate arrangements in place to co-operate with local authorities and other partner agencies in the operation of North Yorkshire Safeguarding Children Partnership (NYSCP) and the North Yorkshire Safeguarding Adults Board (SAB). The CCG Executive Nurse and Designated Professionals for Safeguarding are members of both the Partnership and Board
- A staff training strategy to support recognition and effective response to safeguarding issues in line with statutory guidance
- Representation on regional and national safeguarding forums via the Designated Professionals Team
- Through contractual arrangements the CCG ensures that it commissions safe services and continues to be an active partner working with agencies to keep adults and children safe from abuse, neglect and harm.

Work undertaken by the Designated Professionals Team during 2020/21 has included:

- Supporting and protecting our children and young people has rarely been as important as during 2020/21 as families experience significant pressures and children become less visible to agencies during the COVID-19 pandemic. The Designated Professionals for Safeguarding Children have responded to the imperative to rethink and restructure our established Child Protection Systems, working closely with partner agencies to ensure systems continue to operate robustly during the COVID-19 Pandemic
- The Designated Professionals for Safeguarding Adults worked together with partners to support care home organisations and residents at risk of abuse and neglect by rapidly reconfiguring information sharing systems to identify and respond to emerging concerns and risks
- The Designated Professionals for Safeguarding Children have worked closely with safeguarding partners across North Yorkshire to respond to an increased number of cases considered under the North Yorkshire Safeguarding Children Partnership Learning and Improvement Framework. The Team have supported the identification of learning, agreeing actions and seeking assurance that such actions are embedded in practice
- The Designated Professionals Teams have continued to provide a high level of support and professional leadership to safeguarding colleagues in NHS provider organisations during the pandemic. Safeguarding professionals network meetings

have been moved 'on-line', frequent bulletins developed to ensure colleagues are kept informed of national and local safeguarding developments and increased offer of support and supervision during a particularly busy year

- The Designated Professionals have played an active role in the ongoing development of the Humber, Coast and Vale Designated Professional Network. A joint action plan aims to support safeguarding developments across the Humber, Coast and Vale footprint and ensure safeguarding is integral to future commissioning arrangements across the Integrated Care System
- Internal audits have been undertaken in respect of both Children and Adult Safeguarding teams. The outcome for the Children's team showed 'High Assurance' and the outcome for the Adult's team showed 'Significant Assurance'
- All Safeguarding Training across primary care has been adapted to be delivered virtually with 747 Primary Care staff trained during 2020/2021
- Guidance for the management of Children who are not taken to health appointments ('Was Not Brought') has been updated and disseminated to all GP practices to support effective identification of child neglect
- Continued support has been offered to all practices with completion of the NHS England safeguarding self-assessment tool, which provides assurance of compliance with safeguarding arrangements.

5.22 Maternity

Since the publication of Better Births in 2016 and of the report of the Morecambe Bay Investigation in 2015, the NHS and its partners have come together through the national Maternity Transformation Programme to implement its vision for safer and more personalised care across England and deliver the national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025.

The Humber, Coast and Vale Health and Care Partnership (Integrated Care System) Local Maternity System (LMS), of which the CCG contributes, plans the design and delivery of services following the ten national programme work streams which are supporting the implementation of Better Births locally.

The LMS has concentrated on:

- Progressing digital transformation in all maternity services
- Submission of the first stage response, ongoing review and supporting change in line with the Ockenden Report recommendations

- Continued growth and development of Continuity of Carer
- Perinatal Mental Health
- Safety
- Further roll out of the ICON programme (Babies Cry - I Can Cope)
- Ockenden Report

6 Engaging People and Communities

6.1 Our Statutory Duties Explained

Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs have a statutory duty to involve the public in commissioning under “Section 14Z2”. This includes:

- Ensuring the public is engaged in governance arrangements (e.g., through the appointment of Lay Members to the CCG Board)
- Ensuring services are commissioned in a way that encourages and promotes the participation of individuals in making decisions about their care and treatment
- Listening and acting upon patient and carer feedback at all stages of the commissioning cycle
- Engaging with patients, carers and the public when redesigning or reconfiguring healthcare services and demonstrating how this has informed decisions
- Publishing evidence of what patient and public voice activity has been conducted, its impact and the difference it has made
- Publishing feedback received from local Healthwatch about health and care services in the area served by the CCG
- As well as a commitment to supporting continuous improvement in public participation.

The NHS Constitution (2010) also places duties on us and sets out rights for patients to be involved in the planning of healthcare services, the development of proposals for changes in the way services are provided and decisions made affecting the operation of services.

6.2 Our Communications and Engagement Strategy

The CCG has a five-year Communications and Engagement Strategy which was adopted by the Governing Body in July 2020. This is the first North Yorkshire communications and engagement strategy and embeds best practice building on past experiences. Everyone has a stake in the health of their community. Health matters to people and we want effective communication and engagement to be at the heart of what we do. The strategy was developed at a time when the world was responding to the COVID-19 pandemic. We took lessons learned to embed inclusiveness and resilience for the future to inform our approach.

You can find our Communications and Engagement Strategy on our website[24].

6.3 Our Engagement Aims and Objectives

We want to listen to the public our patients, their carers and representatives to make sure we secure the best quality services we can with the resources we have available. We want to ensure we:

- Uphold our commitment to “no decision about me, without me”
- Listen and take patient experiences into account when we are developing local healthcare services
- Communicate to ensure our staff, partners and patients are kept informed, with access to information people need, when they need it
- Recognise potential barriers to communication and engagement and be open and accessible to all of our community
- Use patient and community perspectives and experiences to improve the quality of our commissioning and improve health outcomes
- Build confidence in the organisations and raise awareness and understanding of the CCG, its role and the challenges
- Build excellent relationships with patients and our partners.

6.4 Engagement Through the Pandemic

Like much else across the NHS, we have had to adapt the way we have engaged over the last year in response to the COVID-19 pandemic. Working with the public and our partners we have found ways to keep people connected and continue our invaluable conversations with those who use our services through the last year. Often this has required adapting to virtual engagement

[24] https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2020/08/NYCCG-communications-and-engagement-strategy-FINAL.pdf

together, but this is something that we have done successfully. You can learn a bit more about some of our engagement activities this year below:

6.4.1 Primary Care

Our Patient Partner Network (PPN) has been a cornerstone of engagement on primary care services this year (you can read more about the PPN in section 2.5.1 and learn about their activities on our website[25]). Through the year we have been able to have a two way conversation with our PPN partners about GP adaptations to COVID-19, continuity of services, digital connectivity and service development.

We have also supported primary care through public engagement to help ensure that the public knew the best routes to the care that they needed in the pandemic environment and had the information they needed to keep themselves and others safe when accessing services. It has been important throughout the year to help people have the confidence to visit their GPs and seek non-COVID-19 health care advice. We sustained communications and engagement activity throughout the year to help assure people that 'primary care is open' and to encourage them to access services they needed without fear of putting themselves, or healthcare services, at risk.

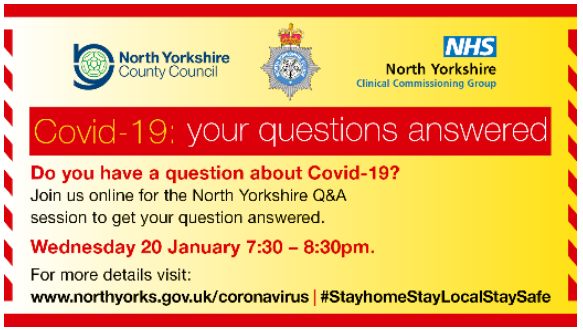
As part of our commitment to ensuring transparency around our activities and finances we successfully delivered a virtual Annual General Meeting in August 2020 which was welcomed and well-reviewed by participants, with all participants who provided feedback saying they would participate in future virtual events.

6.4.2 COVID-19 and the Vaccination Programme

Throughout much of the year there has been a strong focus on engagement around COVID-19 and the COVID-19 vaccination programme. Early in the pandemic an organisational project delivered over 200 tablets to care homes to support consultation with GPs and other clinical staff, and keep people connected[26]. We have also played our part in a pan-NHS communications and engagement programme to

[25] https://www.northyorkshireccg.nhs.uk/get-involved/patient-partner-networks-ppns/
[26] https://www.northyorkshireccg.nhs.uk/nhs-north-yorkshire-clinical-commissioning-group-ccg-supports-care-homes-during-covid-19/

ensure people felt supported and had the information they needed, working with primary care colleagues to ensure public information was clear and consistent.



In addition to regular news releases[27], and information shared through social media we have had regular conversations with our Patient Partner Network members. We have sought to give people assurance and ensure transparency through a weekly media press conference hosted by the North Yorkshire Local Resilience Forum. We also shared a platform with local authority and North Yorkshire Police partners in a virtual public meeting in January to answer questions about COVID-19 and the COVID-19 vaccination programme[28].

The COVID-19 vaccination programme was a national priority from December 2020, and we used the digital tools available to us, as well as media partners, to ensure that people had easy access to the information they needed. As part of the vaccination roll-out there has also been focused work to ensure that we effectively engaged with populations when vaccination confidence may be lower to encourage take up. This included work with Eastern European communities to encourage GP registration and access to vaccinations, and partnership working with local authority partners to facilitate access for homeless populations and rough sleepers.

6.4.3 Mental Health

There has rightly been a focus on mental health over the past year.

We have actively engaged with service users, parents and carers, and professionals on various aspects of children and young people's mental health. This has included focus groups to develop The Go-To mental health hub (you can read more about The Go-To in section 2.9.4) and recruiting and developing young people as The Go-To Champions to encourage mental health outreach. We have also piloted, and now rolled out over North Yorkshire, a sleep referral service for children and

[27] You can see all of our news releases on our website at https://www.northyorkshireccg.nhs.uk/category/news/
[28] You can see a recording of the meeting here: https://www.northyorks.gov.uk/covid-19-your-questions-answered

young people suffering sleep disorders. These services use behavioural therapy, sleep clinics and workshops – rather than medication – to improve a child's sleep health (see section 2.9.11).

This year we have seen the start of an active campaign to address mental health and wellbeing in men, with specialised support. We have also this year ensured a focus on mental health and wellbeing across NHS staff, including our own, with access to appropriate resources and a dedicated health and wellbeing hub.

6.4.4 Facilities for the future

This year has seen a continuation of important NHS facility developments in North Yorkshire and we have been engaging with local people on how these opportunities can be used to best improve services for local people.

Whitby Hospital: Significant upgrade work is due for completion in summer 2021 and engagement has taken place throughout the year on aspects of the finished space. You can read more about this and see a video on our website[29].

Catterick Integrated Care Campus: Funding for the state of the art project was approved in February 2021 and conversations continue with local stakeholders and the public about the

[29] https://www.northyorkshireccg.nhs.uk/whitby-hospital-renovation-continues-to-progress-throughout-covid-19-pandemic/?highlight=news

future health and wellbeing hub. This significant joint venture of the Ministry of Defence and NHS partners will transform health and care in Richmondshire[30].

Scarborough Hospital transformation: This year £47million was earmarked for upgraded and expanded urgent and emergency care facilities at Scarborough Hospital. Conversations have started, and there will be further engagement in the year ahead, to ensure the new facilities best meet the needs of patients.

Glebe House Surgery: Work started on a £2.7m upgrade to facilities at Glebe House Surgery in July 2020 which will provide enhanced clinical and waiting spaces.

6.5 Patient Advice and Liaison Service and Complaints

NHS North Yorkshire CCG is committed to dealing with complaints about the services provided by the CCG and the services we commission. We manage complaints in line with National Guidance to ensure we learn from the experiences of the patient, their carers and families to improve the services we commission. We ensure that complaints, concerns and issues raised are properly investigated in an unbiased, non-judgemental, transparent and timely, and appropriate manner.

During 2020/21, the CCG has responded to 251 contacts and this has been categorised as follows:

Complaints	Concerns	Queries / Other	Compliments	MPs	Total
57	121	24	6	43	251

Four complaints were transferred to the Parliamentary and Health Service Ombudsman (PHSO) and the CCG's response was upheld in all cases.

During 2020/21, the PHSO has been working with the NHS and other public service organisations, members of the public and advocacy groups to develop a shared vision for NHS complaint handling called the Complaint Standards. The PHSO hopes to publish the final version of the Standard, along with next steps for how it will be embedded, in early 2021. Once they are published the CCG will review its current systems and processes against them to ensure that we are working to the following principles they are based on:

- Promoting a learning and improvement culture
- Positively seeking feedback

[30] You can read more about this project here: https://www.northyorkshireccg.nhs.uk/catterick-integrated-care-campus-plans-for-state-of-the-art-primary-health-care-continue-to-progress/?highlight=news

- Being thorough and fair
- Giving fair and accountable decisions.

The CCG welcomes feedback, both positive and negative, about experiences of local NHS services as this helps us to improve services for all patients. The Patient Relations Service can be contacted by phone, letter or email:

Email: NYCCG.PatientRelations@nhs.net
Phone: 01609 767607
Address: Patient Relations, NHS North Yorkshire Clinical Commissioning Group, 1 Grimbald Crag Court, St. James Business Park, Knaresborough, HG5 8QB

7 Reducing Health Inequalities – making sure we consider everyone's needs

Health inequalities are the unfair differences in health outcomes that are caused by the difference in where people live or their social and economic circumstances. We have a legal duty to ensure that patient access to health services and the outcomes achieved is not affected as a result of inequality of access. We want to ensure there is equality of access and treatment for all the services we commission both as a matter of fairness and as part of our commitment to reduce health inequalities and improve health and wellbeing. We ensure our staff receive training to understand equality and diversity in commissioning service provision and we consider equality and diversity in all our commissioning. We do this by carrying out a quality and equality impact assessment for all the services we commission or where a service change is being considered. We consider the needs of particular communities when making decisions about local health services. Whilst we have a statutory duty to do this, we also know that it's the right thing to do. Whenever we consider a change to an existing NHS service we look at the impact this may have on particular groups in the North Yorkshire area. We are committed to ensuring that all patients are able to access the services they need, when they need them, and for them to be provided in the most suitable way. This means that everyone in North Yorkshire should have equal access to NHS information and services. We want to remove any barriers to this, particularly those that may be due to factors such as age, race, disability, or gender. We know people may access services in different ways and we take steps to help support those who may have difficulties. We are committed to ensuring that health services in North Yorkshire are culturally sensitive, inclusive, accessible, and appropriate for our residents.

7.1 Equality and Diversity

The CCG believes in fairness and equity, and above all values diversity in all matters as a commissioner of health services, and as an employer.

The CCG is committed to equality and diversity using the Equality Delivery System (EDS2/3) framework to support the promotion of equality of opportunity in the way we commission healthcare services, eliminating unlawful discrimination and creating a workforce that is broadly representative of the population we serve. This commitment is supported by ensuring meaningful engagement and consultation with service users, carers, local communities, stakeholders and staff.

7.1.1 Equality Objectives and Equality and Diversity Plan

As a newly established organisation, during 2020/21 the CCG developed an NHS North Yorkshire CCG Equality and Diversity Plan which was approved by the Governing Body. The plan captured the work which had already been achieved by the previous CCGs prior to their disestablishment and identified where progress was still to be made. The plan has been published on the CCG website[31].

The plan includes the following Equality Objectives:

- To ensure that all our communication activity is accessible, taking into account a wide range of communications needs, and seek assurance that our providers do the same
- To ensure and provide evidence that equality is consciously considered in all commissioning activities
- To embed equality and diversity principles in the work of the CCG through the support to all staff and Governing Body members
- To continue to demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change.

The objectives support the establishment of sound systems and data relevant to the local area, population and service users regardless of future changes.

7.1.2 Quality and Equality Impact Assessments

Quality and Equality Impact Analysis is a way of estimating the likely equality implications of either:

- The introduction of a new policy, project, or function, or
- The implementation of an existing policy, project, or function within the organisation.

[31] https://pdf.browsealoud.com/PDFViewer/_Desktop/viewer.aspx?file=https://pdf.browsealoud.com/StreamingProxy.ashx?url=https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2020/12/2020.12.10-FINAL-NHS-North-Yorkshire-CCG-Green-Plan-2020-22-V1.0.pdf&opts=www.northyorkshireccg.nhs.uk#langidsrc=en-gb&locale=en-gb&dom=www.northyorkshireccg.nhs.uk

The CCG has developed and implemented a tool and guidance for use by staff to help identify the any potential impact and take action to remove possible discrimination. Specific training is offered to CCG staff and the relevant Committees will consider the results of this analysis during the decision making process.

The Quality and Clinical Governance Committee considers the results of all Quality and Equality Impact Assessments to monitor any cumulative impact of decisions made by the CCG.

7.1.3 Understanding our Population

The CCG uses the North Yorkshire Joint Strategic Needs Assessment[32] and other demographic data to make sure that we know our population and we also feature this information on our website.

7.1.4 Work Supporting Equality and Diversity during 2019/20

The CCG ensured that Equality and Diversity is an integral part of our Communications and Engagement Strategy[33].

During 2020/21 the CCG continued the work established previously by the three predecessor CCGs:

- Continuing to use consultation and engagement with all customer groups to identify service needs and how customers would like services to be delivered
- Continuing to develop excellent insight into the needs of its customers ensuring information is accurate, up-to-date and accessible.

The CCG is wholly committed to delivering customer focused services and taking the views from patients and public into account within the commissioning process.

Examples of our work in these areas are:

- Completion of Equality Impact Assessments on all new policies and projects and Quality and Equality Impact Assessments whilst aligning the CCG's Commissioning Policies
- Continue to keep the local community updated on local developments, via Twitter, Facebook, radio campaigns and media releases

[32] https://www.nypartnerships.org.uk/jsna
[33] https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2020/08/NYCCG-communications-and-engagement-strategy-FINAL.pdf

- Establishment of the Staff Engagement Group which can offer support to the CCG in relation engagement with staff with regards to equality and diversity
- Establishment of a process to meet any needs for translation and interpretation for CCG service users
- Staff wellbeing has been supported, particularly throughout the impact of COVID-19 through initiatives such as coffee break, online staff events and wellbeing awareness sessions aimed at helping staff look after their own mental health
- The CCG has Mental Health First Aiders to support staff
- Staff undertake mandatory Equality and Diversity Training.

7.1.5 Response to COVID-19

The NHS and local councils in North Yorkshire and York have been and continue to work closely together to deliver essential care and support for the community during the COVID-19 pandemic.

This collaborative working helps to ensure people's health and care needs are effectively met across the region and we are able to look after the most vulnerable.

NHS organisations are working in an innovative way to ensure healthcare continues to be delivered seamlessly. In addition to regular services, local councils have put in place additional support for people who may need it while we collectively respond to the current situation.

The CCG invested in more than 200 Samsung tablet devices for care homes in the county, so residents can access virtual appointments with GPs and other clinical staff.

We recognised that a lot of care home residents are clinically vulnerable and if we can exploit existing technology to reduce the number of visits we need to make to see our patients in care homes, it will help to keep them safe and helps us to manage the risks associated with providing essential care during the COVID-19 pandemic and potentially beyond.

With support to care homes quickly becoming a local and national priority in the COVID-19 response, arrangements were made to provide a data enabled tablet to every care home in the Humber, Coast and Vale region to ensure GPs could still provide consultations to care home residents. This meant that residents, who are among the most at-risk groups in our communities, could still receive the care and support they would normally from GPs, without an increased risk of exposure to COVID-19. We have made a strong start supporting care homes with digital technology and we are working together to provide additional technology in the future to build on the successes to date.

To continue the successful progress of the vaccination programme, we continue to work with local voluntary community groups encouraging people with protected characteristics to take up the offer of the vaccine, to protect not only themselves but those around them.

More details regarding the work undertaken by the CCG in response to COVID-19 in relation to engagement with the public is available in Section 2.5.

7.1.6 Accessible Information Standard

In 2015/16 NHS England introduced an Information Standard for accessible information. An easy read version of the standard is available here: https://www.england.nhs.uk/ourwork/accessibleinfo/.

Accessibility of information is incorporated into our Communication and Engagement Strategy[34]. The strategy highlights the CCG's recognition of potential barriers to communication and engagement with service users and stakeholders and that it assesses the intended audience of all communication and engagement exercises to develop individual plans that make it easy for the public and patients to engage in an accessible and appropriate way.

The CCG will always endeavour to ensure that communications and engagement is appropriate, accessible and easy to read, and we will provide translations and alternative formats for documents when requested.

The CCG also introduced Browsealoud onto the CCG's website which allows our users to access the website via:

- Text-to-speech
- Translation of web pages into 99 languages and speak translated text aloud in 40 languages
- On-screen text magnifier helps users with visual impairments
- MP3 generator which converts text to audio files for offline listening
- Screen mask which blocks on-screen clutter, letting readers focus on text being read
- Web page simplifier removes ads and other distracting content for easier reading
- Allowing users to customise settings that are built in to suit individual user needs and preferences.

[34] https://www.northyorkshireccg.nhs.uk/wp-content/uploads/2020/08/NYCCG-communications-and-engagement-strategy-FINAL.pdf

7.1.7 Staff Policies

As an employer, the CCG actively works to remove any discriminatory practices in our work, to eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. The CCG is committed to:

- recruiting, developing and retaining a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals
- being a fair employer achieving equality of opportunity of outcomes in the workplace
- using our influence and resources as an employer to make a difference to the life opportunities and health of our local community.

Policies and processes are in place to support this and include:

- Annual appraisals with staff
- Annual Leave Policy
- Apprenticeship Policy
- Bullying and Harassment Policy
- Career Break Policy
- Change Management Policy
- Conflicts of Interest Policy
- Disciplinary Policy
- Dress Code Policy
- Equality and Diversity Policy
- Flexi Time Policy
- Flexible Working Policy
- Grievance Policy
- Induction and Probationary Periods Policy
- Job descriptions (including statements regarding equality and diversity expectations)
- Learning and Development Policy
- Lone Working Policy
- Management of Attendance Policy
- Managing Performance at Work
- Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy
- NHS Code of Conduct for Managers
- Objective Setting and Review Policy
- On Call Policy
- Other Leave Policy
- Pay Protection Policy
- Professional Registration Policy
- Recruiting Ex-Offenders Policy
- Recruitment and Retention Premia Policy
- Recruitment and Selection Policy
- Re-location assistance Policy
- Redeployment Policy
- Remote Access and Home Working Policy

- Retirement and Flexible Retirement
- Secondment Policy
- Standards of Business Conduct Policy
- Starting Salaries Policy
- Statutory and Mandatory Training Policy
- Substance Misuse Policy
- Temporary Promotion Policy
- Travel and Expenses Policy
- Working Time Regulations Policy
- Whistleblowing Policy

The CCG actively encourages people with disabilities to apply for positions in our organisation. Applicants applying for roles within the CCG who declare a disability will be eligible for a guaranteed interview, providing they meet the minimum criteria within the person specification for the particular vacancy. The CCG supports staff by offering Occupational Health Support and reasonable adjustments that may be required within the role in which they are employed.

Equality and Diversity training is routinely offered, is part of the statutory and mandatory training programme and is also included in the induction process.

7.1.8 WRES Information

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of black and minority ethnics (BME) board representation. We recognise our role in asking providers to report on their performance against the WRES framework from 1 July 2015, as well as paying due regard to the standard in its own workforce practices.

Workforce Race Equality Standard reporting during 2020 was completed on behalf of the predecessor North Yorkshire CCG organisations, the submission for 2021/22 is due for completion in August 2021[35].

7.2 Health profile

There is a high proportion of people aged over 65 (32%) in the North Yorkshire area compared with the national average (23%) ('national average' for this section refers to England). In contrast, the proportion of people aged 20 to 40 (25%) is lower than the national average (32%). The age profile shows a lower proportion of the population in age groups 0 to 4 and 20 to 39 years compared with both England and the North East and Yorkshire region and a higher percentage (3%) of men and women in the 85+ age group than the national average (2.3%).

[35] https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/

There are areas of deprivation within the CCG with 8 out of the 51 practices having a higher deprivation score than the national average. The 2019 GP Patient Survey showed that 54.9% of people have a long-term health condition, disability or illness, which is significantly higher than the national average of 51.5%.

7.2.1 Disease Prevalence

In North Yorkshire CCG, hypertension, depression, diabetes and asthma are the most common health problems with risk factors for most diseases higher in North Yorkshire CCG than for England.

7.2.2 Lifestyle and Behaviour

In terms of lifestyle choices that can have an impact on current and future health of the population, there are 6 GP practices that have a higher rate of smoking prevalence compared to the national average and there is a higher rate of adult obesity with 38,144 people on the obesity register and 26 practices that have a rate that is higher than the national average.

7.2.3 COVID-19, Cancer and Inequalities

As key stakeholders engaged in the commissioning and provision of cancer services, the CCG has a duty to support and ensure equity of access to services and there is focussed attention at national and local level to detect and address inequalities which may have been exacerbated by the pandemic. Cancer Alliances are working with North Yorkshire CCG to design and develop work programmes which address any identified inequalities, please see section 2.4.5.

7.2.4 Tackling Inequalities in Stroke Services

All NHS organisations, systems and process are required to address inequalities in access to services. Stroke services are no exception to this requirement and HCV ISDN has started to make links with other programmes or work/ initiatives to co-ordinate overlapping approaches (e.g., prevention and smoking control). For more information on Strokes Services, please see section 2.4.6.

7.3 Homelessness Services

We continue to provide this service and it performs well in delivering essential services to this disadvantaged population and have been working with the local authority to facilitate access to the COVID-19 vaccine for homeless populations see section 6.4.2.

7.4 Learning Disability Annual Health Checks

In previous years, we have fallen short of national targets for the provision of Annual Health Checks, however in reality it is a dataset that we have carried and been monitored by, but with limited ability as a CCG to actually affect productivity. We recognise that in order to make improvements, we needed to understand the barriers, and develop plans to overcome this. We are proposing a Mental Health/Learning Disability Primary Care operational group to take forward the action plans derived from the recent findings from a series of engagement and feedback mechanisms across Primary Care, Self-Advocates and parent/carers led by the exemplar site investment. We are dedicated to improving the quality and quantity of our Learning Disabled population with plans and priorities that include improved data collection and health promotion, raising awareness for young people aged 14 to 18 years, and seeking alternative models of delivering Annual Health Checks that are timely, person-centred and contribute to a 'live longer live well' approach.

7.5 The LeDeR Programme

The Learning Disability Mortality Review (LeDeR) programme was established in 2015 to drive improvements in the quality of health and social care for people with a learning disability and to help reduce premature mortality and health inequalities. Now, in 2021, the programme nationally provides the largest body of evidence on deaths of people with a learning disability at an individual level anywhere in the world.

In North Yorkshire there has been considerable progress made in 2020/21 in completing the backlog of reviews and we have developed a wealth of local knowledge of the lives of people with a learning disability. Key learning has highlighted the importance of attending annual health checks and accessing health screening and the benefits of good communication between all those involved in supporting someone with a learning disability.

With the support of a now well-established North Yorkshire and York multi-agency steering group the learning from reviews is being shared across a network of health and social care providers as well as to families, advocacy and self-advocacy groups. The learning has also been added to the training programme delivered to GPs and primary care practitioners. A separate annual report providing a more detailed account of the delivery of the programme was produced for 2019/20 by the LeDeR programme team and will be produced for 2020/21.

7.6 Special Educational Needs and Disabilities (SEND)

During the COVID-19 pandemic we have had a joined-up approach with Education and Social Care to be able to identify vulnerable young people at the earliest opportunity. Through these pathways we have managed to address support where it has

been needed most. We have had regular contact with providers to ensure they have prioritised their caseload to allow for a level of forward planning for the provider Trusts. There is an anticipated increase expected for Education, Health and Care Plan (EHCP) requests and the Designated Clinical Officer (DCO) is supporting providers and schools to ensure the right support is accessed at the right level.

Key priorities for 2021/22 will be focused on Joint Commissioning for Occupational Therapy to ensure this is accessible to the right cohort of children at the right time. The other priority will be ensuring there is an individualised approach to the inclusion of children with significant health needs and how they are supported to access school within the current and changing guidance.

The Designated Clinical Officer (DCO) role has been extended to a full-time role 5 days per week. This will allow for greater strategic oversight, drive the SEND agenda forward and identify gaps where our statutory duties are not being met. The DCO role is rapidly developing under the SEND agenda and is positively regarded by NHS England/Improvement and the Department of Education as being a key partner to support the SEND agenda.

Consideration needs to be given as to how strategic oversight is managed over the Integrated Care System (ICS) and work is being developed with Vale of York CCG to understand this further. Historically this would have been the Health SEND Network, but it is now understood that the landscape has changed, and that model needs revising. Together with the North Yorkshire Parent Carer Voice and York Parent Care Forum a new model will be developed to drive change.

8 North Yorkshire Health and Wellbeing Board

The North Yorkshire Health and Wellbeing Board (HWB) is a partnership between CCGs, North Yorkshire County Council and a number of other stakeholders to improve health and wellbeing across the district. It brings together partners to encourage integrated working and commissioning between health and social care to deliver the right care, in the right place at the right time for people in North Yorkshire.

The Accountable Officer of the CCG is the Vice-Chair of the HWB and works with the Board to ensure that joint priorities are delivered across the North Yorkshire footprint.

This year, the HWB has met once. Given the COVID-19 Pandemic, the Chair and Vice-Chair recognised that the priority of colleagues on HWB was managing the day to day response to the pandemic and preparing for recovery.

The CCG has continued to contribute to HWB's objectives to improve the health and wellbeing of the local population in a number of ways outside of the formal HWB environment. For instance, it has:

- been a key player in the Mental Health and Learning Disabilities Partnership, which also comprises, Tees, Esk and Wear Valleys NHS Foundation Trust, and North Yorkshire County Council
- contributed to the on-going development of the Joint Strategic Needs Assessment
- been a key element of the Learning Disabilities Autism Group and its area groups, which have been the engine room for transforming care work that has resulted in good progress on discharges from Hospital
- continued to develop the Harrogate and Rural Alliance – a partnership involving the NHS, North Yorkshire County Council and GPs, designed to deliver an integrated operating model that brings together community health and social care services for adults in Harrogate. Priorities have been adjusted to reflect the response required within each locality based on the actions required to deal with the pandemic, and
- pro-actively contributed to initiatives on Delayed Transfers of Care, reflecting the requirements of the Right to Reside Discharge Policy.

Whilst it has not met regularly as an entity throughout the pandemic, the HWB has been kept appraised of developments and key partners briefed.

In what has been an unprecedented period, the CGGs main contribution to health and wellbeing during the last year has been in its response, with partners, to the pandemic. Examples include:

- The Accountable Officer has been leading on the vaccination programme for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System), which includes the North Yorkshire and York health partnership. As of 31 March 2021, 872,998 people had received a first vaccination and 103,275 people had received a second vaccination, giving a total of 976,273 vaccinations. All national targets have been met and exceeded
- Liaison with partners on the North Yorkshire County Council Weekly COVID-19 Gold Sessions, which focus on a review of the data and a number of priority areas including Testing and Tracing Strategy, Enforcement and Compliance
- As part of the Health Protection Coronavirus Regulations, the CCG plays a fundamental role in the Strategic Co-ordinating Group of the North Yorkshire Local Resilience Forum (NYLRF). The Forum is a partnership of local agencies working together to manage emergencies. The CCG is part of the risk conversations, identifying where it can support organisations with their regulatory requirements. The Accountable Officer attends NYLRF Press Conferences and the CCG supports multi-agency communications and those specifically relating to the vaccine rollout, including countering mis-information

- The Chief Nurse leads on the vaccine roll out for the North Yorkshire and York system.

Looking ahead, now that the HWB has resumed its meetings, the CCG will contribute to the revised Joint Health and Wellbeing Strategy, including on-going implementation of Strategies for Dementia; Healthy Weight, Healthy Lives; Learning Disabilities and Young and Yorkshire; and contribute to the development and implementation of the Board's priorities.

NHS North Yorkshire
Clinical Commissioning Group

Accountability Report - Corporate Governance

9 Members Report

9.1 The Governing Body

Governing Body Members

Dr Charles Parker
Clinical Chair – April 2020 to March 2021

Charles has lived and worked in the Hambleton area for 30 years. Having trained in London, Charles moved up to work in Northallerton and stayed. Charles trained to be a GP in Northallerton working at the Friarage Hospital, where his two sons were born. Charles joined Topcliffe Surgery as a partner in 1992 and worked there until September 2020. The priority for the practice has been accessible, evidence-based care. For 16 years, Charles has also worked as a civilian medical practitioner for the local barracks at Topcliffe. Charles joined NHS Hambleton, Richmondshire and Whitby CCG as a Lead GP Governing Body Member when it was first established and was later appointed as Clinical Chair from December 2015 to March 2020. Charles was appointed as Clinical Chair of NHS North Yorkshire CCG in April 2020.

Amanda Bloor
Accountable Officer – April 2020 to March 2021

Amanda was appointed as the Accountable Officer for NHS North Yorkshire CCG on 1 April 2020. Prior to this, Amanda served as Accountable Officer for the three North Yorkshire CCGs (Hambleton, Richmondshire and Whitby, Harrogate and Rural District and Scarborough and Ryedale) from December 2018 and as Accountable Officer for Harrogate and Rural District CCG since it was established in 2013. Amanda is a strong advocate of prevention, self-care and supporting our population to lead healthy lives. She is passionate about mental health services and working in partnership to help achieve the best health outcomes for the people who live in our area.

Dr Alistair Ingram
Vice-Clinical Chair – April 2020 to December 2020

Alistair qualified at Nottingham Medical School in 1989. After finishing his general practice training in Lincolnshire, Alistair became a partner at Dr Fletcher and partners in Ripon in 1993. The practice shares responsibility with the other Ripon practices for medical cover to the in-patient beds and minor injuries unit at Ripon Community Hospital. Alistair has been a trainer for General Practice trainees on the Northallerton Vocational Training Scheme since 2000. Alistair has previously been Chair of the Masham and Ripon Consortium for Health, Chair of the Harrogate and Rural District Practice-based Commissioning Group and Chair of NHS Harrogate and Rural District CCG from April 2013 to March 2020. Alistair was appointed as Vice-Clinical Chair of NHS North Yorkshire CCG from April to December 2020.

Dr Bruce Willoughby
GP Governing Body Member – April 2020 to March 2021
Lead for Integrated / Community Care

Bruce qualified from Newcastle University in 1993 and went on to become a GP in Northumberland. After several years of working with the Primary Care Group on stroke improvement, Bruce left General Practice and trained as a specialist in public health across the North East including working in a variety of PCTs, a Care Trust, Government Office for the North East and a hospital trust. In 2008, Bruce moved to his native Yorkshire and took up a consultant post in Public Health Medicine in North Yorkshire and York PCT. In 2012, after feeling he was in need of getting back to the coal face and missing patient contact, Bruce returned to General Practice. He has worked since then as a GP at a number of practices within Harrogate and the surrounding area and now is part of Sterling Medical Chambers which provides GP locum services to local practices. Prior to the establishment of NHS North Yorkshire CCG, Bruce served as a GP Governing Body Member for NHS Harrogate and Rural District CCG from September 2014 to March 2020.

Dr Christopher Ives
GP Governing Body Member – April 2020 to March 2021
Lead for Hospital Based Care

Chris graduated from Hull York Medical School (HYMS) and has remained mainly in the area working in various specialties. Chris has spent time as a tutor at HYMS before then becoming a local GP in Ryedale. Chris has gained a good range of experience of how the local health system works and how best we can provide care for patients who live in the area. Chris has interests in many aspects of medicine including both respiratory medicine and palliative care. Prior to the establishment of NHS North Yorkshire CCG, Chris served as a GP Governing Body Member for NHS Scarborough and Ryedale CCG from April 2017 to March 2020.

Dr Mark Hodgson
GP Governing Body Member – April 2020 to March 2021
Lead for Integrated/Community Care

Mark qualified at Manchester University in 1982 and has worked as a GP in Aldbrough St John since 1988. The practice is small and rural serving 3,250 patients over a wide area. Prior to the establishment of NHS North Yorkshire CCG, Mark served as a GP Governing Body Member for NHS Hambleton, Richmondshire and Whitby CCG from April 2012 to March 2020. Mark's portfolio of responsibility included being Clinical Lead for Transformation of Community Services, end of life care and innovation and technology and Caldicott Guardian.

Dr Peter Billingsley
GP Governing Body Member – April 2020 to March 2021
Lead for Hospital Based Care and Vulnerable People

Peter has lived in Scarborough for over 20 years and believes that working in his hometown he is a stakeholder in its future. Peter has an in-depth knowledge of local care provision, where it excels and where it falls short. Prior to the establishment of NHS North Yorkshire CCG, Peter served as a GP Governing Body Member for NHS Scarborough and Ryedale CCG from April 2017 to March 2020.

Dr Ian Woods
Secondary Care Doctor – April 2020 to March 2021
Chair of the Finance, Performance, Contracting and Commissioning Committee

Ian qualified in Medicine in 1979 and after specialist training became a Consultant Anaesthetist in 1988. Ian's special interests included Intensive Care and also Patient Safety. Ian became the Specialty Advisor at the National Patient Safety Agency. During the latter part of his clinical career, he was Medical Director of a Foundation Trust for 4 years.

Prior to the establishment of NHS North Yorkshire CCG, Ian served as a Governing Body Member at both NHS Harrogate and Rural District CCG from January 2018 to March 2020 and NHS Scarborough and Ryedale CCG from April 2016 to March 2020. Ian lives with his family in North Yorkshire and enjoys walking and photography.

Kenneth Readshaw
Lay Member for Audit and Governance – April 2020 to March 2021
Chair of the Audit Committee

Ken is a chartered accountant who trained with KPMG and then moved into industry and has considerable experience of the chemical and power generation sectors, both in the UK and abroad. He has been Chair of The Wensleydale School and Sixth Form Governing Body for seven years and is passionate about helping to provide communities with the best possible public services. Ken is married with three children, all born and bred in North Yorkshire, and works with the CCG and the local community to improve health services.

Prior to the establishment of NHS North Yorkshire CCG, Ken served as a Governing Body Lay Member at both NHS Hambleton, Richmondshire and Whitby CCG from September 2013 to March 2020 and NHS Scarborough and Ryedale CCG from October 2016 to March 2020.

Sheenagh Powell
Lay Member for Finance – April 2020 to March 2021
Deputy Chair of the Governing Body
Chair of the Primary Care Commissioning Committee

Sheenagh has many years' experience of working in the NHS including roles as a board member, finance director and chief executive. Sheenagh's career crosses NHS organisations including Primary Care Trusts, an NHS Foundation Trust and NHS England. Prior to the establishment of NHS North Yorkshire CCG, Sheenagh served as a Governing Body Lay Member and Chair of the Audit Committee at NHS Harrogate and Rural District CCG from January 2018 to March 2020.

Kate Kennady
Lay Member for Patient and Public Engagement – April 2020 to March 2021
Chair of the Quality and Clinical Governance Committee
Chair of the Remuneration Committee

Kate Kennady is the Lay Member with responsibility for patient and public engagement. Kate is retired having spent her working life in the NHS latterly as a senior nurse and has worked in a number of acute hospital trusts. Kate's last post was as Director of Quality at the Mid Yorkshire Hospitals Trust. Kate then worked for the Royal College of Nursing as a Professional Learning and Development Facilitator for the Yorkshire and Humber and Northern regions. Kate is a registered nurse and undertook her training in Liverpool. Kate also has a master's degree from the University of Leeds in Health Service Studies. Prior to the establishment of NHS North Yorkshire CCG, Kate served as a Governing Body Lay member for patient and public involvement at NHS Harrogate and Rural district CCG from February 2018 to March 2020.

Wendy Balmain
Director of Strategy and Integration – April 2020 to March 2021

Prior to the establishment of NHS North Yorkshire CCG Wendy was appointed Director of Strategy and Integration for the three North Yorkshire clinical commissioning groups in June 2019 and prior to that served as Director of Transformation and Delivery for NHS Harrogate and Rural District CCG from November 2016 where she was responsible for delivering health care commissioning for the CCG and led work to integrate community and adult social care services. Wendy brings extensive experience across health and social care both at a national and local level to the role.

As Director of Strategy and Integration she is responsible for primary care transformation and commissioning, including implementation of primary care networks, working closely with partners across North Yorkshire to expand integrated service models.

Simon Cox
Director of Acute Commissioning, North Yorkshire CCGs – April 2020 to October 2020

Simon Cox has worked in the NHS for over 31 years. Initially he worked as an Operating Department Practitioner in the operating theatres at Leeds General Infirmary. Simon moved into NHS management, firstly as a theatre manager, before developing into broader general management in both healthcare provider and commissioner roles. Simon was Chief Officer of NHS Scarborough and Ryedale CCG from its inception until December 2018. From June 2019 to March 2020, he operated as Director of Acute Commissioning for the three North Yorkshire CCGs and then from 1 April 2020 for NHS North Yorkshire CCG until October 2020 when he was appointed to a joint role for NHS North Yorkshire CCG and York and Scarborough Teaching Hospitals NHS Foundation Trust on secondment as Executive Programme Director for the East Coast Acute Services Review transformation programme.

Jane Hawkard
Chief Finance Officer, North Yorkshire CCGs (Voting) – April 2020 to March 2021

Jane joined the team as Chief Finance Officer in November 2019 after six years as Chief Officer of East Riding CCG.
Jane qualified as a chartered accountant with KPMG and worked as a financial accountant at Yorkshire Bank in their store card, leasing and central office divisions before joining the NHS in 1994. Since joining the NHS Jane has worked for mental health, community, acute trusts and the former North East Yorkshire and North Lincolnshire (NEYNL) Strategic Health Authority. She has worked at a senior level in finance, contracting and strategy prior to her Chief Officer role. Jane was also a Director on the East Riding of Yorkshire Council senior management team.

In her role as Chief Finance Officer Jane is committed to ensuring a sustainable financial future for the North Yorkshire health economy working with trusts, local authorities and CCG partners. Jane is the SIRO for the North Yorkshire CCG.

Sue Peckitt
Chief Nurse, North Yorkshire CCGs (Voting) – April 2020 to March 2021

Prior to the establishment of NHS North Yorkshire CCG, Sue was appointed Chief Nurse for the three North Yorkshire clinical commissioning groups in June 2019. Sue is a registered nurse with more than 30 years' NHS experience in a wide variety of nursing and clinical quality roles in both secondary care organisations and clinical commissioning groups. Sue worked at Deputy Chief Nurse level for six years prior to her current appointment and holds a Masters in Health Sciences and a post graduate diploma in management.

Sue is responsible for clinical quality and safety, safeguarding of adults and children, and patient experience. Sue is committed to working closely with colleagues across the health and social care system in North Yorkshire in order to reduce health inequalities and improve the quality of care for our population. Sue is the Caldicott Guardian for the North Yorkshire CCG.

Julie Warren
Director of Corporate Services, Governance and Performance – April 2020 to March 2021

Prior to the establishment of NHS North Yorkshire CCG, Julie was appointed Director of Corporate Services, Governance and Performance for the three North Yorkshire CCGs in June 2019. Julie has worked in the NHS for more than 26 years in different organisations across Yorkshire and the Humber including setting up one of the first Surestart programmes for 0-5 year olds and their families and carers.

Qualified in health promotion, Julie strongly promotes being proactive in raising awareness and self-care. She is committed to ensuring local priorities are delivered learning from best practice across the country.

GP Clinical Leads (Non Members)

Dr Sarah Hay
GP Clinical Lead for Quality – April 2020 to March 2021

Sarah qualified in 1995 from St Mary's Hospital, Paddington. She moved to Yorkshire in 1999 to train as a GP. As a GP Registrar she was the Yorkshire representative at the BMA. Sarah is a part-time partner in a small practice in Harrogate, her interests include Information Technology, GP Appraisal and her clinical interest is palliative care, having worked in three hospices over the years. Prior to joining her practice, Sarah worked as both a locum and salaried GP in Leeds and Harrogate and also spent a year working as a GP in New Zealand. In addition to being a partner, Sarah does regular sessions at the out-of-hours service in Harrogate and also works as a GP Appraiser.

Prior to the establishment of NHS North Yorkshire CCG, Sarah was a GP Governing Body Member for NHS Harrogate and Rural District CCG and GP Lead for Quality, Governance, Urgent and Emergency Care, Cancer and End of Life from April 2013 to March 2020.

Dr Omnia Hefni
GP Clinical Lead for Workforce Development – April 2020 to March 2021

Omnia started her career in General Practice in Lincoln in 2004 where she trained as a GP registrar. Omnia has been involved in the management aspect of Primary Care as well as in undergraduate teaching for medical students. Omnia has a special interest in diabetes, family planning and sexual health.

Prior to the establishment of NHS North Yorkshire CCG, Omnia was a GP Governing Body Member for NHS Scarborough and Ryedale CCG and GP Lead for Secondary Care from April 2013 to March 2020.

Dr George Campbell
GP Clinical Lead – Hospital Based Care – April 2020 to March 2021

George lives in Whitby. After 24 years he retired as a partner from Whitby Group Practice in 2017. George still does GP locum sessions in Whitby and has an interest in dermatology and worked in community and hospital clinics.

George has been involved in clinical management for some years. In the past George been a non-executive director of the North Yorkshire Health Authority, a fundholding clinical lead and chair of a practice based commissioning consortium. More recently, George has been deputy chair of the clinical executive group across North Yorkshire and York. Prior to the establishment of NHS North Yorkshire CCG, George was a GP Governing Body member for NHS Hambleton, Richmondshire and Whitby CCG from April 2012 to March 2020.

Dr Tim Rider
GP Clinical Lead – Medicines Management – April 2020 to March 2021

Tim is a qualified pharmacist and GP and is currently a GP Principal at the Leeds Road Practice, where he has been for nearly 13 years. Tim trained in pharmacy at Kings College London and did his pre-registration pharmacy training at St James' Hospital, Leeds. He attended Leeds School of Medicine and qualified in 2004 and completed his GP training in 2008. Tim currently spends time each week working with the Medicines Management Team. This is a dedicated and experienced team of pharmacists and pharmacy technicians who design and implement medicines management strategy. The group focus on providing high quality evidence based guidance to our local population of patients and clinicians, to ensure all patients receive the highest quality, and most cost effective pharmaceutical care, with the least unnecessary waste.

9.2 Council of Members

Chaired by the Clinical Chair of the Governing Body, the Council of Members is made up of the Lead Commissioning GPs from each of the 51 GP Practices who each agreed who would be attending from within their Practice. Each Practice is responsible for working with the Governing Body and GP Commissioning Leads to engage in the commissioning, monitoring and improvement of service in the area. Members of the Executive Team attend to support the work of the group and bring items to the meeting for discussion and approval, such as new commissioning projects and services. The Executive Team also provides the Council of Members with updates of ongoing work within the CCG and gives members the opportunity to ask questions directly to the Executive Team. It also provides an opportunity to keep the Practices informed of the financial position.

The composition of the Council of Members throughout 2020/21 and up to the signing of the Annual Report and Accounts is as follows:

GP Practice	Representative Member	GP Practice	Representative Member
Aldbrough St John – Doctors Lane Surgery	Dr Michael Keavney	Ampleforth and Hovingham Surgeries	Dr Greg Black
Ayton and Snainton Medical Practice	Dr Felicity Day	Beech House Surgery	Dr Claire Keenleside
Brook Square Surgery	Dr Sarah Livesey	Castle Health Centre	Dr Ivan Aixala-Marcos
Catterick and Colburn Surgery	Dr Rebecca Crowther	Central Dales Surgery	Dr Jonathan Pain
Central Healthcare	Dr Deepankar Datt	Church Avenue Medical Group	Dr Fiona Buckley
Church Lane Surgery	Dr John Crompton	Derwent Practice	Dr Julian Wadsworth
Dr Akester & Partners	Dr Gareth Roberts	Dr Ingram & Partners	Dr Alistair Ingram
Dr Moss & Partners	Dr Ben Millar	Eastgate Medical Group	Dr Chris Walsh
East Parade Surgery	Dr Ian Dilley	Eastfield Medical Centre	Dr Asif Firfirey
Egton Surgery	Dr Giles Horner	Filey Surgery	Dr Anna Black
Glebe House Surgery	Dr Hetmanski, Dr Bigham, Dr Dyas, Dr Mezas	Great Ayton Health Centre	Dr Peter Green
Hackness Road Surgery	Dr Philip Jones	Harewood Medical Practice	Dr Debbie Ashcroft, Dr Julia Brown
Hunmanby Surgery	Dr Sree Jaidev	Kingswood Surgery	Dr Ruth Kirby
Lambert Medical Centre	Dr Sally Tyrer	Leyburn Medical Practice	Dr Julia Brown, Dr Debbie Ashcroft
Mayford House Surgery	Dr Georgina Jackson	Mowbray House Surgery	Dr Duncan Rogers
Nidderdale Group Practice	Dr John Hain	North House Surgery	Dr Peter Johnson
Park Parade Surgery	Dr Victoria Finan	Quakers Lane Surgery	Dr Jacquie Moon
Reeth Surgery	Dr Michael Brookes	Ripon Spa Surgery	Dr Charles McEvoy

GP Practice	Representative Member	GP Practice	Representative Member
Scarborough Medical Group	Dr Nicola Cole	Scorton Medical Centre	Dr Richard James
Sherburn and Rillington Practice	Dr Jacqui Caine	Sleights and Sandsend Medical Practice	Dr Simon Stockill
Springbank Surgery	Dr Angela O'Donoghue	Staithes Surgery	Dr Richard Rigby
Stockwell Road Surgery	Dr Catherine Dixon	Stokesley Health Centre	Dr Mark Duggleby
The Danby Practice	Dr Marcus Van Dam	The Friary Surgery	Dr Todd Green
The Leeds Road Practice	Dr Peter Banks	The Spa Surgery	Dr Mark Hammatt
Thirsk Health Centre	Dr Andrew Trzeciak	Topcliffe Surgery	Dr Caspar Wood
Whitby Group Practice	Dr Napa Gopikrishnan		

9.3 Members Practices of the CCG

The CCG is a membership organisation. All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG. The practices which make up the membership of the CCG are listed above.

10 Clinical Commissioning Group Committees

10.1 Register of Declarations of Interest

All CCG staff, must declare interests and conflicts, as required by Section 140 of the National Health Service Act 2006 (as amended). Declarations of Interest made by the CCG's decision makers, are updated regularly and are published on the CCG website.[36]

10.2 Personal Data Related Incidents

I can confirm that NHS North Yorkshire CCG have not reported any personal data related incidents to the Information Commissioners Office in 2020/21.

[36] https://www.northyorkshireccg.nhs.uk/about/conflicts-of-interest/

10.3 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.

10.4 Modern Slavery Act

NHS North Yorkshire CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2021 is published on our website.[37]

10.5 Statement of the 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 the Accountable Officer to be the Accountable Officer of NHS North Yorkshire CCG.

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,

[37] https://www.northyorkshireccg.nhs.uk/about/publications/

- 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; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, and subject to the disclosures set out below (eg. directions issued, s30 letter issued by internal auditors), I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

Disclosures:

- No Disclosures issued

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 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.

Amanda Bloor
Accountable Officer

11 Annual Governance Statement 2020/21 by the Accountable Officer of the NHS North Yorkshire Clinical Commissioning Group (42D)

11.1 Introduction and context

NHS North Yorkshire Clinical Commissioning Group is a body corporate established by NHS England on 1 April 2020 under the National Health Service Act 2006 (as amended).

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

As at 1 April 2020, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

11.2 Scope of responsibility

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

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

11.3 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.

As such I have considered how the CCG applies the principles in order to deliver our strategic aims for patients, carers and the public.

11.3.1 Constitution

The CCG maintains a Constitution and associated Standing Orders, Prime Financial Policies and a Scheme of Reservation & Delegation, all of which has been approved by the CCG's Membership and Governing Body and has been certified as compliant with the requirements of NHS England.

The Scheme of Reservation & Delegation defines those decisions that are reserved to the Council of Members and those that are the responsibility of its Governing Body, the clinical commissioning group's committees, individual officers and other employees.

The CCG is made up of 51 Member Practices across North Yorkshire (at 1 April 2020). The Council of Members is comprised of one GP representative from each member practice.

The Constitution includes:

- Membership and the area we cover
- Our Mission, Values and Aims
- Functions and Duties
- Decision Making
- Roles and Responsibilities
- Standards of Business Conduct and Managing Conflicts of Interest
- The CCG as an Employer
- Transparency and Ways of Working
- Standing Orders, Scheme of Reservation and Delegation and our Prime Financial Policies.

As a newly established CCG in 2020 there was no requirement to update the Constitution, Standing Orders or Scheme of Reservation or Delegation in 2020/21.

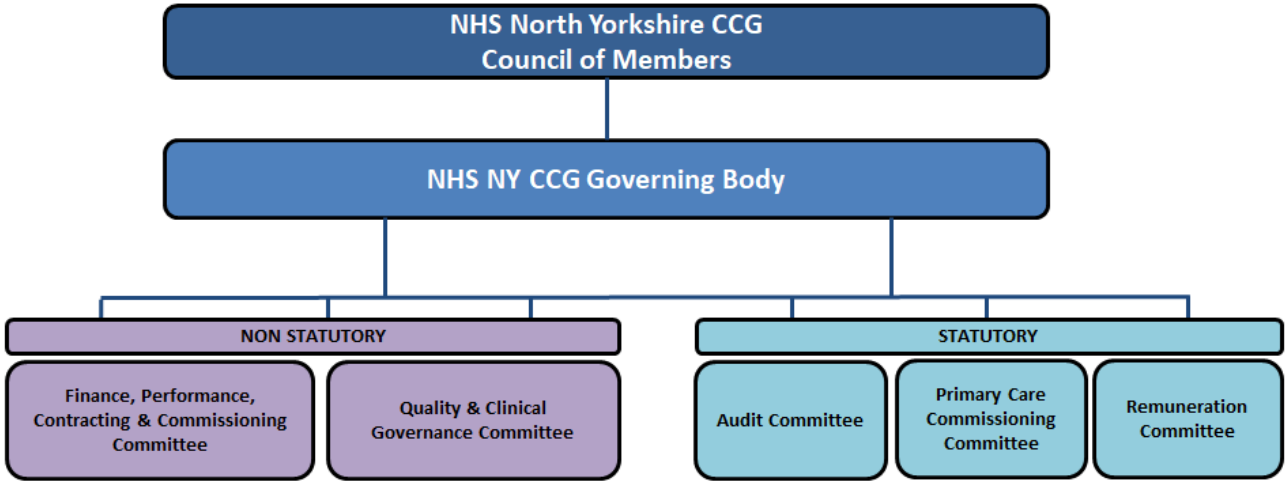
11.3.2 Governing Body and Committee Structure

The Governing Body is responsible for the functions conferred on it through the constitution. In summary these are:

- To ensure arrangements are in place to exercise its functions effectively, efficiently and economically
- To lead the setting of the vision and strategy
- To approve the commissioning plans
- To monitor performance
- To provide assurance of the management of strategic risks.

The Governing Body comprises a diverse range of skills from Executive, Clinical and Lay members. There is a clear division of the responsibilities of individuals with no one individual having unregulated powers of decision.

The Governing Body has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to achievement of the CCG objectives. It has established five committees to assist in the delivery of the statutory functions and key strategic objectives of the clinical commissioning group. It receives regular opinion reports from each of its committees, as well as the minutes from the statutory Committees. These, together with a wide range of other updates, enable the Governing Body to assess performance against these objectives and direct further action where necessary.



Committee / Meeting	Role
Council of Members	The Council of Members includes the Lead Commissioning GP from each of the GP Practices. Each Practice is responsible for working with the Governing Body and GP Commissioning Leads to engage in commissioning, monitoring and improvement of service in the area. Executive Directors also attend to support the work of the group, and bring items to the meeting for discussion and approval if necessary, e.g., new commissioning projects, services etc. Directors also provide updates on work that is on-going within the CCG and gives members the opportunity to ask questions directly. It also provides an opportunity to keep the practices informed of the overall financial position. The CCG recognises the potential for interests of members to conflict with the business of the CCG; consequently, the CCG has embedded in its governance documents, policies, protocols and processes to ensure that conflicts are recognised, managed and that decisions are made only by those who do not have a vested interest.
Governing Body	Chaired by the Clinical Chair, the Governing Body has the following functions conferred on it by sections 14L (2) and (3) of the 2006 Act, inserted by Section 25 the 2012 Act, together with any functions connected with its main functions as may be specified in regulations of in the constitution. The Governing Body has responsibility for: • Ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the group's principles of good governance (its main function) • Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006, inserted by Schedule 2 of the 2012 Act • Approving any functions of the group that are specified in regulation • Leading the setting of vision and strategy • Approving commissioning plans • Monitoring performance against plans

	• Providing assurance of strategic risk.
Committees Published report *NY CCG Governing Body Committees Annual Report 2020/21*, provides a detailed evidence on matters relating to the year 2020/21 and includes attendance records: https://www.northyorkshireccg.nhs.uk/about/	
Audit Committee	Chaired by the Lay Member for Audit and Governance, the Audit Committee has delegated responsibility from the Governing Body for oversight of integrated governance, information governance, risk management and internal control, internal audit, external audit, reviewing the findings of other significant assurance functions, counter fraud and financial reporting.
Remuneration Committee	Chaired by the Lay Member for Patient and Public Engagement, the Remuneration Committee has delegated for advising the Governing Body on all aspects of salary not covered by Agenda for Change, arrangements for termination of employment, monitoring and evaluating the performance of individual Governing Body Members and approving human resources policies and procedures.
Quality and Clinical Governance Committee (QCGC)	Chaired by the Lay Member for Patient and Public Engagement, QCGC provides oversight on any quality, safety or equality impact relating to all commissioned services through its review and monitoring of quality surveillance metrics that may indicate an adverse impact on quality or safety and therefore require further mitigation to be considered. It provides assurance to the Governing Body that any risk to equality and quality has been appropriately mitigated and how continuous improvement will be monitored. It also monitors safeguarding. In 2020/21 this committee was also responsible for reviewing COVID-19 related risks at the start of the pandemic.
Finance, Performance, Contracting & Commissioning Committee FPCCC	Chaired by the Secondary Care Doctor, the FPCCC monitors and reviews the overall financial position of the CCG's, activity information, provider contract positions and issues, deliverability of the Quality, Innovation, Productivity and Prevention (QIPP) programme, and risks in achieving its forecast out-turn at the end of the year. It provides members with greater clarity on the CCG's financial and contracts position by holding budget holders to account for delivery, risks and mitigation. It also provides assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion. In 2020/21 this committee was also responsible for reviewing COVID-19 spend.

Primary Care Commissioning Committee	Chaired by the Lay Member for Finance, the PCCC provides assurance on the delegated arrangements from NHS England to NYCCG for primary care commissioning. The Committee members make collective decisions on the review, planning and procurement of primary care services under delegated authority from NHS England. The Committee focuses on quality, efficiency, sustainability, productivity and new models of primary care.
Joint Committees	NHS North Yorkshire CCG is part of the NHS Humber, Coast and Vale Health and Care Partnership (Integrated Care System). https://humbercoastandvale.org.uk/ In 2020/21, the CCG also held the following collaborative working arrangements: • West Yorkshire and Harrogate Joint Committee (Associate Member) https://www.wyhpartnership.co.uk/meetings/west-yorkshire-harrogate-joint-committee-ccgs • Northern CCG Joint Committee (Associate Member) https://northcumbriaccg.nhs.uk/events/northern-ccg-joint-committee • Southern Collaborative of CCGs Joint Committee (Member) https://teesvalleyccg.nhs.uk/events/joint-committee-of-the-southern-collaborative-of-ccgs/

11.3.3 Council of Members Effectiveness

The responsibilities of the member Practices are:

- to work constructively with the Governing Body and GP Commissioning Leads to engage in the commissioning, monitoring and improvement of services in the area. This will include considering and addressing, where appropriate, identified areas of variation and sharing referral, admission and prescribing data
- to participate in and deliver at practice level, and in partnership with other practices where appropriate, the clinical and cost effective strategies agreed by the CCG
- to follow the clinical pathways and referral protocols agreed by the CCG (except in individual cases where there are justified clinical reasons for not doing this) and
- to nominate a commissioning lead GP.

Due to COVID-19 priorities, the Council of Members only met twice in 2020/21, however engagement did take place virtually as appropriate and the Clinical Chair met with all Practice virtually to discuss wider strategic issues affecting all practices.

Having direct contact with patients' means that the Members can ensure that the feedback received can directly influence the decisions made by the CCG. This means the CCG can commission services for local residents that better meet their needs.

The Council of Members is committed to reviewing its own performance, however due to COVID-19 priorities this will not take place until early spring 2021.

The Council of Members is subject to statutory training in the management of conflicts of interest.

11.3.4 Governing Body Effectiveness

The CCG Constitution sets out the composition of the Governing Body and identifies certain key roles and responsibilities required. There is also a formal competency-based assessment process for appointments of Governing Body Members.

All members of the Governing Body are able to demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and have established credibility with all stakeholders and partners. Especially important is that the Governing Body is in tune with its member practices and secures their confidence and engagement.

The Governing Body membership is subject to statutory/mandatory training. Additional training and development is provided on a group basis through Governing Body workshops and through individual need as identified through appraisals.

The Governing Body is provided with a range of strategic information covering finance, performance, strategy, policy, risk and quality assurance at all meetings.

The Governing Body is committed to reviewing its own performance and in light of the establishment of the new North Yorkshire CCG has undertaken two assessments. The first assessment examines how the CCG compares with the UK Corporate Governance Code, from the Financial Reporting Council. The code is part of a framework of legislation, regulation and best practice standards which aims to deliver high quality corporate governance. The second assessment utilises Healthcare Financial Management Association (HFMA) Audit Committee Handbook guidance and helps to determine if the Governing Body has carried out its duties effectively. The Governing Body reviewed the outcome of both assessments which determined that the Governing Body has carried out its duties effectively in 2020/21.

The Governing Body met throughout 2020/21 and a record of attendance was produced which demonstrated that meetings were quorate and that there was a high level of attendance from all Governing Body Members throughout 2020/21.

The Governing Body and Committees continued to provide strong leadership and oversight to the CCG. The Governing Body has been instrumental in consistently reinforcing the focus of the CCG on quality and meeting its statutory duties in relation to its finances.

The Governing Body agenda is structured to provide an opportunity for the Lay Member for Engagement to provide a formal update on communication and engagement activities and any feedback is discussed. The Governing Body places particular emphasis on quality and safety and discusses any quality and safety issues identified in its comprehensive set of data presented at the formal meeting or raised as part of the feedback received from the chair of the Quality and Clinical Governance Committee.

There have been a number of development sessions held for the Governing Body in 2020/21 and the areas covered at these sessions is shown below.

Governing Body Workshop	Governing Body Workshop Topic
April 2020	• Finance and Planning • ICS Governance • Risk Management Planning for 2020/21 • Development of Vision, Values and Behaviours • Development of Strategic Objectives • COVID-19
June 2020	• Finance and Planning including COVID-19 spend • COVID-19
July 2020	• Joint Governance Arrangements - Review of Joint Committee terms of reference and work plans • COVID-19
August 2020	• CGHQ Certified Cyber Security training for Boards • ICS Governance • COVID-19
October 2020	• Joint Governance Arrangements - Review of Joint Committee terms of reference and work plans • Risk Management, Risk Appetite and Governing Body Assurance Framework review and approval
December 2020	• Risk Management

	• COVID-19
February 2021	• Governing Body and Committees Effectiveness Reviews • Safeguarding training for Boards • COVID-19

11.3.5 UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the clinical commissioning group.

For the financial year ended 31 March 2021, and up to the date of signing this statement, the CCG has aligned with the provisions set out in the UK Corporate Governance Code as demonstrated in the table below.

Leadership
The strategic and operational management of the CCG is led by the Governing Body. The CCG has in place an effective Governing Body comprised of Clinical Leads, Executive Directors and Lay Members, plus other attendees. The Governing Body has a clear delegation of responsibilities to its formal Committees and its Officers; a clear process for decision making; and a Clinical Chair responsible for leadership of the Governing Body. Individual members of the Governing Body bring different perspectives, drawn from their different professions, roles, background and experience. These differing insights into the range of challenges and opportunities facing the CCG, together, ensure that the CCG takes a balanced view across the whole of its business.
Accountability
The CCG's Audit Committee is chaired by the Lay Member for Audit and Governance. The CCG has a series of financial controls in place, including the Prime Financial Policies and Scheme of Reservation and Delegation (SoRD) set out in the Constitution, Operational Financial Policies and Procedures and the Operational Scheme of Delegation (OSD). The CCG has a Risk Management Strategy that has been approved by the Governing Body. The Governing Body also reviewed its risk appetite six months into the year. In April 2020, Internal Audit completed an audit of the CCG's risk management and governance arrangements and provided an opinion of high assurance.

The CCG has a Conflict of Interest Policy and Standards of Business Conduct Policy which have been approved by the Governing Body.

The Audit Chair held the position of Conflicts of Interest Guardian throughout 2020/21 and has been supported by the Board Secretary / Senior Governance Manager in the day to day management of managing conflicts of interest throughout 2020/21.

In February 2021, Internal Audit completed an audit of how the CCG manages conflicts of interest and provided an opinion of high assurance.

The CCG's Information Governance Steering Group, reporting into the Audit Committee, has overseen the improvements required to ensure the CCG achieves its information governance goals.

The CCG appointed Internal Auditors, Audit Yorkshire. External Auditors, Mazars LLP, were appointed on behalf of the CCG. Both Internal Audit and External Auditors report to Audit Committee.

Remuneration

The Remuneration Committee, which is accountable to the Governing Body, makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme.

The Remuneration Committee does not include Members that are fulltime employees or individuals who claim a significant proportion of their income from the CCG. Conflicts of Interest are managed so that no individual is involved in deciding their own remuneration.

Relations with Shareholders

The Governing Body and Primary Care Commissioning Committee meetings provide an opportunity for members of the public and stakeholders to submit questions and receive a response from the Chair and other members of the Governing Body and PCCC. In return, this provides the Governing Body with an opportunity to understand public opinion in order to develop a balanced understanding of the issues and concerns of patients. The CCGs constitution clearly details the decision making process and voting rights. Minutes of the meeting are recorded and published on the CCG website. All Governing Body and PCCC papers are made available on the website in accordance with agreed terms of reference. The CCG also publishes key messages of the Governing Body and PCCC from its meeting with 24hours of the meetings taking place.

The CCG uses its Annual General Meeting to communicate with stakeholders and the general public and encourage their participation. At the AGM, the Chair, and members of the CCGs Governing Body including the Chairs of the Audit Committee and Remuneration Committee are available to answer questions. The CCG publicises the AGM in order to attract interest.

It is vital that the CCG has developed strong working relationships with a range of health care partners in order to be successful commissioners within the local system. These relationships provide CCGs with on-going information, advice and knowledge, to help them make the best possible commissioning decisions.

11.3.6 Discharge of Statutory Functions

In light of the recommendations of the 1983 Harris Review, the Clinical Commissioning Group 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 clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

11.4 Risk Management Arrangements and Effectiveness

The CCG has an agreed Risk Management Strategy in place and is committed to the continued development and maintenance of a positive culture of risk management throughout the organisation. In 2020/21, the CCG, where possible, has sought to minimise risk and has demonstrated its commitment to the active management of preventing risk by continuing to develop and maintain a positive culture of risk management throughout the organisation.

Risk Management is integral to the CCG's decision making and management processes and is embedded at all levels across the organisation.

The Risk Management Strategy demonstrates the approach to risk management and ensures there is a system for monitoring the application of risk management within the CCG, and that actions are taken in accordance with the risk matrix guidance.

The CCGs risk management system is designed to support the delivery of safe and effective health services for service users, staff and wider stakeholders. The CCG believes that risk management is not about risk elimination; it is about encouraging appropriate risk-taking, ie those risks that have been evaluated and which are understood as well as is possible with currently available information. It is recognised that only through appropriate risk-taking will the CCG be able to ensure high quality healthcare services are commissioned. Successful organisations are by their nature successful risk takers and aware of their risk appetite.

CCG Governing Body and Committee forward plans are influenced by key priorities and the Governing Body Assurance Framework (GBAF) to ensure that any risks are being mitigated through robust and timely action plans.

The CCG has identified risks during the year as described in the Risk Management Strategy following input from operational groups and formal meetings.

In 2020, the North Yorkshire CCG developed COVID-19 risk registers, managed by the Quality and Clinical Governance Committee. These risks became part of the 'business as usual' as time progressed. The CCG manages risks through a North Yorkshire Corporate Risk Review Group, led by the Director of Corporate Services, Governance and Performance. Risks are contained within the Directorate Risk Register (containing risks not deemed significant) and Corporate Risk Register (containing risks deemed significant).

The GBAF is the key source of evidence that links the CCG Strategic Objectives to risks. The GBAF provides the Governing Body with a comprehensive method for the effective and focused management of risks that arise in meeting our strategic objectives and provides assurance in relation to how significant risks are being mitigated against and monitored via the system of internal controls established within the CCG.

The Board Secretary has responsibility for developing the GBAF. In 2020/21, the GBAF was developed with Executive Directors and approved by the Governing Body. The Audit Committee reviewed the GBAF prior to Governing Body approval and gave assurance that processes are in place to effectively manage risk across the organisation.

All risks are aligned to Committees which enables the CCG to identify where there are risks associated with meeting statutory duties and the organisation's strategic objectives.

The CCG has identified risks following a process outlined in the Risk Management Strategy. Each risk is evaluated in a consistent way using the risk matrix. Risks are analysed by combining estimates of likelihood and consequence. By ensuring all risk assessments follow the same process of evaluation and calculation the Governing Body can be assured that a continual, systematic approach to all risk assessments is followed throughout the organisation.

The CCG seeks to reduce the risks in all aspects of its work. All policies and programmes are the subject of an Equality Impact Assessment which helps to identify and minimise risk. The CCG has approved policies on conflicts of interest, standards of business conduct and whistleblowing to encourage transparency and encourage reporting of incidents. The CCG works with a local Counter Fraud specialist and Internal Audit to reduce the risks of fraud. The Governing Body receives yearly training on counter fraud in order to refresh learning on what NHS fraud is; the consequences of it; the role of NHS counter fraud and the individual in protecting the NHS and how to report fraud.

All committee and Governing Body papers carry a specific section within the executive summary page to identify high level risks arising from the area under discussion.

The Governing Body has considered its risk appetite and has determined that those risks identified as low or moderate in accordance with the risk matrix can be regarded as acceptable risks which are managed at Directorate level and through the Directorate Risk Register and at the Corporate Risk Review Group.

Those risks both clinical and non-clinical identified as being in the high or above categories are regarded as significant risk and where the Committee cannot immediately introduce control measures to reduce the level of risk to an acceptable level. Any significant risks relating to the CCG's operational business risks are managed through the Corporate Risk Register.

Each individual risk has its own risk appetite. This is an important tool in determining actions that need to be completed in order to mitigate against the risk and reducing the risk score to an acceptable level.

The CCG uses the New Zealand 5x5 risk matrix, consistent with most of the NHS to determine risks.

The CCG endeavours to involve partner organisations in all aspects of risk management, as appropriate. A number of strategic meetings with partner organisations hold their own risk registers and manage risks through the meetings.

CONSEQUENCE	Rare	Unlikely	Possible	Likely	Almost Certain
Extreme	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Negligible	1	2	3	4	5
	LIKELIHOOD				

Overall Risk Score	Risk Significance
1-5	LOW
6-11	MEDIUM
12-15	HIGH
16-20	SERIOUS
25	CRITICAL

The CCG works closely and collaboratively with a wide range of partner organisations and has controls in place to identify risk and ensure that risks are properly managed and afforded an appropriate priority within the risk action plan.

The Clinical Commissioning Group embeds risk management through:

- Governing Body Assurance Framework
- Directorate Risk Register and Corporate Risk Register
- Integrated Impact Assessments, including Equality Impact Assessments

- Policies and procedures
- Standing Financial Instructions and Standing Orders
- Joint risk registers with external partners
- Counter Fraud Policy and awareness campaigns
- Individual performance management process and
- Staff induction.

11.4.1 Capacity to Handle Risk

The Governing Body, Committees and Executive Directors have played a significant part in maintaining and reviewing the effectiveness of the system of internal control in 2020/21 and have managed risks assigned to them.

Governing Body

The Governing Body has a duty to assure itself that the organisation has properly identified the risks it faces, and that it has processes and controls in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Governing Body discharges this duty as follows:

- approval of the group's risk management arrangements
- receives and monitors the Governing Body Assurance Framework, twice at meetings in public and once at a development session
- understanding any risks that may impact on the CCG's achievement of its strategic objectives
- approves and reviews strategies for risk management where required
- receives regular updates from the Director of Corporate Services, Governance and Performance, that identify any new significant risks
- demonstrates leadership, active involvement and support for risk management
- Where the CCG makes arrangements with NHS England or other CCGs to enter into collaborative commissioning, the Governing Body will oversee how risk will be managed and apportioned between parties.

The Governing Body also seeks assurance of the effectiveness of its Committees through an annual review of effectiveness of each committee and an annual report covering all its Committees (see section 11.3.4).

Audit Committee

Responsible for providing an independent overview of the arrangements for risk management within the organisation, with specific responsibilities for financial risk management. The Committee submits it minutes to the Governing Body from all of its meetings. It undertakes its own self-assessment of its effectiveness and reviews Internal and External Audits, the Governing Body Assurance Framework and financial governance reports. The Committee produces an annual report which forms part of the Annual Governance Statement.

As a newly established CCG in 2020, the Audit Committee has received the GBAF, Risk Registers and risk management updates at each of the meetings and is assured that processes are in place to manage risk effectively throughout this time of transition to a North Yorkshire CCG.

Quality and Clinical Governance Committee

As the Committee with overarching responsibility for clinical risk management, it provides assurance to the Governing Body that appropriate clinical risk management arrangements are in place across the organisation. The Quality and Clinical Governance Committee also covers areas including safeguarding, infection control, quality in contracts, incidents and medicines management. The Committee provides a bi-monthly report to the Governing Body of key outcomes from all of its meetings. The Committee undertakes its own annual self-assessment of its effectiveness and produces an annual report which forms part of the Annual Governance Statement.

Following approval of the Risk Management Strategy, the Quality and Clinical Governance Committee receive quarterly reports which details any significant risks aligned to it.

In 2020, at the beginning of the pandemic, the Committee managed COVID-19 risks until they became part of business as usual.

Finance, Performance, Contracting and Commissioning Committee

This Committee reviews financial performance and delivery of the CCG's QIPP programme. It is also responsible for providing the Governing Body with greater clarity and more information about the CCG's financial performance and helps shape its financial strategy. The main services commissioned by the CCG are reviewed by this Committee which also receives commissioning proposals and business cases. The Committee provides a bi-monthly report to the Governing Body of key outcomes from all of its meetings. The Committee undertakes its own annual self-assessment of its effectiveness and produces an annual report which forms part of the Annual Governance Statement.

Following approval of the Risk Management Strategy, the Finance, Performance and Commissioning Committee receive quarterly reports which details any significant risks aligned to it.

Primary Care Commissioning Committee

This Committee provides assurance on the delegated arrangements from NHS England for primary care commissioning. The Committee members make collective decisions on the review, planning and procurement of primary care services under delegated authority from NHS England. The Committee focuses on quality, efficiency, sustainability, productivity and new models of primary care. The Committee submits minutes to the Governing Body from all of its meetings. The Committee undertakes its own annual self-assessment of its effectiveness and produces an annual report which forms part of the Annual Governance Statement.

Following approval of the Risk Management Strategy, the Primary Care Commissioning Committee receives reports which detailed any significant risks aligned to it.

Corporate Risk Review Group

The Corporate Risk Review Group (CRRG) is accountable to the Senior Management Team and is chaired by the Director of Quality/Governance. The CRRG is responsible for ensuring that the Corporate Risk Register and Directorate Risk Register are regularly reviewed and updated by risk owners. The group provides a level of scrutiny and challenge to the process of identifying and measuring risk, culminating in a cycle of continuous monitoring and review.

The Corporate Risk Review Group meets on a monthly basis to review the risk registers. On those months that the group has been unable to meet due to COVID-19 priorities, risk leads have reviewed and update their risks on the registers and have provided assurance that they are satisfied within their directorate that risks are being managed effectively. The Director of Corporate Services, Governance and Performance has been notified by the Board Secretary/Senior Governance Manager if any risks have significantly changed and required to be reviewed at Committee level.

Accountable Officer

The Accountable Officer has overall accountability for the management of risk and is responsible for continually promoting risk management and demonstrating leadership, involvement and support. They, along with the Governing Body, have overall responsibility for the maintenance of financial and organisational controls and to ensure that effective risk management arrangements are in place. The Accountable Officer takes executive responsibility for ensuring that there are effective systems and processes in place and is responsible for ensuring appropriate policies, procedures and guidelines are in place and operating throughout the CCG.

Chief Finance Officer

As Senior Responsible Officer for NHS finances across the North Yorkshire CCG, the Chief Finance Officer is responsible for ensuring that the organisation complies with the Standing Financial Instructions to achieve financial balance and reports financial risks to the Governing Body. The Chief Finance Officer is the SIRO for the organisation.

Director of Corporate Services, Governance and Performance

The Director of Corporate Services, Governance and Performance is responsible for:

- Ensuring risk management systems are in place throughout the CCG and that risk management principles are embedded in organisational culture
- Ensuring the GBAF is regularly reviewed and updated
- Ensuring there is appropriate external review of the CCG's risk management systems, and that these are reported to the Governing Body
- Overseeing the management of risks as determined by the Corporate Risk Review Group (CRRG)
- Ensuring risk action plans are put in place, regularly monitored and implemented.

Chief Nurse

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, as a Registered Nurse on the Governing Body, this person brings a broader view, from their perspective as a Registered Nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care. The Chief Nurse is the Caldicott Guardian for the organisation.

Senior Governance Manager / Board Secretary

The Senior Governance Manager has responsibility for:

- Ensuring that the Governing Body Assurance Framework and Corporate Risk Register are developed, maintained and reviewed by the Executive Directors, the Corporate Risk Review Group, and Committees as appropriate
- Providing advice on the risk management process
- Ensuring that the CCG's Governing Body Assurance Framework and Corporate Risk Register are up to date
- Working collaboratively with Internal Audit.

Other Directors / Heads of Department

Are responsible for ensuring that risks have been properly identified and assessed across all their work areas, paying particular attention to cross-cutting risks. They are responsible for agreeing the Risk Register entries for their work areas and for ensuring that they are actively addressing the risks in their area and escalating risks to the Corporate Risk Review Group, where risks are reviewed.

All Staff

All staff have a duty to comply with the organisation's policies and procedures. Staff that require registration with a professional body must act at all times in accordance with that body's code of conduct and rules.

All staff working for the CCG are responsible for:

- Being aware that they have a duty under legislation to take reasonable care of their own safety and the safety of others who may be affected by the CCG's business and to comply with appropriate CCG rules, regulations, instructions, policies, procedures and guidelines
- Taking action to protect themselves and others from risks
- Identifying and reporting risks to their line manager using the CCG risk processes and documentation
- Ensuring incidents, claims and complaints are reported using the appropriate procedures and channels of communication
- Co-operating with others in the management of the CCG's risks
- Attending mandatory and statutory training as determined by the CCG or their Line Manager
- Being aware of emergency procedures
- Being aware of the CCG's Risk Management Statutory and complying with the procedures.

11.4.2 Risk Assessment

The CCG's risk identification involves examining all sources of risk, both internally and externally and though a variety of sources.

The Governing Body Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achievement of its strategic objectives and to map out key control that should be in place to manage those risks effectively.

All significant risks that have an impact of the CCG's strategic objectives are managed through the Governing Body Assurance Framework and for 2020/21 are detailed below:

Strategic Objective	Principle Risk	Positive Assurance and Controls in Place
Strategic Commissioning	The COVID-19 pandemic and further risk of a second wave of occurring could seriously impact on the delivery of health services for the NY population.	• Robust infection prevention and control measures in place across all health settings. • System Silver Command membership widened to provide increased focus on managing winter pressures and impacts from a second surge. Membership includes representatives from all care sectors and providers. • Comprehensive daily information and reporting on system activity. • Winter plans from health providers completed and operational from 2 November 2020. • Surge plans for 2020/21 prepared and enacted by acute providers, aligned with winter plans. • Surge plans finalised for mental health, primary care and community care. • Primary care OPEL system agreed • Confirmed discharge pathways and operational models/ co-ordinators all agreed • Lessons learned (clinical and operational) • Recovery reporting to Governing Body, including Quality & Performance Dashboard to QCGC. • EPRR, Business Continuity Plan and Major Incident Plan approved by Governing Body.
Acute Commissioning	Sustainability and transformation of services to meet capacity and in acute settings across NY does not keep pace required leading to compromised quality of services and issues with capacity and demand.	• Transformation of planned care delivery including diagnostics and outpatient services across HCV footprint. Aligning work streams with national Adopt and Adapt initiatives as well as exploring prime provider and re-structuring of services at scale. Acute provider working groups feed into HCV Transformation Board. • Acute Trusts using clinical prioritisation of elective waiting list in line with national guidance. ICSs looking at clinical risk review so that common guidance is used. Maximise capacity through elective and cancer care hubs and virtual hubs. • Working with both acute and Independent Sector Providers (ISP) to clearly understand amount of activity and clinical threshold required to maximise capacity now Increasing Capacity Framework published. • The NY & Y Cancer Recovery Plan and assurance report includes services at HDFT, YTHT and STHT. Reported through Governing Body Performance Report and monthly to SLE via Clinical Network Lead.
Engagement with Patients and Stakeholders	Insufficient system wide engagement and decision making of partner organisations could impact on the CCGs ability to work effectively to transform the way services are commissioned for the local population.	• Regular meetings with system partners at all levels, led by VSMs • Cooperative working though ICS structures • Strong professional relationships and interorganisation intelligence sharing in place • MoUs and ToR for Joint Committees and joint commissioning arrangements. • Council of Members / Member Practice meetings • Trust workplace plans in place • Regular contract monitoring • Regular reporting of any developments through formal committees and to the Governing Body
Vulnerable People	Limited external oversight of care and treatment for people who are most at risk	• SI reports / never event reports to the Chief Nurse and QCGC. • Ongoing contact with partners including NYC Quality and Assurance Team and CQC to pick up any early indicators of concerns and to provide support

Strategic Objective	Principle Risk	Positive Assurance and Controls in Place
	i.e., those at home alone; and in care facilities with compromised staffing and with an increase in restrictive practices, will lead to an increased risk of abuse and neglect to vulnerable groups.	• Advice and guidance to providers when needed; telephone support; webinars; email contact; training; links to guidance and support with supplies. • Regular virtual meetings with NYS Quality Assurance Team, CQC and CCG to discuss intelligence pertaining to care providers. • Domestic Abuse support services have altered support arrangements to continue to provide a service to victims of Domestic Abuse. • Daily multi provider command calls provides assurance regarding issues with care homes / domiciliary care. • Acute provider trust and TEWV meetings in place • Contract meetings: TEWV Clinical quality meeting and Harrogate quality meeting • Links with safeguarding teams • CRRG monthly monitoring of risks
Vulnerable People	Due to the government advice re social distancing/isolation there are reduced opportunities for health providers and other partner agencies to have face to face contact with vulnerable children and their families, therefore there is a greater risk that safeguarding children's issues will not be identified and addressed.	• 'The Designated Nurses have worked with the LA and other partner agencies to agree temporary arrangements whereby key meetings regarding children subject to child protection plans and children in need take place virtually. This will provide the opportunity to review existing multi-agency plans and agree future actions. The Designated Nurses have also liaised with the 0-19 Healthy Child Service across North Yorkshire with regard to arrangements for ongoing support and contact with vulnerable children and families. • Close monitoring in partnership with Police and Social Care and other partner agencies such as IDAS (Independent Domestic Abuse Service). • Continuation of domestic abuse notifications from police to midwives and 0-19 practitioners to support targeted interventions. Also working with relevant agencies to ensure that staff working in swabbing stations are provided with information in relation to domestic abuse services so that they can support any members of the public who approach them with disclosures. Parents encouraged to continue to access health care for children as needed - RCPCH 'Traffic Light' guidance distributed to all parents via text messaging from 0-19 service. • Working with Primary Care (finding/contacting vulnerable families). • Consider additional work using Covid money. • Vulnerable families RAG rated by Social Care to target support.
Well Governed and Adaptable Organisation	Insufficient workforce, talent management and succession planning system wide could lead to inability to deliver statutory duties and organisational objectives and priorities.	• Publication of The People's Plan – aims to tackle the range of workforce challenges in the NHS, recognising that this is one of the strategic risks for the NHS. • Appraisal process in place with a focus on talent management and succession planning • CCG's working together on a wider footprint to align resources and functions where possible. • Establishment of the Communication and Engagement Group which includes elements of staff engagement. • Establishment of Primary Care Networks building on resilience within PC services.

All identified risks have key controls, how assurance will be given, gaps in assurance, action plans to address gaps and detail the risk leads. All risks are also aligned to a Committee and reports are received quarterly detailing changes in scoring.

During 2020/21 the CCG has maintained sound risk management and internal control systems as described in the risk management section of this statement.

In March 2021, Internal Audit completed an audit of the CCG's risk management and governance arrangements and provided an opinion of high assurance.

11.5 Other Sources of Assurance

11.5.1 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.

The CCG has a number of internal control measures in place monitored by the Governing Body and Audit Committee, these include: the risk management strategy, scheme of reservation and delegation, operational scheme of delegation, physical controls, management controls, security controls, accounting controls, policies, and mandatory training.

In addition, the Governing Body Assurance Framework (GBAF) is the key document which provides an overview of the controls and assurances in place to ensure that the CCG is able to achieve its strategic objectives and manage the principal risks identified.

The governance structure within the CCG provides the control mechanism through which the monitoring and mitigation of risks are managed and escalated to the Governing Body (as described in the previous section).

Each Committee produces an annual report which provides the Governing Body with a summary of the work done and in particular how Committees have discharged their responsibilities in supporting the CCG's Annual Governance Statement and Assurance Framework.

11.5.2 Annual Audit of Conflicts of Interest Management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016 and revised in June 2017) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The CCG has carried out their annual internal audit of conflicts of interest which confirmed that the CCG has put in place arrangements to manage conflicts of interest that comply with the statutory guidance issued by NHS England in June 2017. The CCG can demonstrate a positive approach and culture towards the management of conflicts of interest.

The audit has not identified any areas on non-compliance or partial compliance that the CCG should declare in its Annual Governance Statement.

Internal Audit offered an opinion of High Assurance that the CCG has in place arrangements to manage conflicts of interest and gifts and hospitality, including compliance with NHS England's statutory guidance on managing conflicts of interest for CCGs.

11.5.3 Data Quality

The Governing Body and its committees receive monthly performance and quality reports which contain a significant range of data which officers ensure is the most up to date available and from reliable sources such contract data sets, nationally published data etc.

The Governing Body, as part of the monthly discussions on all reports, seek assurance on the accuracy and timeliness of the data and have found it acceptable.

11.5.4 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.

The CCG places 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 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, involving breaches of confidentiality and Data Protection Legislation.

The Clinical Commissioning Group will complete and submit its 2020/21 Information Governance Toolkit ahead of the national deadline on 30 June 2021. In seeking further assurance of the quality of evidence provided, Internal Audit will carry out an assessment of the evidence supporting the Information Governance Toolkit return.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. The CCG's Chief Finance Officer is the Senior Information Risk Owner (SIRO) and the Chief Nurse is the Caldicott Guardian. The CCG has an Information Governance Steering Group that reports to the Audit Committee and addresses information governance matters for the CCG.

NECS was the CCG's main business intelligence provider in 2020/21.

Other primary data sources such as human resources information and financial data are managed via national systems.

11.5.5 Business Critical Models

In the Macpherson report 'Review of Quality Assurance of Government Analytical Models', published in March 2013, it was recommended that the Governance Statement should include confirmation that an appropriate Quality Assurance framework is in place and is used for all business critical models. Business critical models were deemed to be analytical models that informed government policy. The CCG can confirm that in 2020/21 it has not developed any analytical models which have informed government policy.

11.5.6 Third Party Assurances

The CCG receives financial transaction and reporting services from the NHS Shared Business Services. Service auditor reports are received on an annual basis and gives assurance on this business arrangement.

The CCG receives financial transaction and reporting services from NHS Business Services Authority with regards to prescribing. Service auditor reports are received on an annual basis and gives assurance on this business arrangement.

The CCG receives financial transaction services from NHS Digital with regards to GP Payments. Service auditor reports are received on an annual basis and gives assurance on this business arrangement.

The CCG receives payroll services from the national NHS Electronic Staff Record (ESR), administered by Victoria Pay Services. Service auditor reports are also received on an annual basis and gives assurance on this business arrangement.

The CCG receives Information Technology and Business Intelligence services from NECS. Assurance is gained through regular contract monitoring and review meetings where outstanding issues are raised and resolved, and future improvements are discussed and agreed.

11.6 Control Issues

In the Month 9 Governance Statement return, the CCG reported that for 2020/21 that it will meet its financial statutory duty. The position has been reported throughout the year to our regulator NHS England, our Council of Members, our Governing Body and various internal committees. As previously described, the CCG continues to demonstrate strong leadership and is has received an internal audit opinion of significant assurance on its Financial Governance and Reporting.

11.7 Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Governing Body has overarching responsibility for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the group's principles of good governance.

The CCG closely monitors budgetary control and expenditure. The annual budget setting process for 2020/21 was approved by the Governing Body and was communicated to all budget holders within the CCG. The Governing Body receives a Finance and Contract Report from the Chief Finance Officer at every Governing Body meeting. The Chief Finance Officer is the SIRO and a member of the Governing Body and is responsible for supervising the financial and control systems.

The Audit Committee will have the opportunity to scrutinise in detail the CCG's financial statements for 2020/21 at its meeting in June 2021, together with the report from external audit, before these are presented to Governing Body. The CCG has received an internal audit report giving high assurance on the controls in place for ensuring good governance of its financial systems.

The Audit Committee, which is accountable to the Governing Body, provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with the laws, regulations and directions governing NHS bodies. The CCG develops its control framework based on the opinion and recommendation of Internal Audit and External Audit during the year and ensures that controls operate effectively and continuously identify areas for improvement. Audit action plans are monitored and implementation reviewed by the Directors and reported to the Audit Committee. Internal Audit plans, approved by the Audit Committee at the outset of the year, are linked to the CCG's governing body assurance framework with a particular focus on financial and corporate governance.

The Governing Body receives regular reports from the Audit Committee and Joint Finance, Performance, Contracting and Commissioning Committee. The Governing Body forward plan and agenda provides an opportunity for the Chair of each Committee to report at each meeting and raise any matters of concern.

The CCG has undertaken a year-end assessment for 2020/21 in the form of a self-assessment submission and also a year end executive level meeting with NHS England.

11.7.1 Delegation of Functions

The Governing Body has approved delegation of powers through the Scheme of Reservation and Delegation and terms of reference for committees.

As described above the Governing Body monitors this through regular reports from the CCG's Officers and its committees. These reports cover use of resources and responses to risk.

As previously described, processes are in place which includes risk assessment, management and monitoring in relation to collaborative commissioning. This is part of the overall framework of risk management of the CCG. In addition, where delegated arrangements are in place these are supported by:

- Governing Body Assurance Framework
- Corporate Risk Register and Directorate Risk Register
- Corporate Risk Review Group, accountable to Senior Management Team
- Memoranda of Understanding
- Reports to Council of Members
- Consistent and regular reporting through Committees of the Governing Body
- Consistent and regular reporting through management board arrangements

In the context of commissioning support services, services are supported by robust service specifications and formal contract management arrangements.

11.7.2 Counter Fraud Arrangements

The CCG has a team of accredited Counter Fraud Specialists (LCFS) that are contracted to undertake counter fraud work proportionate to identified risks.

In January 2020 the NHS Counter Fraud Authority (NHSCFA) issued Standards for commissioners – fraud, bribery and corruption to LCFSs and Chief Finance Officers. The standards outlined an organisation's corporate responsibilities regarding counter fraud and the key principles for action. In May 2020 the LCFS produced an annual counter fraud plan aligned to the standards.

The CCG's Audit Committee reviews and approves the annual counter fraud plan identifying the actions to be undertaken to promote an anti-fraud culture, prevent and deter fraud and investigate suspicions of fraud. The LCFS also produces an annual report for the CCG and regular progress reports for the review and consideration of the Chief Finance Officer and the Audit Committee.

The Chief Finance Officer for the CCG is proactively and demonstrably responsible for tackling fraud, bribery and corruption and the LCFS regularly attends the Audit Committee. The CCG has also appointed an officer at the CCG as a Counter Fraud Champion to assist and support the work of the LCFS.

The CCG's counter fraud arrangements are currently in compliance with NHSCFA's Standards for commissioners: fraud, bribery and corruption. These arrangements are underpinned by the appointment of the LCFSs, the introduction of a CCG-wide countering fraud and corruption policy and the nomination of the Chief Finance Officer as the executive lead for counter fraud. However, it should be noted that these standards have subsequently been superseded by the Government Functional Standard GovS 013: Counter Fraud (Functional Standard), which was formally introduced in February 2021.

The LCFS completes an annual self-assessment of compliance against the NHSCFA's standards, which is reviewed and approved by the Chief Finance Officer and Audit Committee Chair prior to submission to the NHSCFA. The 2019/20 assessments for the three North Yorkshire CCGs were completed with reference to the NHSCFA "Standards for Commissioners". The assessments were submitted in May 2020 with an overall assessment of green. In 2021 the NHSCFA released their interpretation of how the Government Functional Standard GovS 013: Counter Fraud should be applied within NHS organisations, and published a set of "NHS Requirements" which replaced the "Standards for Commissioners". The LCFS has completed a self-assessment for 2020/21 based on the new NHS Requirements. This self-assessment has been reviewed by the CFO and Audit Committee Chair and was submitted prior to the NHSCFA deadline of the 31st of May. The overall grading was amber and a summary of the return is included within the Annual Counter Fraud Report 2020/21.

11.8 Head of Internal Audit Opinion

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

HEAD OF INTERNAL AUDIT OPINION
ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT
NHS NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP
FOR THE YEAR ENDED 31 MARCH 2021

11.8.1 Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement, along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the Clinical Commissioning Group like other organisations across the NHS have faced unprecedented challenges due to COVID-19.

11.8.2 Executive Summary

This Head of Audit Opinion forms part of the Annual Report for NHS North Yorkshire Clinical Commissioning Group in which the planned internal audit coverage and outputs during 2020/21 and Audit Yorkshire's Key Performance Indicators (KPIs) are detailed.

Key Area	Summary
Head of Internal Audit Opinion & the Role of Internal Audit During the Pandemic	The overall opinion for the period 1st April 2020 to 31st March 2021 provides Significant Assurance, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The Internal Audit Standards Advisory Board (IASAB) issued guidance regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic (May 2020). All our work has continued to be delivered in full compliance with the PSIAS.

Key Area	Summary
	Audit Yorkshire adopted a pragmatic approach to the delivery of your Internal Audit Service during 20/21, with the focus on the delivery of your Head of Internal Audit Opinion. This again, was in line with the IASAB guidance. We supported you through the provision of a wide range of briefings, updates and benchmarking materials focused on helping you manage the challenges of COVID-19. We also supported the wider NHS systems across Audit Yorkshire's client base / geographies through the redeployment of our staff to maintain the effective delivery of services.
Planned Audit Coverage and Outputs	The 2020/21 Internal Audit Plan has been delivered with the focus on completion of high priority or 'must do' audits to support the provision of a meaningful Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year. The impact on the organisation of COVID-19 required us to review your internal audit risk assessment and plan for 2020/21 on a regular basis, in liaison with yourselves. As part of this assessment we took account of the following: • How the organisation has implemented NHSE&I guidance, issued to support them in responding to COVID-19, whilst still discharging their stewardship responsibilities; • Any revisions to the organisation's strategic priorities as well as liaising with you to review areas for internal audit focus; • Independent assurance requirements on how COVID-19 costs are captured and claimed across a range of areas; and • Mandated review requirements and audits which from a professional internal audit perspective are pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion. Therefore review coverage has been focused on: • The organisation's Assurance Framework; • Core and mandated reviews, including follow up; and • A range of individual risk based assurance reviews. No limited coverage of any area of the plan occurred due to the impact of the pandemic.

Key Area	Summary
Quality of Service Indicators	The External Quality Assessment, undertaken by CIPFA (2020), provides assurance of Audit Yorkshire's full compliance with the Public Sector Internal Audit Standards.

11.8.3 Roles and responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accounting Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accounting Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process;
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its Annual Governance Statement.

11.8.4 The Opinion

My opinion is set out as follows:

1. Basis for the opinion;
2. Overall opinion;
3. Opinion Definitions
4. Commentary.
5. Considerations for your Annual Governance Statement
6. Looking Ahead

The **basis** for forming my opinion is as follows:

- An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.
- An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Unless explicitly detailed within our reports, third party assurances have not been relied upon.

Overall Opinion

Our **overall opinion** for the period 1st April 2020 to 31st March 2021 is:

Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

Opinion Definitions

The following potential opinion levels are available when determining the overall Head of Internal Opinion. These levels link closely with our standard definitions for report opinions:

Opinion Level	HOIA Opinion Definition
High (Strong)	High assurance can be given that there is a strong system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are being applied consistently in all areas reviewed.
Significant (Good)	Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.
Limited (Improvement Required)	Limited assurance can be given as there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.
Low (Weak)	Low assurance can be given as there is a weak system of internal control and/or significant weaknesses in the application of controls that will result in failure to achieve the organisation's objectives.

Where limited or low assurance is given the management of the Governing Body must consider the impact of this upon their overall Governing Body Assurance Framework and their Annual Governance Statement.

The **commentary** below provides the context for my opinion and together with the opinion should be read in its entirety.

The design and operation of the Assurance Framework and associated processes

As a newly established Clinical Commissioning Group (CCG) from 2020/21, a significant focus was placed on providing assurance on the governance and risk management arrangements within the new organisation.

The CCG can demonstrate that there are good governance arrangements in place to discharge its functions and effectively make decisions. The CCG Constitution was developed with input and approval from NHS England and outlines the statutory framework for the operation of the CCG in line with NHS legislation. The Constitution is informed and supported by a number of key documents which provide further detail on how the CCG will operate, including the Standing Orders, Scheme of Reservation and Delegation, Prime Financial Policies, Standing Financial Instructions, and the CCG Corporate Governance Handbook.

Governance roles and responsibilities are clearly defined in the CCG Constitution and Corporate Governance Handbook. Procedures for making decisions are adequately defined in the Constitution, where the Scheme of Reservation and Delegation, Standing Orders and Standing Financial Instructions outline the procedural framework in place.

The Governing Body and Committees within the governance structure of the CCG are operating effectively and in line with their Terms of Reference. All the Committees (Statutory and Non-Statutory) have approved Terms of Reference in place.

The CCG undertook an evaluation of the effectiveness of the Governing Body and each Committee, which confirmed that arrangements are effective. This evaluation utilised a comparison with the UK Corporate Governance Code from the Financial Reporting Council, and the Healthcare Financial Management Association (HFMA) Audit Committee Handbook.

Each Committee has prepared an Annual Report for the Governing Body which provides further detail about how the Committee has undertaken its duties throughout the year and complied with its Terms of Reference. Actions arising during a Committee meeting are being recorded and monitored until implemented. The Governing Body receives regular key message updates from each Committee as well as updates from the Accountable Officer and the Clinical Chair. Minutes from the Statutory Committees are also submitted to the Governing Body. Committees have an agreed work plan and monitor attendance at meetings as well as quoracy.

Risk Management arrangements in place are good with a robust Risk Management Framework that is regularly considered by the Audit Committee, who provide assurances on these arrangements to the Governing Body. Key risks to the achievement of the CCG's objectives are being effectively managed and reported.

As part of the CCG's response to the Covid-19 pandemic, a new Covid-19 Risk Register was established and reviewed every two weeks by members of the Quality and Clinical Governance Committee. This Committee met bi-monthly to discuss and review all Covid-19 related risks. Sound risk management arrangements were put in place with the Director of Governance as lead officer with responsibility for managing these dynamic risks, supported by the Senior Governance Manager. Risk methodology used mirrored that of the Corporate Risk Register / Directorate Risk Register but all risks regardless of score were considered at a Committee level. All Covid-19 risks transitioned into the Corporate Risk Register and Directorate Risk Register and were reviewed by the Corporate Risk Review Group, Audit Committee and Governing Body.

As a newly established CCG, the Governing Body agreed a low risk appetite in comparison to usual practice. In October 2020 when the position was more stable, the Governing Body approved an increase to the risk appetite to reflect the position. This revised risk appetite was communicated to the entire organisation, including the Audit Committee. This change was further reflected within the Risk Management Strategy.

Whilst certain meetings have not been possible due to the pandemic, risks have been reviewed virtually and assurances received from risk owners. On 22 October 2020, Audit Yorkshire provided a Governing Body Development session on Risk Management to all members of the Governing Body.

The range of individual opinions arising from risk-based audit assignments, contained within risk-based plans that have been reported throughout the year.

Core & Risk Based Reviews Issued

We issued:

6 **high** assurance opinions:	Conflicts of Interest, Declarations of Interests, Gifts and Hospitality Governing Body & Committee Effectiveness Combined Governance Framework Safeguarding Children Budgetary Control and Reporting and Key Financial Controls Hosted Services Follow Up
5 **significant** assurance opinions:	Equality and Diversity Follow Up Children's Continuing Care Children's Commissioning Arrangements Safeguarding Adults Primary Care Commissioning & Contracting (Substantial)
0 **limited** assurance opinions:	N/A
0 **low** assurance opinions:	N/A
0 reviews without an assurance rating	N/A

* The following three reports have been written in draft but have yet to be discussed with management. The opinion has therefore not been validated and is not shown in the table above:

- Special Educational Needs and Disability (SEND)
- Personal Healthcare Budgets (PHBs)
- Section 117 Mental Health Aftercare.

During the year we have been asked to review Covid-19 Support Fund for General Practices Claims as an advisory piece of work. Due to the timing of the vaccination programme however, we have experienced delays in obtaining the relevant evidence from the GP Practices but testing has now recommenced and a draft report will be issued mid-June 2021.

Internal Audit has also been asked to test the financial arrangements in place for those patients leaving hospital into a continuing care environment as part of the Covid-19 arrangements. This work is ongoing and will be reported to the Audit Committee in due course.

In addition, fieldwork is ongoing to complete the mandated Data Security & Protection Toolkit, which will be finalised in time to achieve the submission dates per the national timetable. To date, no major areas of concern have been identified.

Follow Up

A total of 100 Internal Audit recommendations have been live during 2020/2021 (this includes recommendations from previous years' reports that were still live in April 2020).

During the course of the year, we have undertaken work to track the implementation of Internal Audit Recommendations. The Recommendation clear up summary 2020/21 was as follows:

Overdue	Overdue with Revised Date	Not Yet Due	Implemented	Total	% Overdue
0	3	2	95	100	0%

We can conclude that the organisation has made excellent progress with regards to the implementation of recommendations, with the vast majority of recommendations being implemented on a timely basis. We can confirm that we have received appropriate support from the Executive Directors in relation to these and recommendations have been regularly reviewed by the Audit Committee throughout the year.

Consideration for your Annual Governance Statement

The Head of Internal Audit Opinion is one source of assurance that the organisation has in providing its Annual Governance Statement and other third party assurances should also be considered. In addition, the organisation should take account of other

independent assurances that are considered relevant. We recommend that the Executive Summary above (page 10) is used in your Annual Governance Statement.

A significant overall opinion has been provided.

Looking Ahead

This opinion is provided in the context that NHS North Yorkshire Clinical Commissioning Group like other organisations across the NHS continues to face a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic response and COVID-19 recovery. The COVID-19 pandemic led to changes to the NHS financial framework, the establishment of the control and command structures both regionally and within individual organisations and an ongoing focus on the emergency response. This has required NHS organisations to operate in a different way to previous 'business as usual' practice. Guidance was clear that financial constraints must not stand in the way of taking immediate and necessary action but that there was no relaxation in fiduciary duties.

Bold decision making will continue to be needed as organisations recover from COVID-19 whilst at the same time maintaining due focus on governance, probity and internal control. The maintenance of robust financial and organisational control is at the heart of the Head of Internal Audit Opinion and we will continue to work with the organisations we serve to provide timely advice and insight throughout 2021/22.

During the COVID-19 response, there has been an increased collaboration between organisations as they have come together to develop new ways of delivering services safely and to coordinate their responses to the pandemic. This focus on collaboration will continue as the NHS progresses on its journey towards integrated care systems.

Audit Yorkshire has refreshed its planning approach for 2021/22 to take account of the impact of COVID-19 and the moves towards integrating care. Our plans for 2021/22 therefore focus on post-COVID recovery, on how our work can make a real difference on Patient Care and on maximising opportunities for sharing knowledge and learning. In particular, the strategy we have adopted has ring fenced provision in plans to carry out co-ordinated audits across all Audit Yorkshire Members and clients, or at Place, ICS or Sector level. Our plans for 2021/22 leave us very well placed to support organisations in their delivery of the six key priority areas listed in the NHS Operational Planning Guidance issued on 25 March 2021.

Helen Kemp-Taylor
Head of Internal Audit and Managing Director
Audit Yorkshire
June 2021

12 Review of the Effectiveness of Governance, Risk Management and Internal Control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the 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 and their have provided detail on areas of internal control to consider:

Service Auditor Reports

North Yorkshire CCG, like all CCGs, relies on national systems to undertake some of its day-to-day activities. The CCG receives Service Auditor Reports (SARs) from the external auditors of these systems to give it the assurance that they are being properly governed and appropriate policies and procedures are in place and being adhered to. Four of the SARs that North Yorkshire CCG place reliance on have been issued for 2020/21 but have been qualified. North Yorkshire CCG has reviewed these qualifications and has assured itself that it has its own procedures in place which mitigate any concerns.

Payroll and HR System

The national system holds HR data and undertakes payroll functions. Our CCG sets pay budgets on an individual level using national information such as pay-scales, employer national insurance rates, and employer NHS pension rates. Each month both the CCG finance team and the relevant budget holders scrutinise individual pay to ensure it is consistent and within budgets. Any anomalies are immediately investigated with relevant line managers and the Human Resources team.

Finance Ledgers System

Issues raised with regards to the sales ledger element. Our CCG has its own Income Register to monitor and control the raising of sales invoices. The CCG also reviews the debtors list on a fortnightly basis and undertakes any relevant actions to understand debt and collect outstanding debt. These internal controls give the CCG confidence that this SBS control issue would not impact at all on the CCG's financial position.

GP Payments System

GP contract details and parameters is dealt with nationally. Our CCG works very closely with specialist primary care finance staff at NHS England through its co-commissioning of primary care services arrangements. This dedicated finance team assist the CCG in setting budgets using national guidance/polices and through their in-depth understanding of the make-up of local GP practices.

Variance against these budgets is monitored on a monthly basis by this team with a detailed monthly report submitted to the CCG. The CCG also has good working relationships with its local GP practices whereby verification of anomalies can be made directly.

Prescribing Costs

Prescribing costs are dealt with nationally and recharged accordingly to CCGs. Our CCG employs a dedicated medicines management team which includes qualified pharmacists. One of their functions is to review prescribed medication at an individual patient level. Checks undertaken include the appropriateness of the medications prescribed. The team also constantly review the prescribing authority's information to check its accuracy. Errors, such as costs arising from a prescribing GP no longer employed by a local practice, are corrected on the system and recharged accordingly.

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.

I have been advised on the implications of the result of this review by:

- The Governing Body
- The Audit Committee
- Primary Care Commissioning Committee
- Quality and Clinical Governance Committee
- Finance, Performance, Contracting and Commissioning Committee
- Executive Directors Meetings
- Corporate Risk Review Group
- Internal Audit and External Audit

This report describes in detail the CCG’s approach to its governance structure, risk management and the systems of internal control.

- The Governing Body and Audit Committee have provided regular feedback on the completeness and effectiveness of the systems of internal control though the reports.
- Internal controls are subject to review and have been included in the Internal Audit Plan for 2020/21.
- Due to the establishment of the CCG in April 2020, the terms of reference for each Committee were new for 2020/21.

- Due to the establishment of the CCG in April 2020, the Constitution and statutory appendices were new for 2020/21 and ensure governance arrangements are both compliant with the latest recommendations and are effective.
- The Governing Body has attended development sessions throughout the year and has completed a review of its own effectiveness for 2020/21.
- All Committees have carried out self-assessments of their effectiveness. The outcome of the self-assessments have been reviewed by the Governing Body.
- All Committees produced an annual report for 2020/21. The annual reports were approved by the Committees and form part of the Annual Governance Statement.
- The Governing Body and all Committees have an annual forward plan based on the CCG's work plan and the Scheme of Reservation and Delegation.
- The Governing Body and Primary Care Commissioning Committee met regularly in public in line with statutory requirements.

Conclusion

I am assured, by the detail in this Annual Governance Statement and by the Head of Internal Audit statement, that in 2020/21 the CCG has operated within a robust system of internal control and no significant internal control issues have been identified.

I am aware that four of the Service Auditor Reports (SARs), received from the external auditors of these systems and that North Yorkshire CCG place reliance on, have been issued for 2020/21 but have been qualified. North Yorkshire CCG has reviewed these qualifications and has assured itself that it has its own procedures in place which mitigate any concerns.

Amanda Bloor
Accountable Officer
June 2021

NHS North Yorkshire Clinical Commissioning Group

Remuneration and Staff Report

13 Remuneration and Staff Report

13.1 Remuneration Committee

Details of the Remuneration Committee and activity is available in section 11.3.2.

13.2 Policy on the Remuneration of Senior Managers

Very Senior Managers' pay rates are set taking into account guidance received from NHS England. Other senior managers are paid in accordance with Agenda for Change Terms and Conditions of service.

13.2.1 Senior Managers Performance Related Pay (not subject to audit)

No performance related pay was paid to any senior manager of the CCG in 2020/21.

13.2.2 Senior Managers Service Contracts (not subject to audit)

No senior managers for the CCG have been engaged under service contracts in 2020/21.

13.3 Policy on the Remuneration of Very Senior Managers 2020/21

The CCG has continued to set pay rates for its Very Senior Managers' taking into account guidance received from NHS England. Other senior managers are paid in accordance with Agenda for Change Terms and Conditions of service.

The CCG will continue to follow appropriate guidance on setting remuneration levels for Very Senior Managers and will take into account the prevailing financial position of the wider NHS and the need for pay restraint. Performance of Very Senior Managers will be monitored in line with the organisation's objective setting and appraisals processes.

Very Senior Managers are employed on substantive and permanent contracts. They are required to give and are entitled to receive three months' notice. Any termination payments will be made in line with the individual's contract of employment and terms and conditions of service.

13.4 Senior Manager Remuneration 2020/21 (subject to audit)

2020-21 Salaries and Allowances						
Name and Title	**(a) Salary (bands of £5,000) £000**	**(b) Expense payments (taxable) to nearest £100 £00**	**(c) Performance pay and bonuses (bands of £5,000) £000**	**(d) Long-term performance pay and bonuses (bands of £5,000) £000**	**(e) All pension related benefits (bands of £2,500) £000**	**(f) Total (bands of £5,000) £000**
Dr C Parker Clinical Chair/GP	80-85	-	-	-	17.5-20.0	95-100
Dr A Ingram Vice-Clinical Chair/GP (note a)	35-40	-	-	-	-	35-40
Mrs A Bloor Accountable Officer	145-150	-	-	-	40.0-42.5	185-190
Mrs J Hawkard Chief Finance Officer	130-135	-	-	-	37.5-40.0	165-170
Mrs W Balmain Director of Strategy and Integration	115-120	-	-	-	37.5-40.0	155-160
Mr S Cox Director of Acute Commissioning	115-120	-	-	-	32.5-35.0	150-155
Mrs S Peckitt Chief Nurse	105-110	-	-	-	127.5-130.0	230-235
Mrs J Warren Director of Corporate Services, Governance and Performance	115-120	-	-	-	35.0-37.5	150-155
Dr P Billingsley GP	100-105	-	-	-	-	100-105
Dr M Hodgson GP	55-60	-	-	-	-	55-60
Dr C Ives GP	50-55	-	-	-		50-55
Dr B Willoughby	90-95	-	-	-	37.5-40.0	130-135

2020-21 Salaries and Allowances						
Name and Title	**(a) Salary (bands of £5,000) £000**	**(b) Expense payments (taxable) to nearest £100 £00**	**(c) Performance pay and bonuses (bands of £5,000) £000**	**(d) Long-term performance pay and bonuses (bands of £5,000) £000**	**(e) All pension related benefits (bands of £2,500) £000**	**(f) Total (bands of £5,000) £000**
GP						
Mrs K Kennady Lay Member	10-15	-	-	-	-	10-15
Mrs S Powell Lay Member	10-15	-	-	-	-	10-15
Mr K Readshaw Lay Member	10-15	-	-	-	-	10-15
Dr I Woods Secondary Care Doctor	30-35	-	-	-	-	30-35

Notes

a) – Dr A Ingram was vice clinical chair until the 31st December 2020.

13.5 Senior Manager Remuneration 2019/20 (subject to audit)

2019-20 Salaries and Allowances						
Name and Title	**(a) Salary (bands of £5,000) £000**	**(b) Expense payments (taxable) to nearest £100 £00**	**(c) Performance pay and bonuses (bands of £5,000) £000**	**(d) Long-term performance pay and bonuses (bands of £5,000) £000**	**(e) All pension related benefits (bands of £2,500) £000**	**(f) Total (bands of £5,000) £000**
Dr C Parker Chair (HRW CCG)	70-75	0	0	0	17.5-20	90-95
Dr A Ingram Clinical Chair/GP (HaRD CCG)	50-55	0	0	0	0	50-55

2019-20 Salaries and Allowances						
Name and Title	**(a) Salary (bands of £5,000) £000**	**(b) Expense payments (taxable) to nearest £100 £00**	**(c) Performance pay and bonuses (bands of £5,000) £000**	**(d) Long-term performance pay and bonuses (bands of £5,000) £000**	**(e) All pension related benefits (bands of £2,500) £000**	**(f) Total (bands of £5,000) £000**
Mrs A Bloor Accountable Officer (see note a)	55-60	0	0	0	57.5-60.0	110-115
Mrs J Hawkard Chief Finance Officer 1/11/19 - 31/3/20 (see note c)	20-25	0	0	0	35.0-37.5	55-60
Mrs W Balmain Director of Strategy and Integration 1/4/19-30/4/19 1/5/19-31/3/20 (see note d)	5-10 40-45	0 0	0 0	0 0	2.5-5.0 10.0-12.5	10-15 50-55
Mr S Cox Director of Acute Commissioning (see note e)	45-50	0	0	0	15.0-17.7	60-65
Mrs S Peckitt Chief Nurse 28/6/19-31/3/20 (see note f)	25-30	0	0	0	50.0-52.5	75-80
Mrs J Warren Director of Corporate Services, Governance and Performance 15/7/19-31/3/20 (see note g)	25-30	0	0	0	0	25-30
Dr P Billingsley GP (SR CCG)	75 - 80	0	0	0	0	75 - 80
Dr M Hodgson GP (HRW CCG)	55-60	0	0	0	0	55-60
Dr C Ives GP (SR CCG)	40 - 45	0	0	0	0	40 - 45
Dr B Willoughby GP (HaRD CCG)	85-90	0	0	0	40.0-42.5	130-135

2019-20 Salaries and Allowances						
Name and Title	**(a) Salary (bands of £5,000) £000**	**(b) Expense payments (taxable) to nearest £100 £00**	**(c) Performance pay and bonuses (bands of £5,000) £000**	**(d) Long-term performance pay and bonuses (bands of £5,000) £000**	**(e) All pension related benefits (bands of £2,500) £000**	**(f) Total (bands of £5,000) £000**
Mrs K Kennady Lay Member (HaRD CCG)	5-10	0	0	0	0	5-10
Mrs S Powell Vice Chair (HaRD CCG)	10-15	0	0	0	0	10-15
Mr K Readshaw Lay Member (HRW/SR CCG)	15-20/ 5-10	0/ 0	0/ 0	0/ 0	0/ 0	15-20/ 5-10
Dr I Woods Secondary Care Doctor (HaRD/SR CCG)	15-20/ 15-20	0/ 300	0/ 0	0/ 0	0/ 0	15-20/ 15-20

Notes

Several of the following notes make reference to post-holders working across the 3 North Yorkshire CCGs. These individual organisations are:

- NHS Harrogate and Rural District CCG
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Scarborough and Ryedale CCG

The figures disclosed the in table above for this period represent NHS Harrogate and Rural District CCG's proportional share of the total cost.

a) Mrs A Bloor was Chief Officer for the 3 North Yorkshire CCGs: In total Mrs Bloor's salary falls within the bands of £145,000 to £150,000 and her pension related benefits fall within the bands of £152,500 to £155,000.

b) Mr I Dobinson was Chief Finance Officer for the 3 North Yorkshire CCGs between 1st July 2019 and 31st October 2019. For this period, in total, Mr Dobinson's salary falls within the bands of £30,000 to £35,000. Mr Dobinson did not contribute towards a pension.

c) Mrs J Hawkard was Chief Finance Officer for the 3 North Yorkshire CCGs from the 1st November 2019. For this period, in total, Mrs Hawkard's salary falls within the bands of £50,000 to £55,000 and her pension related benefits fall within the bands of £95,000 to £97,500.

d) Mrs W Balmain was employed solely by NHS Harrogate and Rural District CCG until the 30th April 2019, and then was Director of Strategy and Transformation for the 3 North Yorkshire CCGs. For this period, in total, Mrs Balmain's salary falls within the bands of £105,000 to £110,000 and her pension related benefits fall within the bands of £30,000 to £32,500.

e) Mr S Cox was Director of Acute Commissioning for the 3 North Yorkshire CCGs. In total Mr Cox's salary falls within the bands of £115,000 to £120,000 and his pension related benefits fall within the bands of £40,000 to £42,500.

f) Mrs S Peckitt was Chief Nurse for the 3 North Yorkshire CCGs from the 28th June 2019. For this period, in total, Mrs Peckitt's salary falls within the bands of £70,000 to £75,000 and her pension related benefits fall within the bands of £132,500 to £135,000.

g) Mrs J Warren was Director of Corporate Services, Governance and Performance for the 3 North Yorkshire CCGs from the 15th July 2019. For this period, in total, Mrs Warren's salary falls within the bands of £70,000 to £75,000 and her pension related benefits are nil.

13.6 2020/21 Pension Benefits (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2020	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
Dr C Parker Clinical Chair/GP	0.0-2.5	(0.0-2.5)	20-25	55-60	440	14	473	-
Mrs A Bloor Accountable Officer	0.0-2.5	(0.0-2.5)	60-65	130-135	1,099	26	1,165	-
Mrs J Hawkard Chief Finance Officer	0.0-2.5	(0.0-2.5)	45-50	95-100	848	24	906	-
Mrs W Balmain Director of Strategy and Integration	0.0-2.5	0.0-2.5	20-25	35-40	392	28	444	-
Mr S Cox Director of Acute Commissioning	0.0-2.5	(0.0-2.5)	50-55	60-65	740	21	791	-
Mrs S Peckitt Chief Nurse	5.0-7.5	15.0-17.5	40-45	130-135	823	131	982	-
Mrs J Warren Director of Corporate Services, Governance and Performance	0.0-2.5	(0.0-2.5)	40-45	80-85	698	21	747	-

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2020	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
Dr P Billingsley GP	(0.0-2.5)	(0.0-2.5)	15-20	25-30	275	(14)	280	-
Dr A Ingram GP	(0.0-2.5)	(0.0-2.5)	15-20	35-40	305	(4)	308	-
Dr B Willoughby GP	0.0-2.5	0.0-2.5	40-45	100-105	739	27	792	-

Further Pension Declaration Notes

a) Certain staff members of the CCG do not receive pensionable remuneration therefore there are no entries in respect of pensions noted above. For this CCG it applies to the posts of Vice Chair, Secondary Care Doctor and Lay Members.

b) Dr M Hodgson does not contribute towards the NHS Pension Scheme as part of his employment at North Yorkshire Clinical Commissioning Group.

c) Due to the contract of employment at North Yorkshire CCG, Dr C Ives does not contribute towards a North Yorkshire CCG NHS Pension Scheme.

13.7 Cash Equivalent Transfer Values (CETV)

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.

Benefits and related CETVs do not allow for any potential future adjustment arising from the McCloud judgement.

The method used to calculate CETVs has changed to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. If an individual was entitled to a GMP, this will affect the calculation of the real increase in CETV which has been reported. This is more likely to affect individuals who are members of the 1995 Section and 2008 Section of the NHS Pension Scheme.

13.7.1 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 pension scheme or arrangement).

13.8 Compensation on Early Retirement or for Loss of Office (subject to audit)

No payments have been made to any senior managers of the CCG for loss of office in 2020/21.

13.9 Payments to Past Members (subject to audit)

No payments have been made to any past senior managers of the CCG in 2020/21.

13.10 Pay Multiples (subject to audit)

Reporting Bodies are required to disclose the relationship between the remuneration of the highest paid director/member (based on comparing full time equivalent remuneration regardless of the actual hours worked at the CCG) in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/member of the Governing Body in the North Yorkshire Clinical Commissioning Group in the financial year 2020-21 was £185,000 - £190,000. This was 4.5 times the median remuneration of the workforce, which was £41,723.

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.

The calculation is also based on the annual full time equivalent remuneration for all employees of the clinical commissioning group regardless of starter and leaver status throughout the year.

14 CCG Staff Report

14.1 Number of Senior Managers (subject to audit) – to be completed (yellow)

Pay Band (annual salary range)	Number	Pay Band (annual salary range)	Number
GP pay-scale	10	Band 8d (£75,914 - £87,754)	7
VSM (£60,000 - £150,000)	10	Band 8c (£63,751 - £73,664)	3

At the end of the financial year, the number of senior managers by pay band can be broken down as in the table above.

Please note that the annual salary information declared in this table is per whole time equivalent. Where staff work less than full time hours they have been included in the table at a rate relevant to working full time.

14.2 Staff Numbers and Costs (subject to audit)

On the 31 March 2021 the CCG employed 163 directly employed staff. This equates to 138.5 full-time equivalents of directly employed staff.

The CCG is the employer for the Medicines Management team and the Human Resources (HR) team who provide services to other organisations. A proportion of the staffing costs are recharged to other local CCGs according to the memorandum of understandings in place.

For further staffing information, including the breakdown of staff between ‘permanently employed’ and ‘other’, please see the CCG’s statutory accounts note 3.

14.3 Staff Composition

At the end of the financial year, the number of people by sexual orientation employed at the CCG can be broken down as follows:

Staff Group	Male	Female	Transgender	Total
Governing Body	8	7	0	15
Council of Members (not employees of the CCG)	33	23	0	56

Staff Group	Male	Female	Transgender	Total
Other Senior Managers	4	9	0	13
All other staff	24	111	0	135

14.4 Staff Policies

The CCG is developing a suite of policies which provide guidance and processes on ensuring full and fair consideration is given for the application, employment and ongoing training and development of disabled persons. Currently all Human Resources policies and procedures are aligned to the three former CCGs' policies, the parent page for which can be found on the CCG's website.[38] The CCG's Equality and Diversity Plan is also available on the CCG website.[39]

14.5 The Trade Union (Facility Time Publications Requirements)

The Trade Union (Facility Time Publication Requirements) Regulations 2017 require organisations to declare certain information if they employ trade union representatives and employ more than 49 whole time equivalent staff. NHS North Yorkshire CCG does not employ any trade union representatives.

14.6 Other Employee Matters (not subject to audit)

14.6.1 Social Partnership Forum

Recognising the benefits of partnership working, the CCG is a member of the Yorkshire and Humber Social Partnership Forum.

The aim of the Social Partnership Forum is to provide a formal negotiation and consultation group for the CCGs and the Unions to discuss and debate issues in an environment of mutual trust and respect. In particular it:

- Engages employers and trade union representatives in meaningful discussion on the development and implications of future policy
- Provides a forum for the exchange of comments and feedback on issues that have a direct or indirect effect on the workforce
- Promotes effective and meaningful communication between all parties that can be subsequently disseminated across the membership.

[38] https://www.northyorkshireccg.nhs.uk/home/about-us/policies/
[39] https://www.northyorkshireccg.nhs.uk/home/about-us/equality-and-diversity/

14.6.2 Obtaining Staff Opinions

Due to the COVID-19 pandemic the CCG has required staff to work from home during 2020/21. In order to keep staff informed and to maintain health and wellbeing, monthly staff surveys were conducted between April and August 2020. Staff were asked:

- If they felt they had enough information about the COVID-19 pandemic
- Whether or not they felt supported by CCG leadership team
- Were they able to keep in touch with their line manager and team, and if so, how, how often and did they feel supported
- How were people feeling, were they experiencing anxiety and what was causing them worry – to inform the provision of health and wellbeing resources for staff
- If they were able to maintain their physical health and whether or not they were taking regular breaks
- How were people coping with working remotely and what support people felt was needed
- If people wanted to continue working from home, return to the office or a balance of the two.

The results were collated into slide presentations and shared at the monthly All Staff Briefings. Questions are invited from staff with regard to any subject covered in the briefings.

A Staff Engagement Group was established to provide a forum for gaining staff input into some of the new North Yorkshire CCG policies and to explore ways in which the health and wellbeing of staff could be supported, as well as organising social events such as the NY CCG Christmas Quiz to support morale.

14.6.3 Employee Health and Wellbeing

The past year saw unprecedented changes, with all CCG staff working from home due to the COVID-19 pandemic. This presented a variety of challenges in relation to the technical arrangements for home working and also ensuring health and wellbeing support for our staff. A comprehensive programme of health and wellbeing initiatives were set up. These included undertaking individual risk assessments for all our staff, with a particular focus on at risk categories such as ethnic minority staff, pregnant workers and those with underlying health conditions and were followed up with 1-1 health and wellbeing conversations. Throughout the year further individual support was provided along with regular staff briefings and innovative on-line support sessions.

The CCG started implementing actions within the NHS People Plan including Freedom to Speak Up Guardians and a Health and Wellbeing Guardian was approved in early 2021/22.

As a Disability Confident employer, the CCG actively encourages people with disabilities to apply for positions in the organisation. Applicants applying for roles within the CCG, who declare a disability, will be eligible for a guaranteed interview, providing they meet the minimum criteria within the person specification for the particular vacancy. The CCG is also signed up to the Mindful Employer Charter, documenting our commitment to show a positive and enabling attitude to employees and job applicants with mental health issues.

Workforce Race Equality Standard reporting during 2020 was completed on behalf of the predecessor North Yorkshire CCG organisations, the submission for 2021/22 is due for completion in August 2021.

14.7 Expenditure on Consultancy

During 2020-21 the clinical commissioning group spent £85,000 on consultancy through 4 companies. This consultancy work was related to capital project due diligence, VAT review, accommodation review, and data cleansing.

14.7.1 Expenditure on Agency Staff (not subject to audit)

During 2020-21 the clinical commissioning group spent £349,000 on agency staff. This was for 14 different posts, from 7 different agencies, covering a total of 233 weeks, at an average weekly cost of £1,497.00.

14.8 Off-payroll Engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23rd May 2012, clinical commissioning groups must publish information on their highly paid and/or senior off-payroll engagements.

The CCG had one off-payroll engagements during 2020/21 where it paid more than £245 per day and that lasted longer than six months. Details of these engagements are:

- In August 2016 one of the legacy CCGs engaged the services of a GP with a special interest in prescribing, as the legacy CCG's lead for prescribing. This GP remained employed by their practice and invoiced the CCG accordingly for their time spent undertaking this role. This arrangement has continued into NHS North Yorkshire CCG.

	Number
Number of existing engagements as of 31 March 2021	1
Of which, the number that have existed:	

	Number
for less than one year at the time of reporting	-
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	1

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	-
Of Which:	
No. assessed as caught by IR35	-
No. assessed as not caught by IR35	1
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	-
No. of engagements reassessed for consistency / assurance purposes during the year.	-
No. of engagements that saw a change to IR35 status following the consistency review	-

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	-
Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or senior officials with significant financial responsibility”, during the financial year	28

14.9 Exit Packages (subject to audit)

No exit packages have been made during 2020/21.

15 Parliamentary Accountability and Audit Report (subject to audit)

NHS North Yorkshire CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report starting at page 172. An audit certificate and report is also included in this Annual Report below.

16 Independent Auditor's Report to the Governing Body of NHS North Yorkshire Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS North Yorkshire Clinical Commissioning Group ('the CCG') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to Clinical Commissioning Groups in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on regularity

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Responsibilities of the Accountable Officer for the financial statements

As explained more fully in the Statement of Accountable Officer's Responsibilities the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The Accountable Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the CCG is informed of the intention for dissolution without transfer of services or function to another entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the CCG to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice and as required by the Local Audit and Accountability Act 2014.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the CCG, we identified that the principal risks of non-compliance with laws and regulations related to the

National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non- compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the CCG which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of

financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the CCG's arrangements for securing economy, efficiency, and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021. We have not completed our work on the CCG's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021. We will report the outcome of our work on the CCG's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Health and Social Care Act 2012; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Use of the audit report

This report is made solely to the members of the Governing Body of NHS North Yorkshire Clinical Commissioning Group, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Mark Kirkham (Jun 11, 2021 15:00 GMT+1)

Mark Kirkham
Partner
For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

11 June 2021

ANNUAL ACCOUNTS

Amanda Bloor

Accountable Officer

14 June 2021

NHS
North Yorkshire
Clinical Commissioning Group

NHS North Yorkshire Clinical Commissioning Group

Annual Accounts 2020-2021

North Yorkshire CCG - Annual Accounts - 31st March 2021

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the Year Ended 31st March 2021

	Note	2020-21 £'000
Income from sale of goods and services	2	(2,496)
Other operating income	2	(452)
Total Operating Income		**(2,948)**
Staff costs	3	9,024
Purchase of goods and services	4	783,924
Other operating expenditure	4	400
Total Operating Expenditure		**793,348**
Net Operating Expenditure		**790,400**
Net (gain)/loss on transfer by absorption	6	42,843
Total Net Expenditure for the Financial Year		**833,243**
Other Comprehensive Expenditure		
Comprehensive Expenditure for the Year		**833,243**

North Yorkshire CCG - Annual Accounts - 31st March 2021

Statement of Financial Position as at 31st March 2021

	Note	31st March 2021 £'000	1st April 2020 £'000
Current Assets:			
Trade and other receivables	8	2,466	5,887
Cash and cash equivalents	9	2	116
Total Current Assets		**2,468**	**6,003**
Total Assets		**2,468**	**6,003**
Current Liabilities			
Trade and other payables	10	(52,008)	(48,566)
Borrowings			(280)
Total Current Liabilities		**(52,008)**	**(48,846)**
Assets less Liabilities		**(49,540)**	**(42,843)**
Financed by Taxpayers' Equity			
General fund		(49,540)	(42,843)
Total Taxpayers' Equity:		**(49,540)**	**(42,843)**

The notes on pages 7 to 22 form part of this statement

The financial statements on pages 3 to 6 were approved by the Audit Committee on 8th June 2021 and signed on its behalf by:

J Hawkard

Jane Hawkard
Chief Finance Officer
8th June 2021

Amanda Bloor
Chief Accountable Officer
8th June 2021

North Yorkshire CCG - Annual Accounts - 31st March 2021

Statement of Changes In Taxpayers Equity for the Year Ended 31st March 2021

	General Fund £'000	Total Reserves £'000
Changes in taxpayers' equity for 2020-21		
Transfer between reserves in respect of assets transferred from closed NHS bodies	(42,843)	**(42,843)**
Adjusted NHS Clinical Commissioning Group balance at 1 April 2020	**(42,843)**	**(42,843)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(790,400)	**(790,400)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(790,400)**	**(790,400)**
Net funding	783,703	**783,703**
Balance at 31 March 2021	**(49,540)**	**(49,540)**

The notes on pages 7 to 22 form part of this statement

Statement of Cash Flows for the Year Ended 31st March 2021

	Note	2020-21 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(790,400)
(Increase)/decrease in trade & other receivables	8	3,421
Increase/(decrease) in trade & other payables	10	3,442
Net Cash Inflow (Outflow) from Operating Activities		**(783,537)**
Cash Flows from Financing Activities		
Grant in aid funding received		783,703
Net Cash Inflow (Outflow) from Financing Activities		**783,703**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**166**
Cash & cash equivalents (including bank overdrafts) transferred to North Yorkshire CCG on the 1st April 2020		(164)
Cash & Cash Equivalents at the End of the Financial Year		**2**

The notes on pages 7 to 22 form part of this statement

1 Notes to the financial statements

1.1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups 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 2020-21 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 clinical commissioning groups, 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 clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.2 Going Concern

These accounts have been prepared on a going concern basis.
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 clinical commissioning group 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 financial statements are prepared on the going concern basis.

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.
NHS North Yorkshire Clinical Commissioning Group was formed on the 1st April 2020 through 100% absorption of the following NHS entities:

- NHS Hambleton, Richmondshire & Whitby Clinical Commissioning Group
- NHS Harrogate & Rural District Clinical Commissioning Group
- NHS Scarborough & Ryedale Clinical Commissioning Group

The resulting impact of transferring in the assets and liabilities of the above entities resulted in a loss of £42.843m which is recognised in the Statement of Comprehenive Net Expenditure on page 3. A further breakdown of the assets and liabilties can be found in Note 6.

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 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006 and accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.
If the clinical commissioning group is in a “jointly controlled operation”, the clinical commissioning group recognises:

- The assets the clinical commissioning group controls;
- The liabilities the clinical commissioning group incurs;
- The expenses the clinical commissioning group incurs; and,
- The clinical commissioning group’s share of the income from the pooled budget activities.

If the clinical commissioning group is involved in a “jointly controlled assets” arrangement, in addition to the above, the clinical commissioning group recognises:

- The clinical commissioning group’s share of the jointly controlled assets (classified according to the nature of the assets);
- The clinical commissioning group’s share of any liabilities incurred jointly; and,
- The clinical commissioning group’s share of the expenses jointly incurred.

1.4.1 Pooled Budgets - Better Care Fund

On the 1st April 2020 the clinical commissioning group took over responsibility for the Section 75 contractual arrangement, with North Yorkshire County Council as the host entity, for a pooled budget arrangement as part of the NHS 'Better Care Fund' national policy initiative. This arrangement was initially approved on the 1st April 2015 by the former North Yorkshire clinical commissioning group entities. The following organisations are the other members of this pooled budget;

- NHS Airedale, Wharfedale & Craven Clinical Commissioning Group
- NHS Vale of York Clinical Commissioning Group
- North Yorkshire County Council

Consideration has been given as to whether IFRS 10 - Consolidated Financial Statements applies to this pooled budget arrangement, but has been deemed irrelevant as no individual organisation has sole control over the fund.

Consideration has been given as to whether IFRS 11 - Joint Arrangements applies to this pooled budget arrangement, and as a consequence it has been deemed a 'jointly controlled operation'. NHS North Yorkshire Commissioning Group has therefore applied the required disclosure in these accounts.

Consideration has been given as to whether IFRS 12 - Disclosure of Involvement with Other Entities applies to this pooled budget arrangement, and has been deemed relevant. NHS North Yorkshire Clinical Commissioning Group has therefore applied the required disclosure in these accounts.

1 Notes to the financial statements

1.5 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical Judgements in Applying Accounting Policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- Arrangements for obtaining the use of property have been the characteristics of operating leases under IAS17 and have been accounted for as such

1.5.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- The re-imbursement for dispensing drugs prescribed by general practitioners occurs two months in arrears. The NHS Prescription Services (part of NHS Business Services Authority) undertake the monitoring of activity and associated costs on behalf of all clinical commissioning groups. Based on the information they have provided, NHS North Yorkshire Clinical Commissioning Group has made an informed calculation on accounting for a £12.946million accrual in these accounts.
- Continuing Care - An estimation has been included for patients currently awaiting a full assessment. Data is available regarding the number of patients currently awaiting a full assessment. Assumptions around the number of patients ultimately requiring a package and the anticipated price of such packages are derived from current information in the patient database, or from information provided by the clinical team where data is not available. Based on the information, NHS North Yorkshire Clinical Commissioning Group has made an informed calculation on accounting for a £1.576million accrual in these accounts.

1.5.3 Gross to Net Accounting Arrangements for Hosted Services

1.5.3.1 Host Organisation

NHS North Yorkshire Clinical Commissioning Group is the host organisation for the following teams/services.

Adults & Children's Safeguarding
- Hosted on behalf of NHS North Yorkshire CCG, NHS East Riding of Yorkshire CCG and NHS Vale of York CCG.

Children & Young Adults Commissioning
- Hosted on behalf of NHS North Yorkshire CCG and NHS Vale of York CCG.

Childrens CHC Team
- Hosted on behalf of NHS North Yorkshire CCG and NHS Vale of York CCG.

Human Resources Team
- Hosted on behalf of NHS North Yorkshire CCG and NHS Vale of York CCG.

Legal Services Team
- Hosted on behalf of NHS North Yorkshire CCG and NHS East Riding of Yorkshire CCG.

Medicines Management Team
- Hosted on behalf of NHS North Yorkshire CCG and NHS Vale of York CCG.

Primary Care Safeguarding
- Hosted on behalf of NHS North Yorkshire CCG, NHS East Riding of Yorkshire CCG and NHS Vale of York CCG.

Strategic Clinical Networks
- Hosted on behalf of NHS North Yorkshire CCG, NHS East Riding of Yorkshire CCG, NHS North Lincolnshire CCG and NHS Vale of York CCG.

Transforming Care Programme, Mental Health & Learning Disability (Adults) Commissioning
- Hosted on behalf of NHS North Yorkshire CCG and NHS Vale of York CCG.

1.5.3.2 Benefactor from other Organisations as Host

NHS North Yorkshire Clinical Commissioning Group benefits from the following teams/services hosted by other organisations.

Digital Apps & Development Team
- Hosted by NHS North East Lincolnshire CCG. All payments relating to these services are transacted through NHS Vale of York CCG's ledger and expenditure is recharged on a risk share basis.

Infection, Prevention & Control Team
- Hosted by NHS East Riding of Yorkshire CCG. All payments relating to these services are transacted through NHS Vale of York CCG's ledger and expenditure is recharged on a risk share basis.

Primary Care Safeguarding
- Hosted by NHS Vale of York CCG. All payments relating to these services are transacted through NHS Vale of York CCG's ledger and expenditure is recharged on a risk share basis.

Referral Support Service
- Hosted by NHS Vale of York CCG. All payments relating to these services are transacted through NHS Vale of York CCG's ledger and expenditure is recharged on a risk share basis.

Specialist Neurological Rehab Commissioning Team
- Hosted by NHS Vale of York CCG. All payments relating to these services are transacted through NHS Vale of York CCG's ledger and expenditure is recharged on a risk share basis.

Serious Incidents Investigation Team
- Hosted by NHS Vale of York CCG. All payments relating to these services are transacted through NHS Vale of York CCG's ledger and expenditure is recharged on a risk share basis.

IFRS 15 determines that the nature of these hosted arrangements constitutes an agency relationship, and therefore 'net' accounting principles are applicable. Therefore only NHS North Yorkshire Clinical Commissioning Group's share of costs and staff numbers are represented in these accounts.

1.6 Revenue

The main source of funding for the Clinical Commissioning Group 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.

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 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.

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 Leases

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

1.10 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.11 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group 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 clinical commissioning group.

1.12 Non-clinical Risk Pooling

The clinical commissioning group 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.

1.13 Contingent Liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

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

1.14 Financial Assets

Financial assets are recognised when the clinical commissioning group 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;

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.

1.14.1 Financial Assets at Amortised cost

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

1.14.2 Impairment

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

The clinical commissioning group 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 clinical commissioning group 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 clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.15 Financial Liabilities

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

1.15.1 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.16 Value Added Tax

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

1.17 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for certain financial assets and financial liabilities.

1.18 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 2020-21. 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 – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

The application of the Standards as revised would not have a material impact on the accounts for 2020-21, were they applied in that year.

With regards to IFRS 16 Leases, this is because of the minimal lease commitments NHS North Yorkshire Clinical Commissioning Group have.

With regards to IFRS 17 Insurance Contracts, appendix A of the Standard states;
'*Insurance contract. A contract under which one party (the issuer) accepts significant insurance risk from another party. (the policyholder) by agreeing to compensate the policyholder if a specified uncertain future event. (the insured event) adversely affects the policyholder'.*
NHS North Yorkshire Clinical Commissioning Group does not have any such contracts as it predominantly use the standard NHS contract for the services it commissions.

2. Other Operating Revenue

	2020-21 Total £'000
Income from Sale of Goods and Services (Contracts)	
Non-patient care services to other bodies	1,440
Other contract income	1,042
Recoveries in respect of employee benefits	14
Total Income from Sale of Goods and Services	**2,496**
Other Operating Income	
Other non contract revenue	452
Total Other Operating Income	**452**
Total Operating Income	**2,948**

3. Employee Benefits and Staff Numbers

3.1.1 Employee Benefits for 2020-21

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	6,712	320	**7,032**
Social security costs	719	-	**719**
Employer contributions to NHS pension scheme	1,253	-	**1,253**
Other pension costs	0	-	**0**
Apprenticeship levy	20	-	**20**
Gross Employee Benefits Expenditure	**8,704**	**320**	**9,024**
Less recoveries in respect of employee benefits (note 3.1.2)	(14)	**-**	**(14)**
Total - Net Employee Benefits	**8,690**	**320**	**9,010**

3.1.2 Recoveries in Respect of Employee Benefits

	Permanent Employees £'000	Other £'000	2020-21 Total £'000
Employee Benefits - Revenue			
Salaries and wages	(11)	-	**(11)**
Social security costs	(1)	-	**(1)**
Employer contributions to the NHS pension scheme	(2)	-	**(2)**
Total Recoveries in Respect of Employee Benefits	**(14)**	**-**	**(14)**

3.2 Average Number of People Employed

	2020-21 Permanent Employees Number	Other Number	Total Number
Total	131	14	**145**
Of the above:			
Number of whole time equivalent people engaged on capital projects	-	-	-

3.3 Exit Packages Agreed in the Financial Year

NHS North Yorkshire CCG has not incurred any exit packages during the financial year.

3.4 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.

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 liabilities.

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. In 2020/21 NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

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:

3.4.1 Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020 updated to 31 March 2021 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.

3.4.2 Full Actuarial (Funding) Valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of penionable pay.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. In January 2019, the Government announced 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.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

4. Operating Expenses

	2020-21 Total £'000
Purchase of Goods and Services	
Services from other CCGs and NHS England	2,837
Services from foundation trusts	452,115
Services from other NHS trusts	42,392
Purchase of healthcare from non-NHS bodies	107,331
Prescribing costs	77,743
General ophthalmic services	348
GPMS/APMS and PCTMS	74,809
Supplies and services – clinical	440
Supplies and services – general	23,436
Consultancy services	86
Establishment	786
Transport	281
Premises	927
Audit fees*	83
Other non statutory audit expenditure	
· Internal audit services**	-
· Other services**	42
Other professional fees***	113
Legal fees	76
Education, training and conferences	79
Total Purchase of Goods and Services	**783,924**
Other Operating Expenditure	
Chair and non executive members	181
Expected credit loss on receivables	13
Other expenditure	206
Total Other Operating Expenditure	**400**
Total Operating Expenditure	**784,324**

* Mazars are North Yorkshire Clinical Commissioning Group's external auditors. The fee includes non-recoverable VAT.

** Other non-statutory audit expenditure is in respect to the reasonable assurance audit work undertaken by Mazars with regard to NHS North Yorkshire Clinical Commissioning Group's achievement of the Mental Health Investment Standard (MHIS). This is a requirement by the regulating authority NHS England which stipulates that CCGs must obtain reasonable assurance from an independent reporting accountant, that their investment in mental health expenditure rises at a faster rate than their overall published programme funding. There was no accrual in 2019/20 for that year's MHIS with the total cost of £27,000 charged to 2020/21 accounts. A further £15,000 is accrued for the 2020/21 MHIS assurance audit. Costs are inclusive of non-recoverable VAT.

*** Internal audit service costs, provided by Audit Yorkshire, are included within 'other professional fees' and amounted to £48,000. Audit Yorkshire is a trading name only and the actual contract is with NHS York & Scarborough NHS Foundation Trust.

5. Payment Practices

5.1 Better Payment Practice Code

Measure of Compliance	2020-21 Number	2020-21 £'000
Non-NHS Payables		
Total non-NHS trade invoices paid in the year	15,989	215,440
Total non-NHS trade invoices paid within target	15,377	208,496
Percentage of Non-NHS Trade Invoices Paid within Target	**96.17%**	**96.78%**
NHS Payables		
Total NHS trade invoices paid in the year	1,783	502,806
Total NHS trade invoices paid within target	1,591	495,970
Percentage of NHS Trade Invoices Paid within Target	**89.23%**	**98.64%**

6. Net Gain/(Loss) on Transfer by Absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. 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.

On the 1st April 2020 the following entities merged to form NHS North Yorkshire Clinical Commissioning Group:

- NHS Hambleton, Richmondshire & Whitby Clinical Commissioning Group
- NHS Harrogate & Rural District Clinical Commissioning Group
- NHS Scarborough & Ryedale Clinical Commissioning Group

	£'000
Transfer of property plant and equipment	-
Transfer of intangibles	-
Transfer of cash and cash equivalents	116
Transfer of receivables	5,887
Transfer of payables	(48,566)
Transfer of borrowings	(280)
Net loss on transfers by absorption	**(42,843)**

7. Operating Leases

7.1 As Lessee

NHS North Yorkshire Clinical Commissioning Group's significant leasing arrangements are for office accommodation in the following locations:

- Unit 1, St James Business Park, Knaresborough, North Yorkshire.
  - This property is leased from NHS Property Services with the lease running from 28th March 2013 to 27th April 2023, with a break clause of the 2nd May 2018. Rent is charged on a commercial basis. Standard restriction apply to the leasing arrangement, namely that the building can only be used for office accommodation.

- Unit 2, St James Business Park, Knaresborough, North Yorkshire.
  - This property is leased from NHS Property Services with the lease running from 1st October 2018 to 27th April 2023, with no break clause. Rent is charged on a commercial basis. Standard restriction apply to the leasing arrangement, namely that the buidling can only be used for office accommodation.

- Civic Centre, Stone Cross, Northallerton, North Yorkshire.
  - This property is leased from NHS Property Services. The lease commenced on the 11th March 2017 for one year, with the option to extend for a further two years or until termination. The option to terminate was enacted during 2020/21. This lease arrangement ceased on the 5th January 2021.

- Town Hall, Scarborough, North Yorkshire.
  - This property is leased from NHS Property Services with the lease running from 27th March 2017 to 26th March 2022, with a break clause of the 26th March 2020. Rent is charged on a commercial basis. Standard restriction apply to the leasing arrangement, namely can only be used for office accommodation.

- Kingswood Surgery, Harrogate, North Yorkshire.
  - This lease agreement from NHS Property Services remains unsigned. These accounts include costs incurred in 2020/21 but do not account for future year commitments,

7.1.1 Payments Recognised as an Expense

	Buildings £'000	Other £'000	2020-21 Total £'000
Minimum lease payments	410	3	**413**
Total	**410**	**3**	**413**

7.1.2 Future Minimum Lease Payments

	Buildings £'000	Other £'000	Total £'000
Payable:			
No later than one year	282	-	**282**
Between one and five years	224	-	**224**
After five years	-	-	**-**
Total	**506**	**-**	**506**

7.2 As Lessor

NHS North Yorkshire Clinical Commissioning Group does not act as lessor for any operating leases.

8. Trade and Other Receivables

8.1 Trade and Other Receivables

	31st March 2021 £'000	1st April 2020 £'000
NHS receivables: revenue	1,300	3,025
NHS prepayments	-	1,003
NHS accrued income	51	892
NHS Non contract trade receivable (i.e pass through funding)	-	140
Non-NHS and other WGA receivables: revenue	272	288
Non-NHS and other WGA prepayments	416	166
Non-NHS and other WGA accrued income	68	35
Non-NHS and other WGA contract receivable not yet invoiced/non-invoice	290	181
Expected credit loss allowance - receivables	(13)	(2)
VAT	82	158
Total Trade & Other Receivables	**2,466**	**5,887**
Included above:		
Prepaid pensions contributions	-	-

Outstanding debt is mainly due from local organisations that the CCG works in partnership with, such as Humber Teaching NHS Foundation Trust, North Yorkshire County Council, NHS Vale of York Clinical Commissioning Group.

Prepayments arise from the advance payment mechanism in place for people in receipt of a Personal Healthcare Budget (PHBs). NHS North Yorkshire CCG makes the payment a month in advance to ensure they have the funds to pay for their care package.

8.2 Receivables Past Their Due Date But Not Impaired

	31st March 2021 DHSC Group Bodies £'000	31st March 2021 Non DHSC Group Bodies £'000
By up to three months	550	158
By three to six months	86	22
By more than six months	366	4
Total	**1,002**	**184**

As at 19th May 2021 £697,859 of the amount above has subsequently been recovered post the statement of financial position date.

No collateral is held by NHS North Yorkshire Clinical Commissioning Group for any outstanding debt.

9. Cash and Cash Equivalents, including Bank Overdrafts

	31st March 2021 £'000
Balance at 01 April 2020	(164)
Net change in year	166
Balance at 31 March 2021	**2**
Made up of:	
Cash with the government banking service	2
Cash and cash equivalents as in statement of financial position	**2**
Bank overdraft: government banking service	-
Total Bank Overdrafts	**-**
Balance at 31 March 2021	**2**

10. Trade and Other Payables

	31st March 2021 £'000	1st April 2020 £'000
NHS payables: revenue	3,045	5,783
NHS accruals	449	3,182
Non-NHS and other WGA payables: revenue	6,364	7,644
Non-NHS and other WGA accruals	40,859	31,001
Social security costs	108	109
Tax	101	110
Other payables and accruals	1,082	737
Total Trade & Other Payables	**52,008**	**48,566**

NHS North Yorkshire Clinical Commissioning Group does not have any future years liabilities under arrangements to buy out the liability for early retirement.

11. Contingencies

11.1 Contingent Liabilities

In March 2012, the Department of Health announced deadlines for individuals who wished to request an assessment for NHS Continuing Healthcare for the period 1 April 2004 and 31 March 2012.

The deadline for submitting all such requests for previously unassessed periods of care (PuPOCs) was 31 March 2013, and as a result the CCG inherited a large number of retrospective claims from the former North Yorkshire & York Primary Care Trust.

The majority of PuPOC claims were processed during 2016 and any financial liability relating to these claims is recharged to NHS England who hold a provision for this. However, it became evident during this process that a number of applicants had also requested a current assessment (for the period going forward), which has been termed the post PuPOC period.

The CCG has considered recording a provision for cases where a post PuPOC assessment has been requested, but assessment has not been carried out. There are now 15 cases requiring assessment for North Yorkshire Clinical Commissioning Group with 11 having been assessed during 2020/21. Of these 11 cases 5 were found to be eligible. The impact of this is included in these accounts. The remaining 6 were not found to be eligible, or were withdrawn, although they do have the right to appeal and all these cases are currently going through the appeals process. A number of uncertainties impact upon the North Yorkshire Clinical Commissioning Group's ability to assess a reasonable provision are:

- following assessment; patients may be deemed to be not eligible for care, fully eligible or eligible for only part of the assessed period
- eligibility is only for costs actually incurred by the individual
- CCG's are only eligible for costs from April 2013.
- A number of patients may have subsequently been accepted for continuing care, and therefore have already had care funded
- claim periods can vary significantly, from a few days to several years.
- reimbursements can vary significantly from a few pounds to several thousand pounds per week depending on the level of care that the patient has sourced privately. No information has been received on assessed cases to determine the likely liability
- eligible individuals may choose not to pursue a claim

Consequently the CCG is identifying a contingent liability relating to these cases, but is not able to reasonably assess the value of the liability.

12. Financial Instruments

12.1 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

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

12.1.1 Currency Risk

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

12.1.2 Interest Rate Risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

12.1.3 Credit Risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.4 Liquidity Risk

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

12.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

12.2 Financial Assets

	Financial Assets measured at amortised cost 31st March 2021 £'000	Total 31st March 2021 £'000
Trade and other receivables with NHSE bodies	816	816
Trade and other receivables with other DHSC group bodies	535	535
Trade and other receivables with external bodies	630	630
Cash and cash equivalents	2	2
Total at 31 March 2021	**1,983**	**1,983**

12.3 Financial Liabilities

	Financial Liabilities measured at amortised cost 31st March 2021 £'000	Total 31st March 2021 £'000
Trade and other payables with NHSE bodies	1,058	**1,058**
Trade and other payables with other DHSC group bodies	2,436	**2,436**
Trade and other payables with external bodies	47,554	**47,554**
Total at 31 March 2021	**51,048**	**51,048**

13. Operating Segments

NHS North Yorkshire Clinical Commissioning Group only has one operating segment, namely the commissioning of national health services.

14. Joint Arrangements

14.1 Interests in Joint Operations

Name of Arrangement, Parties to the Arrangement & Description of Principal Activities	Amounts recognised in Entities books ONLY - 2020/21			
	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Mental Health Commissioning in North Yorkshire NHS North Yorkshire CCG, Tees Esk Wear Valleys NHS Foundation Trust. A formal joint arrangement for the commissioning of Mental Health Services in North Yorkshire	-	-	-	63,225
North Yorkshire Better Care Fund (BCF) NHS North Yorkshire CCG, NHS Bradford & Airedale CCG, NHS Vale of York CCG, North Yorkshire County Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	-	-	29,307
Integrated Community Care NHS North Yorkshire CCG, Harrogate & District NHS Foundation Trust, North Yorkshire County Council, Tees Esk Wear Valleys NHS Foundation Trust. A formal joint commissioning and service delivery of integrated health and social care community teams.	-	-	-	5,206

14.2 Interests in Entities Not Accounted for under IFRS-10 or IFRS-11

NHS North Yorkshire Clinical Commissioning Group does not have any interests in entities not accounted for under IFRS10 or IFRS11.

15. Related Party Transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
The following organisations are Member GP Practices of NHS North Yorkshire CCG;				
Ampleforth & Hovingham Surgeries	1,174	-	85	-
Beech House Surgery	995	-	50	-
Brook Square Surgery	1,563	-	71	-
Castle Health Centre	906	-	-	-
Catterick Village Surgery	904	-	68	-
Central Dales Practice	850	-	64	-
Central Healthcare	4,346	-	214	-
Church Lane Surgery York	1,695	(9)	137	-
Danby Surgery	573	-	37	-
Derwent Practice	2,859	-	118	-
Dr A Ingram & Partners	999	-	53	-
Dr Akester & Partners	922	(4)	66	-
Dr Bannatyne & Partners	1,397	-	72	-
Dr Casey & Partners	1,100	-	69	-
Dr Moss & Partners	2,263	-	127	-
Dr Parker & Partners Thirsk	459	-	54	-
Drs Hodgson & Keavney	665	-	47	-
East Parade Surgery	1,070	-	46	-
Eastfield Medical Centre	1,976	(16)	136	-
Eastgate Medical Group	1,549	-	65	-
Egton Surgery	438	-	34	-
Filey Surgery	2,006	-	68	-
Friary Surgery	821	-	76	-
Glebe House Surgery	1,639	-	63	-
Great Ayton Health Centre	788	-	39	-
Hackness Road Surgery	831	-	64	-
Harewood Medical Practice	1,546	-	46	-
Hunmanby Surgery	649	-	45	-
Kingswood Surgery	957	-	(15)	-
Lambert Medical Centre	1,277	-	78	-
Leeds Road Practice	1,671	-	248	-
Leyburn Medical Practice	1,219	-	39	-
Mayford House Surgery	1,483	-	96	-
Mowbray House Surgery	3,162	-	238	-
Nidderdale Group Practice	1,714	-	145	-
North House Surgery Ripon	1,202	-	86	-
Park Parade Surgery	1,055	-	37	-
Quakers Lane Surgery	914	-	67	-
Reeth Medical Centre	342	-	41	-
Ripon Spa Surgery	926	-	73	-
Scarborough Medical Group	2,174	-	126	-
Scorton Medical Centre	746	-	41	-
Sherburn & Rillington Practice	1,100	-	98	-
Sleights & Sandsend Medical Practice	966	-	92	-
Spa Surgery	2,146	-	124	-
Spring Bank Surgery	978	-	107	-
Staithes Surgery	631	-	53	-
Stockwell Road Surgery	895	-	39	-
Stokesley Medical Practice	1,624	-	170	-
West Ayton Surgery	1,692	-	153	-
Whitby Group Practice	2,588	-	118	-
The following organisations are local networks, owned by member GP Practices of NHS North Yorkshire CCG;				
Hambleton, Richmondshire & Whitby GP Alliance	1,058	-	-	-
Yorkshire Health Network Ltd	2,808	-	84	-
Yorkshire Doctors Urgent Care	4	-	3	-
Yorkshire LMC	495	-	-	-

15. Related Party Transactions Continued

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
The following organisations are local councils which employees/member GPs have made a declaration of interest. This is mainly because either they have an income from that entity or that their spouse or other close family member is employed by them.				
City of York Council	279	(1)	-	-
North Yorkshire County Council	60,204	(15)	1,828	(107)
The following organisations are non government entities which employees/member GPs have made a declaration of interest. This is mainly because either they have an income from that entity or that their spouse or other close family member is employed by them.				
Avalon	431	-	31	-
Community First Yorkshire	40	-	-	-
Aura Creative Media Ltd t/a Digital Zest	7	-	-	-
Eyecatchers Opicians	1	-	-	-
Haxby Group Practice	131	-	-	-
HBG Ltd	93	-	-	-
Intergra Care Ltd	136	-	10	-
IntraHealth Ltd	821	-	-	-
Marie Stopes International	145	-	-	-
Mowbray Square Medical Ltd	1	-	-	-
QA Ltd	2	-	-	-
St Catherines Hospice	2,465	-	-	-
St Michaels Hospice	1,281	-	6	-
Yorkshire Health Solutions Ltd	97	-	-	-

The following organisations are Primary Care Networks (PCNs), owned by member GP Practices of NHS North Yorkshire CCG;

Heart Of Harrogate PCN	- included within Yorkshire Health Network Ltd
Knaresborough & Rural PCN	- included within Yorkshire Health Network Ltd
Mowbray Square PCN	- included within Yorkshire Health Network Ltd
Ripon & Masham PCN	- included within Yorkshire Health Network Ltd
Reeth PCN	- Included within Reeth Medical Centre
Filey And Scarborough PCN	- included within Hackness Road Surgery
Scarborough Core PCN	- included within Eastfield Medical Centre
North Riding Healthy Community PCN	- Included within Ampleforth Surgeries
Hambleton North PCN	- included within Stokesley Medical Centre
Hambleton South PCN	- Included within Glebe House Surgery
Richmondshire PCN	- included within Harewood Medical Practice
Whitby Coast & Moors PCN	- included within Whitby Group Practice

The following organisations are local NHS entities which employees/member GPs have made a declaration of interest. This is mainly because either they have an income from that entity or that their spouse or other close family member is employed by them.

Department of Health & Social Care	Mid Yorkshire Hospitals NHS Trust
Bradford Teaching Hospital NHS Foundation Trust	NHS England
Harrogate & District NHS Foundation Trust	Northumberland, Tyne & Wear NHS Foundation Trust
Humber Teaching NHS Foundation Trust	South Tees Hospitals NHS Foundation Trust
Leeds Clinical Commissioning Group	Tees, Esk, Wear Valleys NHS Foundation Trust
Leeds Teaching Hospital Trust	York & Scarborough Hospitals NHS Foundation Trust
Leeds & York NHS Foundation Trust	Yorkshire Ambulance Services

The Department of Health & Social Care is the parent organisation of NHS North Yorkshire Clinical Commissioning Group

16. Events After the End of the Reporting Period

NHS North Yorkshire Clinical Commissioning Group has not had any events requiring disclosure since the end of the reporting period.

17. Financial Performance Targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2020-21 Target	2020-21 Performance	Target Achieved?
Expenditure not to exceed income	793,466	793,348	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	
Revenue resource use does not exceed the amount specified in Directions	790,518	790,400	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	
Revenue administration resource use does not exceed the amount specified in Directions	8,258	7,915	Yes

18. Losses and Special Payments

18.1 Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2020-21	Total Value of Cases 2020-21 £'000
Administrative write-offs	5	2
Total	**5**	**2**

18.2 Special Payments

NHS North Yorkshire did not make any special payments in 2020/21.